

Bellevue Children's Academy & Willows Preparatory School

Medication Administration Policies

2022-2023

BCA/WPS is committed to promoting and protecting the health and safety of our students. Our medication policy is taken directly from guidance and requirements from International Schools Partnership (ISP) as well as the Washington Department of Health (DOH), OSPI, and in the case of our child care programs, DCYF, in compliance with state and local statutes.

First and foremost, per state requirements, **all** medications administered at school must be accompanied by a signed healthcare provider's order **and** signed parental consent. This applies to both prescription and over-the-counter medications, including antihistamines, pain relievers, topical creams like hydrocortisone, etc. This is for the safety of our students, as all medications have potential risks and their licensed healthcare provider (LHP) is in the best position to determine what is safe and essential to be administered at school.

This medication order must be a written, current, and unexpired request from an LHP prescribing within the scope of their prescriptive authority. The following must be included:

- 1) The name of the student
- 2) Name of the medication
- 3) Strength and dosage
- 4) Quantity
- 5) Frequency of administration

Families have three options for providing this medication authorization:

- 1) If your student has been diagnosed with a life-threatening condition (*e.g. anaphylaxis, asthma, diabetes*), this student is **required** to have a current [Emergency Care Plan \(ECP\)](#) on file prior to the first day of school. This document may be used as a medication order for life-saving emergency medications, in lieu of options #2 or #3 below. Examples include epinephrine (EpiPens) for life-threatening allergies, glucagon for diabetic emergencies, and albuterol for asthma exacerbations.
- 2) For medications not included in an ECP, you may use our [Medication Administration Form](#). This includes a section for parental consent.
- 3) For medications not included in an ECP, you may alternatively use a separate, signed LHP order rather than our school's Medication Administration Form. Many LHPs have their own medication authorization forms for school. If you choose this option, you must also submit our school's [Parental Consent for Medication Administration](#).

Note: All medications must be in their original box and be unexpired. They must include all supplies necessary for administration, such as dosage cups.

Medications must be brought to school by the parent/guardian or another designated adult, unless an exception has been made for specific self-administered emergency medications.

If a tablet must be divided to obtain the correct dose, the pharmacist should be asked to do so when filling the prescription.

It is the parent/guardian's responsibility to keep school staff informed of changes in the student's condition or medication orders.

INDIVIDUAL HEALTH & EMERGENCY CARE PLANS

An “Emergency Care Plan” is **required** for any student with a known health condition that could cause a life-threatening emergency while at school. This can be part of a more comprehensive “Individual Health Plan” for those with chronic illnesses or diseases that require medication or other interventions while at school.

Please submit this form by **Wednesday, August 24** so we have a full week to train and prepare staff and teachers regarding your child’s care plan.

It is the parent/guardian’s responsibility to provide all applicable medications and supplies. All medications must be in their original box with their prescriptions. The medications and prescriptions must not be expired.

It is the parent/guardian’s responsibility to keep school staff informed of changes in the student’s condition or changes in LHP’s orders. Prior to the student attending school and any time there are changes in the student’s treatment plan, the parent/guardian should notify the School Nurse.

LIFE-THREATENING ALLERGIES (ANAPHYLAXIS)

If your child has been diagnosed with a life-threatening allergy (anaphylaxis), an emergency care plan and prescribed treatment is required prior to the student attending school. Anaphylaxis is a life-threatening condition requiring immediate medical attention, and **epinephrine is the only life-saving treatment**.

For students with anaphylaxis, note that current WA OSPI guidance states that epinephrine should be administered immediately and the EMS/911 system activated for any exposure or suspected exposure to a life-threatening allergen. Oral antihistamines such as Benadryl do not stop anaphylaxis. A “wait and see” approach can be fatal. Consult with your student’s healthcare provider to ensure the Emergency Care Plan reflects best practices. Note, too, that if your student’s provider has prescribed *two doses* of epinephrine for anaphylaxis (which is also recommended), both doses must be provided to the school.

Food is the leading cause of anaphylaxis in children. **Meals and food from home provide the safest option at school**. There is no guarantee that school lunches and snacks will be completely allergen-free. For example, some prepackaged foods may be processed in facilities that could cross-contaminate with nuts and other allergens and may contain these nuts or other allergens.

*If your child has a life-threatening allergy to tree nuts, please specify if “coconut” is included or not.

Our [Emergency Care Plan for Anaphylaxis](#) is due one week prior to the first day of school. If you use a provider’s emergency care plan form instead of ours, please ensure it includes the following:

- 1) It must state that the student suffers from an allergy which may result in an anaphylactic reaction
- 2) Identify the drug, the mode of administration, and the dose
- 3) Indicate when the injection will be administered based on anticipated symptoms or time lapse from exposure to the allergen (i.e. should it only be administered with symptoms, or if exposed to allergen)
- 4) Recommend follow-up after administration, which may include care of the stinger, need for tourniquet, administration of additional medications (such as antihistamines), transport to hospital
- 5) A section for parent/guardian signature(s) to consent to implementation of the ECP and communication between the school and the LHP regarding the student’s health condition

ASTHMA

Consult with your child's healthcare provider to determine the severity of their asthma diagnosis. If their condition is uncomplicated and predictable, such as a history of asthma with no current symptoms, no controller medication, no use of rescue medication in over one year, no impact on attendance or participation in activities, etc. they may not need an emergency care plan. Note, however, that ***any acute asthma episode has the potential to become life-threatening.***

Our [Emergency Care Plan for Asthma](#) is due one week prior to the first day of school. You may alternatively use your provider's Emergency Care Plan form as long as it contains the necessary information to treat and respond to an acute asthma exacerbation at school. If your child's condition requires daily maintenance, please complete a more comprehensive Individual Health Plan.