

August 24, 2023

AUTHORIZE THE COMMENCEMENT OF THE PUBLIC COMMENT PERIOD FOR ADMINISTRATION OF MEDICATION POLICY STARTING AUGUST 25, 2023

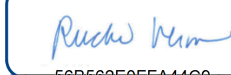
THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board authorize the commencement of the Public Comment Period from August 25, 2023 to September 25, 2023 for the Policy described in the disposition table below. Pursuant to Board Rule 2-6(c), the Board must authorize the commencement of the Public Comment Period.

Current Policy Section/ Current Policy Title	New Policy Section/ New Policy Title	Description of Revision/Disposition
704.2 Administration of Medication	N/A	Amend Policy 704.2 Recently passed state law requires the policy be updated to include language addressing stock opioid antagonists. Additionally, the policy language needs to be clarified to ensure safe, accurate administration of medication for students.

Approved as to Legal Form: 

DocuSigned by:



50B562E0FFA44C9...
Ruchi Verma
General Counsel

Approved:

DocuSigned by:



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Pedro Martinez
Chief Executive Officer

Policy Summary Form

Policy Being Amended/Created	Policy Manager(s)
Administration of Medication	Kat Ramirez-Mercado
Link to Current Policy (if applicable)	Link to Draft of Policy (Title should include “Rescind and Adopt New”, “Amend”, or “Adopt New” based on what action the department is taking)
<u>Administration of Medication</u>	<u>Amend Administration of Medication</u>

1. Why is this policy being amended, created, or rescinded now? (e.g., state legislation, compliance change, policy was out of date, annual policy review, CEO/CeO recommendation, etc.)

Recently passed state law requires the policy be updated to include language addressing stock opioid antagonists. Additionally, the policy language needs to be clarified to ensure safe, accurate administration of medication for students.

2. Please provide a high level summary of what policy changes are being made, or created, and why.

- Adds equity statement to align with other OSHW policies
- Removes language from the definition of “Authorization” that permits non-Nurse staff to enter medical information into Aspen
- Expands definition of “Emergency Medication” to include epinephrine, asthma medication, and opioid antagonists.
- Expands Scope to include activities that require the Nurse to be present outside of school hours and a blanket statement regarding emergency medications that are not explicitly outlined in the current proposed language but may be provided by the District in the future (e.g. stock albuterol)
- Adds statement that Nurses will not administer peripheral or central medications or medications know for toxicity
- Adds section covering the emergency use of stock opioid antagonists

3. Please provide any notable feedback from internal or external stakeholders, and how you addressed it or planned to address it in your policy draft.

OSHW worked closely with Nursing, as Nurses are the primary audience for this policy. OSHW also worked with Lurie Children’s and Rush hospital staff and content experts to develop the opioid antagonist language (as well as additional implementation guidance). Additionally, OSHW has been in communication with numerous school administrators who are eager to begin stocking opioid antagonists.

4. Please provide any additional notes/considerations in the box below.

These proposed changes are in response to requests from school Nurses who have found the existing policy language and delineation of roles and responsibilities to be confusing, often to the detriment of student health. The addition of guidance regarding stock opioid antagonist is in response to both recently passed state legislation and growing community need. OSHW has been working on an opioid antagonist pilot program and plans on rolling out stock opioid antagonists in SY24. Specific, detailed guidelines and staff training are forthcoming.

**AMEND BOARD REPORT 20-0624-PO3
ADMINISTRATION OF MEDICATION POLICY**

THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Chicago Board of Education (“Board”) amend Board Report 20-0624-PO3.

PURPOSE: ~~The purpose of this new policy is to comply and incorporate extensive changes required by medical and scientific developments, updates to the Illinois School Code and the Illinois Nurse Practice Act. The policy promotes the health and safety of all of our students in compliance with the Illinois School Code and the Illinois Nurse Practice Act and adherence to medical and scientific developments. The purpose of this policy is to outline when, where, how, and under what circumstances CPS students may receive medications during school hours, who may receive them, and how these events are to be recorded.~~

Students may receive medication during school hours when:

1. Administered by a Nurse; or
2. Provided under the supervision of school personnel who have been authorized or delegated the task; or
3. Self-administered by the student with the direct supervision of authorized school personnel.

This policy also outlines a requirement that parents/guardians notify the school of their student’s acute or chronic health conditions even when medication is not expected to be necessary during school hours. This requirement provides opportunities for appropriate health emergency response planning in schools.

EQUITY STATEMENT: ~~The Board is committed to supporting the Whole Child through policies and programs that holistically address the physical, mental, and social-emotional health and wellbeing of every student. This policy seeks to mitigate the impact of various health inequities on CPS students, staff, and families advance health equity by ensuring safe and supportive environments for anyone experiencing chronic conditions. establishing guidelines for the safe administration of medication in school buildings. However, the District recognizes that this policy does not address the root causes of said inequities (i.e. social determinants of health), which may disproportionately impact our greatest needs groups. The Office of Student Health and Wellness (“OSHW”) is engaging in ongoing work to align to the Whole School, Whole Community, Whole Child (“WSCC”) model to operationalize the CPS Equity Framework through this policy within the locus of its control.~~

POLICY TEXT:

I. DEFINITIONS

Anaphylaxis (Life-threatening Allergic Reaction): An acute allergic reaction to an antigen (including but not limited to a bee sting, food, environmental substances) to which the body has become hypersensitive that results in respiratory/cardiac distress or arrest unless emergency intervention is immediate.

Asthma: A chronic health condition of the lungs that causes cough, wheezing, shortness of breath or other breathing difficulties by obstructing airflow.

Authorization: When the District transfers its authority (power or right to give orders, make decisions and enforce compliance) to perform a specific task or intervention in a specific situation to an individual. ~~Examples of authorization include but are not limited to a principal authorizing a school clerk to enter immunization data or the role of a Delegated Care Aide.~~

Delegation: When a Registered Nurse transfers to a specific individual the authority to perform a specific nursing task or intervention in a specific situation according to details outlined by the Illinois Nurse Practice Act.

Diabetes (DM): Includes diabetes mellitus, (type 1, type 2, and gestational): a group of diseases that affect how the body makes, releases, or uses sugar (glucose).

Diabetes Delegated Care Aide (DmDCA): A volunteer, full time, non-nurse CPS staff member who completes annual in-person training to assist students with diabetes management in school.

Emergency Action Plan (EAP): A written document that organizes and facilitates the actions schools take during emergencies. This document can be student-specific or it may provide general guidance for all students during emergencies.

Epilepsy: Chronic neurological disorder characterized by recurrent (2 or more) unprovoked seizures. Often called seizure disorder.

Individualized Education Program (IEP): A unique, formal, written document that specifies the program of supports, services, and instruction for a student who has an identified disability covered by the Individuals with Disabilities Education Act (IDEA).

Medical Provider: A Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA).

Medication: Any active ingredient intended to provide pharmacological activity or other direct effects on the prevention, treatment, mitigation, or cure of disease or to affect the structure or any function of the human body. In this policy, medication includes all manufactured, compounded, natural, herbal or synthetic drugs and remedies, prescribed or over the counter (OTC) substances; vitamins, minerals, nutritional/dietary supplements, energy boosters; and any other medical treatments-- allopathic, homeopathic, alternative; or any treatments or substances pharmacological, immunological or metabolic. This also includes all formats (aerosols, pills, liquids, creams, oils or ointments) and routes of delivery: oral, rectal, topical, inhaled, intranasal, or injected or via pump ~~external or implanted~~.

Emergency Medication: Substance used to avert an urgent or life-threatening health event. The use of an emergency medication must trigger an immediate 911 call. Examples of emergency medications may include, but are not limited to, epinephrine, asthma medication, and opioid antagonists. 911 must be called immediately following the administration of any emergency medication. Administration of emergency medication is limited to licensed clinicians and those deemed acceptable to administer through training and education (e.g. Delegated Care Aide).

Regulated Medications: Drugs and other substances included in the Controlled Substances Act. An updated and complete list of the schedules is published annually.

Nurse: A staff member or contractor who holds a nursing license with the Illinois Department of Finance and Professional Regulation (IDFPR) and is held to the guidelines of the Illinois Nursing Practice Act.

School Nurse (CSN-PEL): A Registered Nurse who has completed course work for a certified school nurse (CSN) and holds the corresponding Illinois Professional Educator License (PEL) under the Illinois State Board of Education.

Health Service Nurse (HSN): A Registered Nurse.

Licensed Practical Nurse (LPN): A licensed practical nurse who works under the delegation of a registered nurse.

Parent/Guardian: A person with legal authority to care for and protect the personal needs and interests of a minor. For the purposes of this policy, the rights of the parent/guardian are transferred to an emancipated minor or students over the age of 18.

School Hours: The official, published times during which a school is in operation.

School Personnel: All staff including teachers, dining staff, safety and security, engineers, school dining staff, coaches, transportation staff, related service providers, paraprofessionals, and substitutes, other school staff who serve, supervise, manage, monitor, administer, or work with students during CPS-sponsored activities (e.g. classes, recess, extra-curricular activities, field trips, sports, before and after school programs).

School Principal: The primary authority over the teachers, staff, curriculum and professional development with a focus on student learning, safety, and health.

~~**Parent/Guardian:** A person with legal authority to care for and protect the personal needs and interests of a minor. For the purposes of this policy, the rights of the parent/guardian are transferred to an emancipated minor or students over the age of 18.~~

Seizure: A brief, excessive discharge of electrical activity in the brain that can alter movement, sensation, behavior, and/or awareness.

Seizure Delegated Care Aide (SzDCA): A full time, non-nurse CPS staff member who completes annual specialized training to assist students with a seizure disorder.

504 Plan (504): A formal written document developed by a school to provide students with disabilities the accommodations they need to access their learning environment. Implementation of this document is intended to prevent discrimination and to protect the rights of students with disabilities in school as defined by Section 504 of the Rehabilitation Act.

II. SCOPE

This policy applies to the administration and self-administration of any medication during school hours and school-sponsored activities including those that require the Nurse to be present outside of school hours. Schools must ensure that all appropriate guidelines for out-of-state travel are followed. These medications must be "absolutely necessary for the critical health and well-being of the student" per 105 ILCS 5/10-22.21b(b). Any medications that can be given safely and effectively

at any time other than during school hours are by definition “not absolutely necessary to be given during the school day.” The paperwork requirements outlined in this policy are compulsory to provide non-emergent care to a student during school hours. In addition to the specific medications outlined in sections VII and VIII, this policy may be applied to additional emergency medications provided by the District in alignment with state law.

III. IDENTIFYING STUDENTS WITH MEDICATION NEEDS

- A. Request for Student Health Information: In order to plan effectively for medication management at school, the parent/guardian must notify the school promptly upon their student’s acute or chronic medical diagnoses and any medication requirements. ~~Parents/guardians must notify or verify schools at least annually of their child’s diagnosis~~ must provide current (within the calendar year) medical documentation at least annually to their child’s school to provide an update and/or verify current diagnosed health conditions. At least annually, parents/guardians must report information about their student’s acute or chronic health conditions to their school. The Chief Health Officer or designee must make medical information forms available to schools for this purpose. The forms are valid for 365 days from when the medical order was written and signed.
- B. Parent/Guardian Role: When a parent/guardian reports that their student has been diagnosed with a medical condition, the school must request and the parent/guardian must provide the following:
- a. Written medical diagnosis and care instructions, emergency action plan, and orders for medication administration during school hours or school sponsored activities signed by a medical provider. Requests for the provision of medication during school hours must include ~~the all of following~~ all of the following:
 - i. Name of medication, dosage, route of administration;
 - ii. Frequency and time of administration(s);
 - iii. Special circumstances in which medication is to be administered;
 - iv. Side effects and/or intended effects which might be observed and reported to a Nurse, school personnel, and parents/guardians;
 - v. Name, signature, address, office phone, fax, and emergency numbers of medical provider;
 - vi. Other medication(s) student may be receiving at home; and
 - vii. A regimen of medical follow-up;
 - b. When applicable, written parent/guardian consent to administer or carry and self-administer medications during the school hours using the form established by the Chief Health Officer or designee. Additional requirements for self-administration are set out in Section V. below;
 - c. Any medications and/or supplies necessary to treat the student’s condition must be in the original container provided by a state approved pharmacy or manufacturer packaging with prescription and dosage information or any replacement medication after use or expiration that matches the original medical provider’s orders;
 - d. A description of the student’s past chronic or acute reactions; including triggers and warning signs;
 - e. Current parent/guardian emergency contact information;
 - f. Any diagnostic or medication changes including but not limited to the dosage, route, medication or administration times, require the parent/guardian to submit a prescription or new written orders from the student’s medical provider.

The school may also request that the parent/guardian provide the following:

- g. Written consent to share diagnosis and other information with relevant school personnel;
- h. Written authorization to exchange detailed medical information on the student's condition with the student's medical provider;
- i. A description of the student's emotional response to the condition and the need for intervention from the student's medical provider;
- j. Recommendations on developmentally-appropriate ways to include the student in planning or care and implementing their 504 Plan or Individualized Education Plan (IEP) from the student's medical provider.

IV. MEDICATIONS

A. Medication Types:

1. All medications given in school must be prescribed by a medical provider. Such written documentation must be maintained in the student's health record. All medication authorizations for school administration must:
 - a. Include indication (diagnosis), as defined by a medical provider, including the rationale for need during school hours or school sponsored activities;
 - b. Be in the original packaging;
 - c. Conform with the Illinois Nurse Practice Act;
 - d. Not carry a high cardiac or respiratory risk that may require advanced life support.
 - e. Medications that are deemed toxic (poses a risk of harm to others) by the Deputy and/or Chief Health Officer will not be administered during the school day or on school grounds.
2. Prescribed Medications: must include requirements listed in Section IV.A.1. and additionally be:
 - a. Provided in a clearly labeled container;
 - b. Dispensed by state-approved pharmacy,
3. Over the Counter Medication: Over the counter medications will be treated in the same manner as all other medications during the school hours. Students requiring over the counter medication during school hours or school sponsored activities must also be authorized in writing by the student's parent/guardian and a medical provider order with indication. When authorized, administration of over the counter medications to a student is further subject to the requirements set out in Sections IV.A.1. herein. Students are not authorized by this policy to carry and self-administer over the counter medications during school hours.
4. Emergency Medications:
 - a. The Nurse or trained school personnel may administer emergency medications (as defined above):
 - i. While in the school building;
 - ii. While at a school-sponsored activity;
 - iii. While under the supervision of school personnel; or
 - iv. Before or after normal school activities on school property.
 - b. Any time emergency medications are administered, 911 must be called first, and then the parent/guardian must be notified.

- B. Medication Management: All medications administered during school hours or school sponsored activities must be submitted to the Nurse for assessment. After an assessment, unless a student is authorized to self-carry and self-administer as described in Section VI, all medication, medication refills, and medication delivery devices and equipment, (e.g. nebulizers or inhalers) must be properly stored in the school. Non-prescription medication must be brought

in with the manufacturer's original label with the ingredients listed and the student's name and date of birth affixed to the container.

1. Non-Emergency: The school must maintain non-emergent student medications in a locked location accessible to the Nurse, the Principal, and Principal Designees. Medications requiring refrigeration must be kept in a locked refrigerator separate from food products. At all times, the Principal and Principal Designee must have knowledge of and access to all storage units where medication is kept. Additionally, regulated medications will be locked and counted per nursing guidelines, unless exempted as an emergency medication.
 2. Emergency: The school must maintain all emergency medications that are not self-carried in a designated secure but unlocked location that is accessible to all school personnel during school hours; including but not limited to school drills. During emergencies or drills, it is the Principal's and the Principal Designee's responsibility of the Nurse to ensure that all emergency medications are accessible to the student. In the event the Nurse is not present, the Principal and/or Principal's Designee is responsible.
- C. Medication Administration: Only a Nurse may administer medications with the exception of those medications given in emergencies or those covered within the scope of delegation such as those that can be provided by a delegated care aide, Principal, or Principal Designee. A Registered Nurse may delegate a non-nurse school personnel to medicate a student. Delegated medications are limited to those that can be given by mouth, topically (applied to the skin or mucous membranes), transdermally (through the skin as a patch), or subcutaneously (under the upper layer of the skin). Nurses will not administer intravenous, (peripheral or central) medications or medications known for toxicity (including but not limited to chemotherapeutic agents) during the school day.
- D. Changes in Medication: Any medication changes including but not limited to the dosage, route, medication or administration times, require the parent/guardian to submit a prescription or new written orders from the student's medical provider.
- E. Discontinuing Medication: If a medication is to be discontinued, the parent/guardian must submit written notification from the student's medical provider. Without the aforementioned notification, a 504/IEP meeting must be convened to evaluate the need and consider discontinuing the administration of medication during school hours.
- F. End of School Year Medication Removal: At the end of the school year or the end of the medication course, procedure and/or treatment regimen, the student's parents/guardians will be responsible for retrieving any unused medication. If the parent/guardian does not pick up the medication by the end of the last day of the academic school year, the Nurse will dispose of the medication(s) in accordance with the nursing guidelines and provide parent/guardian notification after the medication has been disposed of.
- G. Medication Logs: The Nurse, Principal or Principal Designee providing medication(s) to a student or monitoring a self-administration will log each time medication is given or self-administered during school hours or during school-sponsored activities. For students authorized to carry and self-administer their medication, the student must log each time medication is administered during school hours and shall deliver such logs to the Nurse, Principal or Principal designee on a specified schedule. Medication logs shall be incorporated

into the student's health record on a yearly basis. The Nurse will monitor medication logs of the student's medication regimen per nursing guidelines.

IV. 504-PLAN/IEP ROLE OF SCHOOL NURSE IN MEDICATION ADMINISTRATION

- A. Nursing Role: Nurses are assigned to schools by the District to provide assessment and planning of health care for students so they may access learning. A Registered Nurse works in collaboration with the Principal to address the health needs of students with acute or chronic conditions for school attendance. Nursing service provision is determined by Assessment (interview, observation, and record review), Planning, Implementation, and Evaluation which is encompassed in the 504/IEP for each student where care is deemed necessary to attend and participate in learning.

A Registered Nurse reviews any request from a parent/guardian for medication administration. Medication administration is not limited to the selection of the medication, reviewing the dosage, and administration to the student but also assessing the student's response to the medication, a task for which the Registered Nurse is qualified and required to complete. If additional information is needed, the Registered Nurse has the professional responsibility to consult with the student's prescribing medical provider to clarify that information found in the written order.

~~Use of medications meant to address minor, non-debilitating symptoms of illness or injury are prohibited because they are typically not critical for the student's health and well-being. Exceptions can be made on the basis of clinical judgment of a Registered Nurse in collaboration with families and the student's Medical Provider by prescription or order, unless accompanied by a signed Physician's Request for Administration of Medication outlined in section IV.A.3 of this policy.~~

The school nurse is not responsible for maintaining, assessing, accessing or administering medications through peripheral intravenous lines (PIV) central venous access devices (CVADs), including but not limited to PICC, Midline, Hickman, and PortaCath. All other variables should be addressed with the Chief Health Officer and/or Deputy Chief Health of OSHW.

- B. Plan Establishment: Upon the school's receipt of the documentation outlined in Section IIIB, the Registered Nurse will review as part of the assessment for plan establishment. Every student with a medical provider-documented acute or chronic condition(s), who may need medication during school hours, must be offered a 504 Plan to address the need for medication while in school and at school events. In the event the student has an IEP, the IEP shall address the management of medications received during school hours. The 504/IEP shall include a Healthcare Plan that will identify what the school will do to accommodate the individual needs of the student. For students with a medical provider-documented acute or chronic condition requiring medication outside of school hours, the Registered Nurse, in consultation with the parent/guardian, shall determine if accommodations are necessary which require a 504 to manage the student's condition during school hours.

The Registered Nurse, in consultation with the student's medical provider, shall retain the right to decline to allow the medication to be administered by school staff. Any medical order that is declined must be communicated to the parent/guardian as well as to the prescriber, along with the medical rationale and offer to accommodate with different medications or regimens. If a parent/guardian disagrees with their student's 504 or IEP, please refer them to the procedural safeguards, which outlines their rights.

- C. Plan Updates: 504/IEPs are updated annually. ~~If In the event~~ the parent/guardian ~~provides~~ furnishes new written medical orders by a medical provider that include changes to the medical management of the student's condition(s), ~~the 504/IEP will be updated to address the new information will follow the approved process to update the plan~~
- D. Plan Dissemination: Those portions of the student's 504/IEP relevant to medication management, including but not limited to the Healthcare Plan, Emergency Action Plan, and emergency medications, must be disseminated (by ~~p~~Principal or ~~designee~~ Principal's Designee) to all school personnel who supervise the student during the school day and at school-sponsored activities. This will be distributed at the beginning of each school year, upon school entry, or for newly diagnosed students, and whenever the 504/IEP is revised.
- E. Non-Cooperation: Non-cooperation is defined as when the parent/guardian of a student with a known or suspected condition is not in agreement with and/or does not assist the school with an evaluation or implementation of an appropriate 504/IEP, does not provide the documentation required to offer a 504/IEP, or refuses to supply the school with medications and supplies required to manage the student's condition in school. Families can contact the Office of Student Health and Wellness (OSHW) Hotline (773-553-KIDS) for assistance with public benefits or to connect with a medical provider.

In cases of non-cooperation, the school must implement a simple Emergency Action Plan (EAP) stating to call 911 immediately upon recognition of emergency signs and symptoms. The school must send a written notification to the parent/guardian of the student's EAP and contact the parent/guardian if the EAP is activated.

~~V. MEDICATIONS~~

~~A. Medication Types:~~

- ~~5. All medications given in school must be prescribed by a medical provider. Such written documentation must be maintained in the student's health record. All medication authorizations for school administration must:~~
- ~~a. Include indication (diagnosis), as defined by a medical provider, including the rationale for need during school hours or school sponsored activities;~~
 - ~~b. Be in the original packaging;~~
 - ~~c. Conform with the Illinois Nurse Practice Act;~~
 - ~~d. Not carry a high cardiac or respiratory risk that may require advanced life support.~~
- ~~6. Prescribed Medications: must include requirements listed in Section V.A.1. and additionally be:~~
- ~~a. Provided in a clearly labeled container;~~
 - ~~b. Dispensed by state approved pharmacy;~~
- ~~7. Over the Counter Medication: Over the counter medications will be treated in the same manner as all other medications during the school hours. Students requiring over the counter medication during school hours or school sponsored activities must also be authorized in writing by the student's parent/guardian and a medical provider order with indication. When authorized, administration of over the counter medications to a student is further subject to the requirements set out in Sections V.A.1. herein. Students are not authorized by this policy to carry and self-administer over the counter medications during school hours.~~

- ~~B. Medication Management: All medications administered during school hours or school sponsored activities must be submitted to the Nurse for assessment. After an assessment, unless a student is authorized to self carry and self administer as described in Section VI, all medication, medication refills, and medication delivery devices and equipment, (e.g. nebulizers or inhalers) must be properly stored in the school. Non-prescription medication must be brought in with the manufacturer's original label with the ingredients listed and the student's name and date of birth affixed to the container.~~
- ~~3. Non-Emergency: The school must maintain non-emergent student medications in a locked location accessible to the Nurse, the Principal, and Principal Designees. Medications requiring refrigeration must be kept in a locked refrigerator separate from food products. At all times, the Principal and Principal Designee must have knowledge of and access to all storage units where medication is kept. Additionally, regulated medications will be locked and counted per nursing guidelines, unless exempted as an emergency medication.~~
- ~~4. Emergency: The school must maintain all emergency medications that are not self-carried in a designated secure but unlocked location that is accessible to all school personnel during school hours; including but not limited to school drills. During emergencies or drills, it is the Principal's and the Principal Designee's responsibility to ensure that all emergency medications are accessible to the student.~~
- ~~C. Medication Administration: Only a Nurse may administer medications with the exception of those medications given in emergencies or those covered within the scope of a delegated care aide. A Registered Nurse may delegate a non-nurse school personnel to medicate a student. Delegated medications are limited to those that can be given by mouth, topically (applied to the skin or mucous membranes), transdermally (through the skin as a patch), or subcutaneously (under the upper layer of the skin).~~
- ~~D. Changes in Medication: Any medication changes including but not limited to the dosage, route, medication or administration times, require the parent/guardian to submit a prescription or new written orders from the student's medical provider.~~
- ~~E. Discontinuing Medication: If a medication is to be discontinued, the parent/guardian must submit written notification from the student's medical provider. Without the aforementioned notification, a 504/IEP meeting must be convened to evaluate the need and consider discontinuing the administration of medication during school hours.~~
- ~~F. End of School Year Medication Removal: At the end of the school year or the end of the medication course, procedure and/or treatment regimen, the student's parents/guardians will be responsible for retrieving any unused medication. If the parent/guardian does not pick up the medication by the end of the last day of the academic school year, the Nurse will dispose of the medication(s) in accordance with the nursing guidelines and provide parent/guardian notification after the medication has been disposed.~~
- ~~G. Medication Logs: The Nurse, Principal or Principal Designee providing medication(s) to a student or monitoring a self-administration will log each time medication is given or self-administered during school hours or during school-sponsored activities. For students authorized to carry and self-administer their medication, the student must log each time medication is administered during school hours and shall deliver such logs to the Nurse, Principal or Principal designee on a specified schedule. Medication logs shall be incorporated~~

~~into the student's health record on a yearly basis. The Nurse will monitor medication logs of the student's medication regimen per nursing guidelines.~~

VI. AUTHORIZATION TO CARRY AND SELF-ADMINISTER MEDICATION

- A. Students may carry and self-administer their medications during school hours with parent/guardian consent and a current prescription or written order on file. Parent/Guardian shall submit the requisite self-administration authorization(s) using the form(s) established by the Chief Health Officer or designee and ~~will~~ may be used to develop the student's 504/IEP. The 504/IEP must include documentation of where the student will keep their rescue medication (e.g. in their backpack) to ensure it is accessible in the event the student is not able to self-administer in an emergency. In this authorization form, the parent/guardian of the student must sign a statement that:
- a. acknowledges that the District and its employees and agents are to incur no liability or professional discipline, except for willful and wanton conduct (actual or deliberate intention to cause harm or which, if not intentional, shows an utter indifference for the safety of others), as a result of any injury arising from the administration medication regardless of whether the authorization was given by the student's parent/guardian or by the student's medical provider and;
 - b. indemnifies and holds harmless the District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the authorization outlined in this policy regardless of whether the authorization was given by the student's parent/guardian or by the student's medical provider.
- B. If the above conditions (Section VI.A) have been met, a student may carry the following medications and supplies on their person:
1. Rescue Asthma Inhalers;
 2. Epinephrine auto-injectors and/or a single dose of antihistamine (as a rescue), as outlined in their 504/IEP to treat life-threatening allergies;
 3. Diabetes testing device, supplies, insulin, and rescue glucagon;
 4. Epilepsy supplies, equipment, and seizure rescue medications as outlined in their 504/IEP.
- C. When the required authorization is received, the requirements of Section V. B & C do not apply, however, students may be subject to the record-keeping requirements set out in Section V.G. In the event that rescue medication is both self-carried and self-administered the student must immediately notify school personnel to begin the process outlined in Section V.
- D. In compliance with the Illinois School Code, the District, and its employees and agents, including a medical provider placing a standing protocol or prescription for district-issued epinephrine auto-injector, are to incur no liability or professional discipline, except for willful and wanton conduct (actual or deliberate intention to cause harm or which, if not intentional, shows an utter indifference for the safety of others), as a result of any injury arising from the administration of medication, use of a district-issued epinephrine auto-injector regardless of whether authorization was given by the student's parents or guardians or by the student's medical provider.

VII. EMERGENCY USE OF STOCK EPINEPHRINE AUTO-INJECTORS

In compliance with the Illinois Emergency Epinephrine Act:

- A. Authorizations:

1. The Nurse or trained school personnel may administer a stock epinephrine auto-injector
 - a. while in the school building,
 - b. while at a school-sponsored activity,
 - c. while under the supervision of school personnel, or
 - d. before or after normal school activities on school property.
 2. The Nurse or trained school personnel are authorized to provide stock epinephrine auto-injectors when authorized under a student's Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or 504/IEP to administer an epinephrine auto-injector to the following:
 - a. To the student for self-administration or;
 - b. authorized school personnel to administer to the student.
 3. When a person does not have an epinephrine auto-injector or a student does not have a prescription for an epinephrine auto-injector on file, the Nurse or trained personnel may utilize stock epinephrine if they believe in good faith that the person is having an anaphylactic reaction. Stock epinephrine is made available under a standing protocol from a designated medical provider.
- B. Supply and Use: Stock epinephrine will be supplied to schools by the District. Schools must maintain, use, and replace the supply of stock epinephrine auto-injectors as instructed by the Chief Health Officer or designee. School personnel must submit an incident report within 24 hours of administration when the stock epinephrine auto-injector is used.
- C. No Liability: When a Nurse or trained school personnel injects a stock epinephrine auto-injector to a student whom the Nurse or trained school personnel in good faith believes is having an anaphylactic reaction, despite the lack of notice to the parent/guardian of the student or the absence of the parent/guardian signed statement acknowledging no liability, except for willful and wanton conduct (actual or deliberate intention to cause harm or which, if not intentional, shows an utter indifference for the safety of others), the District and its employees and agents, including a medical provider providing standing protocol or prescription for stock epinephrine auto-injector, are to incur no liability or professional discipline except for willful and wanton conduct as a result of any injury arising from the use of a stock epinephrine auto-injector regardless of whether authorization was given by the student's parent/guardian or by the student's medical provider.

VIII. EMERGENCY USE OF STOCK OPIOID ANTAGONIST

- A. Authorizations:
1. The Nurse or trained school personnel may administer stock opioid antagonist:
 - a. while in the school building,
 - b. while at a school-sponsored activity,
 - c. while under the supervision of school personnel, or
 - d. before or after normal school activities on school property.
 2. The Nurse or trained personnel may utilize a stock Opioid Antagonist if they believe in good faith that the person is having an opioid overdose. Stock opioid antagonists are made available under a standing protocol from a designated medical provider.
- B. Supply and Use: Stock opioid antagonist administration kits will be supplied to schools by the District via the Chicago Department of Public Health. Schools must maintain, use, and replace the supply of stock opioid antagonist as instructed by the Chief Health Officer or

designee. School personnel must submit an incident report within 24 hours of administration when the stock opioid antagonist is used.

- C. No Liability: When a Nurse or trained school personnel administers stock opioid antagonist to a student whom the Nurse or trained school personnel in good faith believes is having an opioid overdose, despite the lack of notice to the parent/guardian of the student or the absence of the parent/guardian signed statement acknowledging no liability, except for willful and wanton conduct (actual or deliberate intention to cause harm or which, if not intentional, shows an utter indifference for the safety of others), the District and its employees and agents, including a medical provider providing standing protocol or prescription for stock opioid antagonist, are to incur no liability or professional discipline except for willful and wanton conduct as a result of any injury arising from the use of stock opioid antagonist regardless of whether authorization was given by the student's parent/guardian or by the student's medical provider.

VIII IX. EMERGENCY RESPONSE

If emergency response measures outlined in a student's Emergency Action Plan are undertaken ~~but not effective~~, 911 ~~will~~ must be called to report the medical emergency. In any medical emergency, the parent/guardian must be notified after calling 911. Efforts to contact parent/guardian must include calling all numbers listed on an emergency form and any number supplied by the student. The individual attempting to contact the parent/guardian of the student must document the time and number of attempts to contact the parent/guardian if the parent/guardian does not answer. School personnel ~~shall~~ must remain with the student at all times during a medical emergency or perceived medical emergency. If a student is transported to a hospital, a full-time non-nurse school personnel must accompany the student until the parent/guardian or emergency contact arrives. The school must complete an incident report within 24 hours in all instances when emergency response measures are activated or other emergency health issues occur.

IX. MEDICATION-RELATED TRAINING REQUIREMENTS

- A. Asthma Training: Annually, all school personnel shall complete an in-service training program on the prevention and management of asthma in the school setting, as well as, emergency response, as specified in the Board's Chronic Conditions Management Policy.
- B. ADHD Training: At least once every two (2) years, certified school personnel and administrators shall complete an in-service training program on current best practices regarding the identification and treatment of attention deficit disorder and attention deficit hyperactivity disorder, the application of non-aversive behavioral interventions in the school environment, and the use of psychotropic or psychostimulant medication for school-age students.
- C. Allergy Training: Annually, school personnel shall complete an in-service training program on the management and prevention of allergic reactions including training related to the administration of an epinephrine auto-injector as specified in the Board's Chronic Conditions Management Policy.
- D. Diabetes Training: Annually, school personnel shall complete an in-service training program on the management of students with diabetes as specified in the Board's Chronic Conditions Management Policy.

- E. Seizure Training: Annually, all school personnel shall complete an in-service training program on first aid and emergency management of seizures in schools, as specified in the Board's Chronic Conditions Management Policy.
- F. Substance Use Training: Annually, all school personnel shall complete an in-service training program on the signs and symptoms of drug-related overdoses, including an opioid overdose, and the administration of an opioid antagonist.
- G. Other Medication-Related Training: Annually, ~~T~~the Principal, in consultation with the School Nurse, shall ensure that school personnel receive all other health-related and medication-related training required by the Illinois School Code.

XI. GUIDELINES

The Chief Health Officer or designee is authorized to develop and implement guidelines, standards and procedures for the effective communication and implementation of this policy per Illinois School Code and state guidelines, including but not limited to standing protocols for the use of medical cannabis and stock epinephrine auto-injectors. Additional information and resources can be found on the Office of Student Health and Wellness website at cps.edu/oshw.

LEGAL REFERENCES: Medications Policy, 105 ILCS 5/10-20.14b; Self-Administration and Self-Carry of Asthma Medication and Epinephrine Injectors; Administration of Undesignated Epinephrine Injectors; Administration of an Opioid Antagonist; Administration of Undesignated Asthma Medication; Asthma Episode Emergency Response Protocol, 105 ILCS 5/22-30; Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 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.; Medical Cannabis, 105 ILCS 5/22-33; and Administering Medication, 105 ILCS 5/10-22.21b.