



Cabrillo Point Academy

# **Administration of Medications, Anti-Seizure Medications, Emergencies and Head Lice Policy**

# Administration of Medications, Anti-Seizure Medications, Emergencies and Head Lice Policy

Cabrillo Point Academy is committed to protecting the health and well-being of all Cabrillo Point Academy's students. This policy shall specifically address the procedures for medical emergencies and the administration of medications by The Charter School.

The purpose of the Cabrillo Point Academy Governing Board approving this Administration of Medications, Anti-Seizure Medications, Emergencies and Head Lice Policy is to accomplish the following:

1. Establish the Administration of Medication
2. Outline the Requirements for Administration or Assistance of Medications
3. Outline Responses to the Parent/Guardian upon Request
4. Outline Termination of Consent
5. Define Authorized Personnel
6. Establish the Storage of Medication
7. Outline Confidentiality
8. Establish Medication Record
9. Outline Deviation from Authorized Health Care Provider's Written Statement
10. Outline the Administration of Emergency Anti-Seizure Medication by Trained Volunteer Nonmedical School Personnel:
11. Outline Administration of Emergency Medical Assistance
12. Establish Emergencies Procedures
13. Outline Opioid Antagonist Administration
14. Head Lice

1. **Administration of Medications:** The following policy regarding the administration of medications is applicable when the staff of Cabrillo Point Academy (the "School") is responsible for the administration of, or assisting in the administration of, medication to students attending school during regular school hours, including before- or after-school programs, field trips, extracurricular and co-curricular activities, and camps or other activities that typically involve at least one overnight stay away from home, because administration of the medication is absolutely necessary during school hours and the student cannot self-administer or another family member cannot administer the medication at school.

2. **Requirements for Administration or Assistance of Medications:** Before the School will allow a student to carry and self-administer prescription auto-injectable epinephrine, or inhaled asthma medication, or have authorized School personnel administer medications or otherwise assist a student in administering his or her medication, the School must receive a copy of the following:

- 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 regular school hours, 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 or guardian initiating a request to have the medication administered to the student or to have the student otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement. 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 is able to 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 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.

3. **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 physician statement regarding which School employees, if any, will administer medication to the student, and what the employees of the School will do to administer the medication to the student or otherwise assist the student in the administration of the medication.
4. **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.
5. **Authorized Personnel:** The School Secretary who is employed by the School and certified in accordance with Education Code section 44877 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 will administer the medication or otherwise assist the students.

6. **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. 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 where possible. If not possible, the School shall dispose of the medication by the end of the school year in accordance with applicable law.

7. **Confidentiality:** 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 School Director, the School Secretary or other designated School employees.
8. **Medication Record:** 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.

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 administration of the medication.

9. **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.

#### 10. **Administration of Emergency Anti-Seizure Medication by Trained Volunteer Nonmedical School Personnel:**

- Definitions:
  - "Emergency anti-seizure medication," as used in this policy, means diazepam rectal gel and emergency medications approved by the federal Food and Drug Administration, prescribed for students with epilepsy for the

management of seizures by persons without medical credentials.

- “Emergency medical assistance” means the administration of an emergency anti-seizure medication to a pupil suffering from an epileptic seizure.

- “Nonmedical school personnel or employees” means employees of the School who do not possess the licenses listed in 5 C.C.R. § 622.
- “Regular school day” may include not only the time the student receives instruction, but also the time during which the pupil otherwise participates in activities under the auspices of the School, such as field trips, extracurricular and co-curricular activities, before- or after-school programs and camps or other activities that typically involve at least one overnight stay away from home.
- “Supervision” means review, observation, and/or instruction of a designated nonmedical school employee’s performance, but does not necessarily require the immediate presence of the supervisor at all times.

**11. Administration of Emergency Medical Assistance:** The School will have at least one volunteer nonmedical school employees properly trained in the administration of emergency anti-seizure medication at all times. Emergency medical assistance shall be provided by these individuals when the following circumstances are present:

- A pupil with epilepsy has been prescribed an emergency anti-seizure medication by his or her health care provider.
- The parent or guardian of the pupil has requested that one or more volunteer nonmedical school employees be trained in the event a nurse is not available.
- The School has on file a written statement from the pupil’s authorized health care provider, provided by the parent, that includes the content required by California regulations.
- The parent has provided all materials necessary to administer an emergency anti-seizure medication.
- The volunteer nonmedical school personnel have completed the required training.
- The pupil is suffering from an epileptic seizure.
- A credentialed school nurse or licensed vocational nurse is not available.

## **12. Emergencies 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.

- **Emergency Aid to Students with Anaphylactic Reaction:** The School will provide emergency epinephrine auto-injectors to trained School personnel and those trained personnel may use those epinephrine auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction. The training provided to School personnel shall be in compliance with the requirements of Education Code section 49414 and any regulations promulgated in line therewith.

Trained School personnel may immediately administer an epinephrine auto-injector to a person suffering, or reasonably believed to be suffering, from an anaphylaxis reaction at School or a School related activity when a physician is not immediately available.

For purposes of this policy, “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, but are not limited to, an insect sting, food allergy, drug reaction and exercise.

**13. Opioid Antagonist Administration:** The School will provide emergency hydrochloride or another opioid antagonist (“Opioid Antagonist”) to trained School personnel and those trained personnel may use the Opioid Antagonist 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 and any regulations promulgated in line therewith.

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 when a physician is not immediately available. 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 Antagonist shall be restocked before its expiration date.

If School personnel administers an Opioid Antagonist to a student, the School will call emergency services (9-1-1) and will contact the student’s parent/guardian.

**14. Procedures for Head Lice:** The Governing Board recognizes that head lice infestations among students require treatment but do not pose a risk of transmitting disease. The Director or designee shall encourage early detection and treatment in a manner that minimizes disruption to the educational program and reduces 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 next day 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 parent for treatment. If 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 school 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.

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.