

4.34—COMMUNICABLE DISEASES AND PARASITES

Students with communicable diseases or with human host parasites that are transmittable in a school environment shall demonstrate respect for other students by not attending school while they are capable of transmitting their condition to others. Students whom the school nurse determines are unwell or unfit for school attendance or who are believed to have a communicable disease or condition will be required to be picked up by their parent or guardian. Specific examples include, but are not limited to: Varicella (chicken pox), measles, scabies, conjunctivitis (Pink Eye), impetigo/MRSA (Methicillin-resistant Staphylococcus aureus), streptococcal and staphylococcal infections, ringworm, mononucleosis, Hepatitis A, B, or C, mumps, vomiting, diarrhea, and fever (100.4 F when taken orally). A student who has been sent home by the school nurse will be subsequently readmitted, at the discretion of the school nurse, when the student is no longer a transmission risk. In some instances, a letter from a health care provider may be required prior to the student being readmitted to the school.

To help control the possible spread of communicable diseases, school personnel shall follow the District's exposure control plan when dealing with any bloodborne, foodborne, and airborne pathogens exposures. Standard precautions shall be followed relating to the handling, disposal, and cleanup of blood and other potentially infectious materials such as all body fluids, secretions and excretions (except sweat).

In accordance with 4.57-IMMUNIZATIONS, the District shall maintain a copy of each student's immunization record and a list of individuals with exemptions from immunization which shall be education records as defined in policy 4.13. That policy provides that an education record may be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.

A student enrolled in the District who has an immunization exemption may be removed from school at the discretion of the Arkansas Department of Health during an outbreak of the disease for which the student is not vaccinated. The student may not return to the school until the outbreak has been resolved and the student's return to school is approved by the Arkansas Department of Health.

The parents or legal guardians of students found to have live human host parasites that are transmittable in a school environment lice or nits will be asked to pick their child up at the end of the school day. The parents or legal guardians will be given information concerning the eradication and control of human host parasites head lice. Before a student may be readmitted following an absence due to head lice, the school nurse or designee has determined shall examine the student no longer has live human host parasites that are transmittable in a school environment to make sure they are free of any lice or nits.

Each school may conduct screenings of students for human host parasites that are transmittable in a

school environment head lice as needed. The screenings shall be conducted in a manner that respects the privacy and confidentiality of each student.

Cross References: 4.2—ENTRANCE REQUIREMENTS
 4.7 --ABSENCES
 4.13—PRIVACY OF STUDENTS' RECORDS/ DIRECTORY
 INFORMATION
 4.57--IMMUNIZATIONS

Legal References: A.C.A. § 6-18-702
 Arkansas State Board of Health Rules And Regulations Pertaining To
 Immunization Requirements
 Arkansas Department of Education Rules Governing Kindergarten
 through 12th, Grade Immunization Requirements

Date Adopted: July 2013
Date Revised: January 2016

4.35—STUDENT MEDICATIONS

Prior to the administration of any medication, including any dietary supplement or other perceived health remedy not regulated by the US Food and Drug Administration, to any student under the age of eighteen (18), written parental consent is required. The consent form shall include authorization to administer the medication and relieve the Board and its employees of civil liability for damages or injuries resulting from the administration of medication to students in accordance with this policy. All signed medication consent forms are to be maintained by the school nurse.

Unless authorized to self-administer or otherwise authorized by this policy, students are not allowed to carry any medications, including over-the-counter (OTC) medications or any dietary supplement or other perceived health remedy not regulated by the US Food and Drug Administration while at school. The parent or legal guardian shall bring the student's medication to the school nurse. The student may bring the medication if accompanied by a written authorization from the parent or legal guardian. When medications are brought to the school nurse, the nurse shall document, in the presence of the parent, the quantity of the medication(s). If the medications are brought by a student, the school nurse shall ask another school employee to verify, in the presence of the student, the quantity of the medication(s). Each person present shall sign a form verifying the quantity of the medication(s).

Medications, including those for self-administration, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings. Schedule II medications that are permitted by this policy to be brought to school shall be stored in a double locked cabinet.

Students with an individualized health plan (IHP) may be given OTC medications to the extent giving such medications are included in the student's IHP.

The district's supervising registered nurse is responsible for creating procedures for the administration of medications on and off campus.

The school shall not keep outdated medications or any medications past the end of the school year. Parents shall be notified ten (10) days in advance of the school's intention to dispose of any medication. Medications not picked up by the parents or legal guardians within the ten (10) day period shall be disposed of by the school nurse in accordance with current law and rules.¹

Schedule II Medications²

Option 1: The only Schedule II medications that shall be allowed to be brought to the school are methylphenidate (e.g. Ritalin or closely related medications as determined by the school nurse), dextroamphetamine (Dexedrine), and amphetamine sulfate (e.g. Adderall or closely related medications as determined by the school nurse).

For the student's safety, no student will be allowed to attend school if the student is currently taking any other Schedule II medication than permitted by this policy.³ Students who are taking Schedule II medications which are not allowed to be brought to school shall be eligible for homebound instruction if provided for in their IEP or 504 plans.⁴

Self-Administration of Medication

Students who have written permission from their parent or guardian and a licensed health care practitioner on file with the District may:

- 1) Self-administer either a rescue inhaler or auto-injectable epinephrine;
- 2) Perform his/her own blood glucose checks;
- 3) Administer insulin through the insulin delivery system the student uses;
- 4) Treat the student's own hypoglycemia and hyperglycemia; or
- 5) Possess on his or her person:
 - a) A rescue inhaler or auto-injectable epinephrine; or
 - b) the necessary supplies and equipment to perform his/her own diabetes monitoring and treatment functions.

A student may be authorized to self-administer a stress dose medication to treat the student's adrenal insufficiency with:

1. The written authorization of the student's parent, legal guardian, or person standing in loco parentis; and
2. A written order from the student's treating physician stating that the student:
 - a. Is capable of completing the proper method of self-administration of the stress dose medication; and
 - b. Has been instructed on the details of the student's medical condition and the events that may lead to an adrenal crisis.

The parent, legal guardian, or person standing in loco parentis of a student who is authorized to self-administer a stress dose medication shall sign an IHP developed by the school nurse for the school where the student is enrolled. The IHP shall include a requirement for the notification of appropriate staff following the self-administration of a stress dose medication, which shall include the school nurse, teacher of the classroom where the stress dose medication was administered, and a school administrator.

- The IHP must also be signed by a physician.

Students who have a current consent form on file shall be allowed to carry and self-administer such medication while:

- In school;
- At an on-site school sponsored activity;
- While traveling to or from school; or
- At an off-site school sponsored activity.

A student is prohibited from sharing, transferring, or in any way diverting his/her medications to any other person. The fact that a student with a completed consent form on file is allowed to carry a rescue inhaler, auto-injectable epinephrine, diabetes medication, stress dose medication, , or

combination does not require the student to have such on the student's person. The parent or guardian of a student who qualifies under this policy to self-carry a rescue inhaler, auto-injectable epinephrine, diabetes medication, stress dose medication, or any combination on the student's person shall provide the school with the appropriate medication, which shall be immediately available to the student in an emergency.

Students may possess and use a topical sunscreen that is approved by the United States Food and Drug Administration for OTC use to avoid overexposure to the sun without written authorization from a parent, legal guardian, or healthcare professional while the student is on school property or at a school-related event or activity. The parent or guardian of a student may provide written documentation authorizing specifically named District employee(s), in addition to the school nurse, to assist a student in the application of sunscreen. The District employee(s) named in the parent or legal guardian's written authorization shall not be required to assist the student in the application of sunscreen.

Emergency Administration of Glucagon and Insulin

Students may be administered Glucagon, insulin, or both in emergency situations by the school nurse or, in the absence of the school nurse, a trained volunteer school employee designated as a care provider, provided the student has:

1. An IHP that provides for the administration of Glucagon, insulin, or both in emergency situations; and
2. A current, valid consent form on file from their parent or guardian.

When the nurse is unavailable, the trained volunteer school employee who is responsible for a student shall be released from other duties during:

- A. The time scheduled for a dose of insulin in the student's IHP; and
- B. Glucagon or non-scheduled insulin administration once other staff have relieved him/her from other duties until a parent, guardian, other responsible adult, or medical personnel has arrived.

A student shall have access to a private area to perform diabetes monitoring and treatment functions as outlined in the student's IHP.

Emergency Administration of Epinephrine

The school nurse or other school employees designated by the school nurse as a care provider who have been trained⁶ and certified by a licensed physician may administer an epinephrine auto-injector in emergency situations to students who have an IHP that provides for the administration of an epinephrine auto-injector in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other school employee(s) certified to administer auto-injector epinephrine to administer auto-injector epinephrine to the student when the employee believes the student is having a life-threatening anaphylactic reaction.

Students with an order from a licensed health care provider to self-administer auto-injectable epinephrine and who have written permission from their parent or guardian shall provide the school nurse an epinephrine auto-injector. This epinephrine will be used in the event the school nurse, or other school employee certified to administer auto-injector epinephrine, in good faith professionally believes the student is having a life-threatening anaphylactic reaction and the student is either not self-carrying his/her /epinephrine auto-injector or the nurse is unable to locate it.

The school nurse for each District school shall keep epinephrine auto-injectors on hand that are suitable for the students the school serves. The school nurse or other school employee designated by the school nurse as a care provider who has been trained⁶ and certified by a licensed physician may administer auto-injector epinephrine to those students who the school nurse, or other school employee certified to administer auto-injector epinephrine, in good faith professionally believes is having a life-threatening anaphylactic reaction.

Emergency Administration of Albuterol

The school nurse or other school employees designated by the school nurse as a care provider who have been trained⁶ and certified by a licensed physician, advanced practice registered nurse, or physician assistant may administer albuterol in emergency situations to students who have an IHP that provides for the administration of albuterol in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other school employee(s) certified to administer albuterol to administer albuterol to the student when the employee believes the student is in perceived respiratory distress.

The school nurse for each District school shall keep albuterol on hand. The school nurse or other school employee designated by the school nurse as a care provider who has been trained⁶ and certified by a licensed physician, advanced practice registered nurse, or physician assistant may administer albuterol to those students who the school nurse, or other school employee certified to administer albuterol, in good faith professionally believes is in perceived respiratory distress.

Emergency Administration of Anti-opioid

The school nurse for each District school shall keep anti-opioid injectors on hand. The school nurse, other school employee, volunteer, or student may administer anti-opioid in accordance with the District's procedures to a student who the school nurse, or other observer, in good faith believes is having an opioid overdose.

Emergency Administration of Emergency Adrenal Insufficiency Medication

The school nurse or other school employees designated by the school nurse as a care provider who have been trained⁶ and certified by a licensed physician may administer an injectable emergency dose medication in emergency situations to students who have an IHP that provides for the administration of an injectable emergency dose medication in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other school employee(s) certified to administer an injectable emergency dose medication to administer an injectable emergency dose medication to the student when the employee believes the student is having an adrenal crisis due to adrenal insufficiency.

Students who have met the requirements to be authorized to self-administer a stress dose medication under this policy shall provide the school nurse an emergency injectable dose of the student's medication. This emergency injectable dose will be used in the event the school nurse, or other school employee certified to administer an injectable emergency dose medication, in good faith professionally believes the student is having an adrenal crisis due to adrenal insufficiency.

Legal References: Ark. State Board of Nursing: School Nurse Roles and Responsibilities
Division of Elementary and Secondary Education and Arkansas State Board
of Nursing Rules Governing the Administration of Insulin and Glucagon to
Arkansas Public School Students with Diabetes
A.C.A. § 6-18-701
A.C.A. § 6-18-707
A.C.A. § 6-18-711
A.C.A. § 6-18-714
A.C.A. § 6-18-717
A.C.A. § 17-87-103 (11) and (14)
A.C.A. § 20-13-405

Date Adopted: 2003
Last Revised: June 2021

4.35F—MEDICATION ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for the 2021-22 school year. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

Medications, including those for self-medication, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I hereby authorize the school nurse or his/her designee to administer the following medications to my child.

Name(s) of medication(s) _____

Name of physician or dentist (if applicable) _____

Dosage _____

Instructions for administering the medication _____

Other instructions _____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

I authorize the school nurse to take a photograph of my student to be used to verify my student's identification before the school nurse or an authorized individual administering medications to my student.¹

Parent or legal guardian signature _____ Date _____

Date Adopted: April 2010

Last Revised: July 2019

4.35F2-MEDICATION SELF-ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for the 2021-2022 school year. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The following must be provided for the student to be eligible to self-administer asthma rescue inhalers and/or auto-injectable epinephrine. Eligibility is **only** valid for this school for the current

academic year. This consent form must be renewed each year and/or anytime a student changes schools.

- a written medical statement from a licensed health-care provider who has prescriptive privileges that he/she has prescribed the asthma rescue inhaler and/or auto-injectable epinephrine for the student and that the student needs to carry the medication on his/her person due to a medical condition;
- the specific medications prescribed for the student;
- an individualized healthcare plan developed by the prescribing healthcare provider containing the treatment plan for managing asthma and/or anaphylaxis episodes of the student and for medication use by the student during school hours; and
- a statement from the prescribing health-care provider that the student possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the school nurse is available, the student shall demonstrate his/her skill level in using the asthma rescue inhalers and/or auto-injectable epinephrine to the nurse.

Self-medication shall be supplied by the student's parent or guardian and be in the original container properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings. The parent or guardian may choose to provide the school with additional appropriate medication (use form 4.35F) for the school to have available to deal with an asthma or anaphylaxis emergency.

Students who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the school nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency situations.

I understand this form authorizes my student to possess and use the medication(s) included on this form while on school grounds and at school sponsored events but that distribution of the medication(s) included on this form to other students may lead to disciplinary action against my student.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

Parent or legal guardian signature _____

Date _____

Date Adopted: July 2013
Last Revised: July 2019

4.35F3—GLUCAGON ADMINISTRATION AND CARRY CONSENT FORM

Student's Name (Please Print) _____

This form is good for the 2021-2022 school year. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The school has developed a Section 504 plan acknowledging that my child has been diagnosed as suffering from Type I diabetes. The 504 plan authorizes the school nurse or, in the absence of the nurse, trained volunteer district personnel, to administer Glucagon in an emergency situation to my child.

I hereby authorize the school nurse or, in the absence of the nurse, trained volunteer district personnel designated as care providers, to administer Glucagon to my child in an emergency situation. Glucagon shall be supplied to the school nurse by the student's parent or guardian and be in the original container properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I acknowledge that the District, its Board of Directors, its employees, or an agent of the District, including a healthcare professional who trained volunteer school personnel designated as care providers shall not be liable for any damages resulting from his/her actions or inactions in the administration of Glucagon in accordance with this consent form and the 504 plan.

Parent or legal guardian signature _____

Date _____

Date Adopted: September 2013

Last Revised: August 2017

4.35F4—EPINEPHRINE EMERGENCY ADMINISTRATION CONSENT FORM

Student’s Name (Please Print) _____

This form is good for the 2021-2022 school year. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has an IHP that provides for the administration of epinephrine in emergency situations. I hereby authorize the school nurse or other school employee certified to administer auto-injectable epinephrine to administer auto-injectable epinephrine in emergency situations when he/she believes my child is having a life-threatening anaphylactic reaction.

The medication must be in the original container and be properly labeled with the student’s name, the ordering provider’s name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of physician's order _____

Circumstances under which Epinephrine may be administered

Other instructions _____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of auto-injector epinephrine in accordance with this consent form, District policy, and Arkansas law.

Parent or legal guardian signature _____

Date _____

Date Adopted: July 2013

Last Revised: July 2019

4.35F5—ALBUTEROL EMERGENCY ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for school year -----_____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has an IHP that provides for the administration of albuterol in emergency situations. I hereby authorize the school nurse or other school employee certified to administer albuterol to administer albuterol in emergency situations when he/she believes my child is in perceived respiratory distress.

The medication must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of physician's order _____

Circumstances under which albuterol may be administered _____

Other instructions _____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of albuterol in accordance with this consent form, District policy, and Arkansas law.

Parent or legal guardian signature _____

Date _____

Date Adopted: July 2019

Last Revised: July 2019

**4.35F6—STRESS AND EMERGENCY DOSE MEDICATION ADMINISTRATION
CONSENT FORM**

Student's Name (Please Print): _____

This form is good for school year -----_____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The school has developed an individual health plan (IHP) acknowledging that my child has been diagnosed as suffering from adrenal insufficiency. The IHP authorizes the school nurse to administer a stress or emergency dose medication to my child in an emergency situation.

Date of physician's order _____

Circumstances under which the stress or emergency dose medication may be administered:

Other instructions _____

In the absence of the nurse, trained volunteer district personnel may administer a stress dose or emergency dose medication to my child in an emergency situation.

I hereby authorize the school nurse to administer a stress or emergency dose medication to my child, or, in the absence of the nurse, trained volunteer district personnel designated as care providers, to administer the stress or emergency dose medication to my child in an emergency situation. I will supply the stress or emergency dose medication to the school nurse in the original container properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I acknowledge that the District, its Board of Directors, its employees, or an agent of the District, including a healthcare professional who trained volunteer school personnel designated as care providers shall not be liable for any damages resulting from his/her actions or inactions in the administration of the stress or emergency dose medication in accordance with this consent form and the IHP.

Parent or legal guardian signature _____ Date _____

Date Adopted: June 2021

Last Revised: June 2021

4.35F7—STRESS DOSE MEDICATION SELF-ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for school year -----_____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes

schools.

The following must be provided for the student to be eligible to self-administer a stress dose medication. Eligibility is only valid for this school for the current academic year.

- a written statement from a licensed health-care provider who has prescriptive privileges that he/she has prescribed the stress dose medication for the student and that the student needs to carry the medication on his/her person due to a medical condition;
- the specific medications prescribed for the student;
- an individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing adrenal insufficiency of the student and for medication use by the student during school hours; and
- A statement from the prescribing health-care provider that the student:
 - Possesses the skill and responsibility necessary to use and administer the stress dose medication; and
 - Has been instructed on the details of his or her medical condition and the events that may lead to an adrenal crisis.

If the school nurse is available, the student shall demonstrate his/her skill level in administering the stress dose medication to the nurse.

Stress dose medication for a student's self-administration shall be supplied by the student's parent or guardian and be in the original container properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Students who self-carry stress dose medication shall also provide the school nurse with a dose of the stress dose medication to be used in emergency situations.

I understand this form authorizes my student to possess and use the medication included on this form while on school grounds and at school sponsored events but that distribution of the medication included on this form to other students may lead to disciplinary action against my student.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

Parent or legal guardian signature _____ Date _____

Date Adopted: June 2021

Last Revised: June 2021

4.36-STUDENT ILLNESS/ACCIDENT

If a student becomes too ill to remain in class and/or could be contagious to other students, the principal or designee will attempt to notify the student's parent or legal guardian. The student will remain in the school's health room or a place where he/she can be supervised until the end of the school day or until the parent/legal guardian can check the student out of school.¹

If a student becomes seriously ill or is injured while at school and the parent/legal guardian cannot be contacted, the failure to make such contact shall not unreasonably delay the school's expeditious transport of the student to an appropriate medical care facility. The school assumes no responsibility

for treatment of the student. When available, current, and applicable, the student's emergency contact numbers and medical information will be utilized. Parents are strongly encouraged to keep this information up to date.

Date Adopted: April 2010

Last Revised: April 2010