

Agenda Item:	IV A: Action Item
Date:	April 13, 2023
To:	Magnolia Educational & Research Foundation dba Magnolia Public Schools (“MPS”) Board of Directors (the “Board”)
From:	Alfredo Rubalcava, CEO & Superintendent
Staff Lead(s):	Jason Hernandez, Director of Student Services
RE:	Proposal to Approve Administration of Medication Policy for Magnolia Public Schools (MPS)

Action Proposed for Board Recommendation:

I move for the Board to approve the Magnolia Public Schools (MPS) Administration of Medication Policy for immediate adoption across all MPS schools sites.

Purpose:

Adoption of such a policy ensures the following:

- The safety and well-being of students
- Provides guidelines in a consistent and appropriate manner
- Clarifies roles and responsibilities of staff and families
- Manages legal and liability risks
- Supports student access to necessary medication during school hours.

Background:

Adoption provides more detailed guidance to support access to medication or procedural emergencies during school hours and during school events that may occur after hours or off campus. Additionally, the policy ensures schools are current with state laws and potential emergencies that can impact the student body. This policy is based upon the recommended policy drafted by MPS’ law firm, Young, Minney & Corr (“YM&C”), which developed the policy in alignment with the California Code of Regulations Title 5, Section 605, and California Education Codes as noted below. School sites are being provided directions on how to respond to the following:

- Anaphylactic Reaction - Ed Code 49414
- Diabetic or Hypoglycemic Emergency - Ed Code 49141.5
- Opioid Overdose - Ed Code 49414.3
- Seizure, Seizure Disorder, or Epilepsy - Ed Code 49468.3

Research and planning for the policy involved not only the collaboration with the legal firm YM&C, but guidance and sample policies from CharterSafe, attending training provided by partners through Los Angeles County Office of Education (“LACOE”), and feedback from senior and school-site leadership.

Budget Implications:

The cost for these items is estimated to be approximately \$390 per school site for the equipment. Additionally, we expect to incur costs associated with the training and professional development of staff

who will be responsible for administering these devices, which is estimated to be an additional \$2,000 per site. Therefore, the total cost of \$2,390 per site will be paid for by the school's operating budget. However, we expect to receive some additional training and support from our educational partners which may help to offset some or all of the costs during the fiscal year.

Equipment that will need to be acquired and budgeted by the school site includes

- Epinephrine Autoinjector (EpiPen 2-Pak 0.3 mg, and EpiPen Jr. 2-Pak 0.15 mg) - free for the 2022-23 and 2023-24 school year
- Opioid Overdose Reversal Medication such as Naloxone or Narcan (nasal spray) - working with the state-funded project, Naloxone Distribution Project (NDP) for free supplies from the present through 2026.

Training that can incur an additional cost to the school site budget includes

- Administration of Epinephrine Autoinjector (CharterSafe)
- Responding to Diabetic/Hypoglycemic emergencies (nurse)
- Administration of Narcan (Intranasal Naloxone) (CharterSafe - Opioid Overdose Response Awareness)
- Responding to Seizure, Seizure Disorder, or Epilepsy emergencies (nurse)

Exhibits:

1. MPS Administration of Medication Policy



ADMINISTRATION OF MEDICATION POLICY

The Magnolia Public Schools' ("MPS" or "Charter School") staff is responsible for overseeing the administration of medication to students attending MPS during the regular school day. Practices followed in medication administration must be carefully delineated to ensure the safety of our students and the legal protection of our employees.

Definitions

- *"Authorized health care provider"* means an individual who is licensed by the State of California to prescribe medication.
- *"Authorizing physician and surgeon"* may include, but is not limited to, a physician and surgeon employed by, or contracting with, a local educational agency, a medical director of the local health department, or a local emergency medical services director.
- *"School nurse"* means an individual who is currently a credentialed and licensed registered nurse employed by the Charter School.
- *"Other designated Charter School personnel"* means an individual employed by the Charter School who has (1) consented to assist/administer medication to students and (2) may legally assist/administer the medication to students.
- *"Medication"* includes prescription medication, over-the-counter remedies, nutritional supplements, and herbal remedies. Sunscreen is not considered a medication.
- *"Opioid antagonist"* means naloxone hydrochloride ("NARCAN") or another drug approved by the federal Food and Drug Administration ("FDA") that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body, and has been approved for the treatment of an opioid overdose.
- *"Regular school day"* includes during school hours, before- or after-school programs, field trips, extracurricular or co-curricular activities, and camps or other activities that typically involve at least one (1) overnight stay from home.

Administration of Medication with Charter School Assistance

Any student who is or may be required to take, during the regular school day, prescription medication prescribed or ordered for the student by an authorized health care provider may be assisted by the designated Charter School personnel.

In order for a student to be assisted by the designated Charter School personnel in administering medication, Charter School shall obtain both:

1. A written statement from the student's authorized health care provider detailing the name of the medication, method, amount/dosage, and time schedules by which the medication is to be taken, and
2. A written statement from the parent, foster parent, or guardian of the student indicating the desire that MPS assist the student in the matters set forth in the statement of the authorized health care provider.

These written statements specified shall be provided at least annually and more frequently if the medication, dosage/amount, frequency of administration, or reason for administration changes.

The primary responsibility for the administration of medication rests with the parent/guardian, student, and medical professionals.

Self-Administration of Medication (without Charter School Assistance)

The Charter School does not permit students to self-carry and self-administer prescription medication with the exception of auto-injectable epinephrine ("EpiPen") and inhaled asthma medication as authorized by a health care provider that has indicated that a student may need to take this medication or is required to take this medication during the regular school day. In order to carry and self-administer this medication, MPS must receive the following:

1. A written statement from the student's authorized health care provider (1) detailing the name of the medication, method, dosage/amount, and time schedules by which the medication is to be taken, and (2) confirming that the student is able to self-administer an EpiPen or inhaled asthma medication, and
2. A written statement from the parent, foster parent, or guardian of the student (1) consenting to the self-administration, (2) providing a release for the school nurse or designated Charter School personnel to consult with the health care provider of the student regarding any questions that may arise with regard to the medication, and (3) releasing MPS and Charter School personnel from civil liability if the self-administering student suffers an adverse reaction as a result of self-administering medication.

These written statements specified shall be provided at least annually and more frequently if the medication, dosage/amount, frequency of administration, or reason for administration changes.

MPS may elect to observe and document the student's ability to safely and competently self-carry and self-administer prescription medication as directed by the authorized healthcare provider. A student may be subject to disciplinary action if the student uses this prescription medication in a manner other than as prescribed.

Any student requiring insulin shots must establish a plan for the administration of insulin shots with the Principal or designee in consultation with the parent or guardian and the student's medical professional.

Staff Training and Emergency Response

Additional information about staff training and the Charter School's response to emergencies may be located within the Employment Handbook and/or the Comprehensive School Safety Plan.

A. Response to Anaphylactic Reaction

The trained personnel who have volunteered may use an EpiPen to provide emergency medical aid to persons suffering, or reasonably believed to be suffering from an anaphylactic reaction. Charter School will ensure it has the appropriate type of EpiPen on site (i.e., regular and/or junior) to meet the needs of its students. MPS will ensure staff properly store, maintain, and restock the EpiPen as needed.

Charter School will ensure any Charter School personnel who volunteer are appropriately trained regarding the storage and emergency use of an EpiPen. Adequate training shall include all of the following:

1. Techniques for recognizing symptoms of anaphylaxis.
2. Standards and procedures for the storage, restocking, and emergency use of EpiPens.
3. Emergency follow-up procedures, including calling the emergency 911 telephone number and contacting, if possible, the student's parent(s)/guardian(s) and physician.
4. Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
5. Instruction on how to determine whether to use an adult EpiPen or an EpiPen, which shall include consideration of a student's grade level or age as a guideline of equivalency for the appropriate student weight determination.
6. Written materials covering the information required pursuant to the training.

MPS will distribute an annual notice to all staff describing the request for volunteers who will be trained to administer an EpiPen to a person if that person is suffering, or reasonably believed to

be suffering from, anaphylaxis. The annual notice shall also describe the training the volunteer will receive.

B. Response to a Diabetic or Hypoglycemic Emergency

MPS provides Charter School personnel with voluntary emergency medical training on how to provide emergency medical assistance to students with diabetes suffering from severe hypoglycemia. The volunteer personnel shall provide this emergency care in accordance with the standards established herein and the performance instructions set forth by the licensed health care provider of the student. A Charter School employee who does not volunteer or who has not been trained pursuant to this Policy may not be required to provide emergency medical assistance.

Training by a physician, credentialed school nurse, registered nurse, or certificated public health nurse according to the standards established pursuant to this section shall be deemed adequate training. Training established shall include all of the following:

1. Recognition and treatment of hypoglycemia.
2. Administration of glucagon.
3. Basic emergency follow-up procedures, including, but not limited to, calling the emergency 911 telephone number and contacting, if possible, the student's parent(s)/guardian(s) and licensed health care provider.

A Charter School employee shall notify the Principal or designee if the employee administers glucagon pursuant to this Policy.

All materials necessary to administer the glucagon shall be provided by the parent(s)/guardian(s) of the student.

In the case of a student who is able to self-test and monitor their own blood glucose level, upon written request of the parent or guardian, and with authorization of the licensed health care provider of the student, a student with diabetes shall be permitted to test their own blood glucose level and to otherwise provide diabetes self-care in the classroom, in any area of the Charter School or Charter School grounds, during any Charter School-related activity, and, upon specific request by a parent or guardian, in a private location.

Designated staff shall establish emergency procedures for specific medical conditions that require an immediate response (i.e. allergies, asthma, diabetes).

C. Response to an Opioid Overdose

MPS provides Charter School personnel with voluntary emergency medical training on the administration of intranasal naloxone hydrochloride as an opioid antagonist to students exhibiting potentially life-threatening symptoms, or reasonably believed to be suffering, from

an opioid overdose at school or a school activity. MPS will ensure staff properly store, maintain, and restock opioid antagonists as needed.

Training shall include all of the following:

1. Techniques for recognizing symptoms of an opioid overdose.
2. Standards and procedures for the storage, restocking, and emergency use of intranasal naloxone hydrochloride or another intranasal opioid antagonist.
3. Basic emergency follow-up procedures, including, but not limited to, a requirement for the school or charter school administrator or, if the administrator is not available, another school staff member to call the emergency 911 telephone number and contact the student's parent(s)/guardian(s).
4. Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
5. Written materials covering the information required pursuant to the training.

The Principal or designee shall distribute an annual notice to all staff regarding volunteering for training to administer opioid antagonists and a volunteer's right to rescind their offer to volunteer.

D. Response to a Seizure, Seizure Disorder, or Epilepsy

Upon receipt of a request by a parent/guardian to administer anti-seizure medication when a student is suffering from a seizure, the Charter School may designate one or more volunteers to receive training to administer the anti-seizure medication. The Charter School may allow non-medical personnel to volunteer to provide medical assistance to students who are diagnosed with seizures, a seizure disorder, or epilepsy if the Charter School does not have a credentialed nurse or other licensed nurse on site. Charter School's volunteer personnel shall provide this emergency care in accordance with standards established herein and the performance instructions set forth by the licensed health care provider of the student. A Charter School employee who does not volunteer or who has not been trained pursuant to this Policy may not be required to provide emergency medical assistance. Volunteer employees are not providing this emergency medical care for compensation, notwithstanding that the employee is a paid public employee.

Upon receipt of the parent/guardian's request, the Charter School shall notify the parent/guardian that their child may qualify for services or accommodations under the Section 504 plan or an individualized education program ("IEP"), assist the parent/guardian with the exploration of that option, and encourage the parent/guardian to adopt that option if it is determined that the child is eligible for a Section 504 plan or an IEP. The Charter School shall obtain a signed notice verifying the parent/guardian was provided this information and has the right to request a Section 504 Plan or IEP at any time. Additionally, if the Charter School does not have any volunteers, then Charter School shall notify the parent/guardian of the student's right to be assessed for a Section 504 plan or an IEP.

Prior to administering emergency anti-seizure medication, the Charter School shall obtain annually a signed seizure action plan from the parent/guardian, that includes the

parent/guardian's authorization, in writing for the medication to be administered to the student at school by a non-medical professional who has received training, and a copy of a statement, in writing, from the student's health care provider that includes all of the following information:

- The student's name, the name, and purpose of the medication, its prescribed dosage, method of administration, and the frequency with which the medication may be administered;
- Detailed seizure symptoms, including frequency, type, or length of seizures that identify when the administration of an emergency anti-seizure medication becomes necessary;
- The circumstances under which the medication may be administered;
- Any potential adverse responses by the student and recommended mitigation actions, such as clearing the space around the student, ensuring the student does not harm themselves during the seizure, do not restrain the student, protect the student's head with a pillow or folded jacket, remove eyeglasses, gently turn on the side if not awake, loosen tie or anything around the student's neck, keep the airway clear, removing objects of harm that could cause choking, remain with student during a seizure at all times, document the seizure onset and duration of the seizure, contacting parent/guardian to report seizure onset, administer first aid including the possible use of rescue medications, if the seizure lasts longer than five minutes call the emergency 911 telephone number;
- A protocol for observing the student after a seizure, including, but is not limited to sitting the student up in a safe place, comfort the student and speak calmly, consultation with the parent about the severity of the seizure, deference to emergency medical professionals if called to assess the student, determining whether the student should rest in the school office, whether the student may return to class or be released to the parent/guardian, and the length of time the student should be under direct observation if remaining on campus; and
- How and where the emergency anti-seizure medication will be stored at the school?

This plan shall be distributed to any Charter School personnel or volunteers responsible for the supervision or care of the student if the parent/guardian consents in writing and will be kept in a confidential file in the student's cumulative file, as applicable. Training will occur upon volunteering and thereafter annually at no cost to the employee and will occur during regular working hours. Training will be conducted by an authorized health care professional, all training will align with any minimum standards established by the California Department of Education ("CDE"), and will include:

1. Recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to those symptoms;
2. Administration, or assisting with the self-administration of, an emergency anti-seizure medication, or a medication or therapy prescribed to treat the symptoms of seizures, seizure disorders, or epilepsy, including manual vagus nerve stimulation; and
3. Basic emergency follow-up procedures.

Any written materials used in the training shall be retained by the Charter School. The Charter School shall ensure that each employee who volunteers to administer anti-seizure medication in good faith will be provided defense and indemnification the Charter School for any and all civil

liability barring gross negligence, or willful or wanton misconduct, and this information shall be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file. Upon receipt of a parent/guardian's request to administer anti-seizure medication, the Charter School shall distribute a notice at least once but no more than two times per school year to all staff that includes all of the following information:

- A description of the volunteer request stating that the request is for volunteers to be trained to recognize and respond to seizures, including training to administer emergency anti-seizure medication to a student diagnosed with seizures, a seizure disorder, or epilepsy if the student is suffering from a seizure;
- A description of the training that the volunteer will receive;
- The right of an employee to rescind their offer to volunteer; and
- A statement that there will be no retaliation against any individual for rescinding the individual's offer to volunteer, including after receiving training.

If a volunteer rescinds the volunteer's offer to volunteer or is no longer able to act as a volunteer for any reason, or if the placement of a student changes and the student no longer has access to a trained volunteer, an additional two notices per school year may be distributed to all staff.

Upon administration of anti-seizure emergency medication by a volunteer employee, the Principal or designee shall be notified.

Storage and Record Keeping

1. All medication will be kept in a secure and appropriate storage location and administered per an authorized health care provider's instructions by appropriately designated staff.
2. Designated staff shall keep records of medication administered at MPS. The medication log may include the following:
 - a. Student's name.
 - b. Name of medication the student is required to take.
 - c. Dose of medication.
 - d. The method by which the student is required to take the medication.
 - e. Time the medication is to be taken during the regular school day.
 - f. Date(s) on which the student is required to take the medication.
 - g. Authorized health care provider's name and contact information.
 - h. A space for daily recording of medication administration to the student or otherwise assisting the student in the administration of the medication, such as the date, time, amount, and signature of the individual administering the medication or otherwise assisting in the administration of the medication.
3. Designated staff shall return all surplus, discontinued, or outdated medication to the parent/guardian upon completion of the regimen or prior to extended holidays. If the medication cannot be returned, it will be disposed of at the end of the school year.

Non-Prescription Medication

In order to administer medication from over the counter (including vitamins, cough drops, etc.) the parent(s) and/or guardian(s) must submit a complete “Request For Medication To Be Taken During School Hours” form. In order to administer this medication, MPS must receive the following:

1. A written statement from the student’s authorized health care provider and the parent's written consent. Procedures include
 - a. Documentation detailing the name of the medication, method, dosage/amount, and time schedule by which the medication is to be taken,
 - b. Medication must be brought to school in the original labeled container. These are to be kept in the main office of the school,
 - c. Providing release to the Charter’s School Principal or designee to consult with the health care provider of the student regarding any questions that may arise with regard to the medication, and
 - d. Releasing MPS and Charter School personnel from civil liability if the self-administering student suffers an adverse reaction as a result of self-administering medication.

ATTACHMENT A - School Medication Log

School Year:		Date:		Rev. 5/07	
Student's Name:		Birth Date:		Track:	
Medication:		Sex:		Room:	
Schedule I		Route:		Dose Form:	
Schedule II		Dosage:		Time Schedule:	
M		T		W	
Th		F		Sa	
Su		M		Tu	
We		Th		Fr	
Sa		Su		Mo	
Tu		We		Th	
Fr		Sa		Su	
Mo		Tu		We	
Th		Fr		Sa	
Su		M		Tu	
We		Th		Fr	
Sa		Su		Mo	
Tu		We		Th	
Fr		Sa		Su	
Mo		Tu		We	
Th		Fr		Sa	
Su		M		Tu	
We		Th		Fr	
Sa		Su		Mo	
Tu		We		Th	
Fr		Sa		Su	
Mo		Tu		We	
Th		Fr		Sa	
Su		M		Tu	
We		Th		Fr	
Sa		Su		Mo	
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Fr		Sa		Su	
Mo		Tu		We	
Th		Fr		Sa	
Su		M		Tu	
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Sa		Su		Mo	
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Sa		Su		Mo	
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Mo		Tu		We	
Th		Fr		Sa	
Su		M		Tu	
We		Th		Fr	
Sa		Su		Mo	
Tu		We		Th	
Fr		Sa		Su	
Mo		Tu		We	
Th		Fr		Sa	
Su		M		Tu	
We		Th		Fr	
Sa		Su		Mo	
Tu		We		Th	
Fr		Sa		Su	

School Year:		School Medication Log										Rev. 3/07
Student's Name:		Birth Date:		Sex:		Grade:		Room:		Track:		
Medication:		<input type="checkbox"/> Schedule II	Dosage:		Route:		Time Schedule:		Dose Form:		Color:	
Special Instructions or Adverse Effects:												
Date Started:		Date Discontinued (If applicable):				Name of Teacher Notified:				Date notified:		
Parent's Name:		Parent's Phone:				Home: ()		Work: ()		Cell/Pager: ()		
Physician's Name:		Address:				City:		Zip code:		Phone: ()		
Medication order transcribed by (School Nurse):												
Date:												

AUTHORIZED SIGNATURES:

Initial _____	Initial _____	Initial _____
Initial _____	Initial _____	Initial _____

COMMENTS:

[illegible]

Instructions:

1. Indicate time administered & initial in the appropriate box.
2. For Schedule II drugs, count upon receipt of medication and refills. Verify count with 2 adult signatures on corresponding signature line. Circle count when refill is received.
3. For Schedule II drugs, indicate count after each dose administration in the lower box.

Time	Drug count
Initial	

ATTACHMENT B - Medical Emergency Documentation



Medical Emergency Documentation

Student Full Name: _____

Grade: _____

Date of Birth: _____

Gender: _____

Date and Time of Medical Emergency: _____

Nature of Emergency: _____

Location of Emergency: _____

Details of Emergency Response (action taken during the emergency response, such as first aid, emergency services contacted (reason), and any other relevant information):

Identities of Individuals Involved:

Student(s): _____

Staff: _____

Other: _____

Communication with Parents or Guardians:

Follow-up Care/Care Provided to Student:

Incident Report - summarizing the details of the emergency.

Emergency services should be provided with the following:

- Student's emergency contact information
- Any known health conditions
- Copy of form for emergency services and school documentation

Complete the form and submit it to the school site administration and Magnolia Public Schools

COMPLETION OF FORM

Staff Member and Date: _____

250 E. 1st Street Suite 1500, Los Angeles, CA 90012 | www.magnoliapublicschools.org

ATTACHMENT C - Request for Medication to be Taken During School Hours



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REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL-HOURS

Student's Last Name	First Name	Sex	Birth date	School
Name of Medication		Date of Prescription		
Dosage Prescribed	Time schedule at school			
Dose Form: (Tablet, Liquid, Injection, Inhalant, etc.)				
Time/Frequency		Route (Mouth, Ear, Eye, etc.)		

Purpose of medication or diagnosis

LICENSED HEALTH CARE PROVIDER (To be completed by a Licensed Health Care Provider)

This student's medical condition required immediate use of _____ (medication) and the student's well being is in jeopardy unless the medication is carried on his/her person while at school. I certify that this student has demonstrated knowledge of correct dosage and usage and is physically, mentally and behaviorally capable of administering this medication. Medication is to be used by the above student as indicated above.

Please check where applicable:

r The medication may have adverse side effects (explain): _____

r Special and/or comments: _____

The student for whom this medication is prescribed is under my care.

Print name of licensed health care provider	Signature	Date
Address	City	State
Zip Code	() -	Telephone
Print name of Supervising Physician (if N.P., Midwife or P.A.)		Furnishing Number (if N.P. or Midwife)



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Student's Last Name First Name

PARENT/GUARDIAN

I request that my child, _____, be allowed to self-administer the medication at school. I assume full responsibility for supplying all medication and agree to the District policies and procedures. I request that the school comply with the orders of the above licensed health care provider.

I believe that my son/daughter is physically, mentally and behaviorally capable of self-administering this medication. I hereby expressly waive & release the Magnolia Public Schools from any and all rights or claims of any nature whatsoever I may have against Magnolia Public Schools, and its members, volunteers and employees, arising out of, in connection with, or resulting from the above request.

I give my permission for the exchange of medical information regarding self-administration of medication at school with the authorized health care provider and pharmacist.

Print name of parent or guardian Signature Date

(_____) (_____) (_____) _____
Telephone Work telephone Cellular telephone

SCHOOL PERSONNEL

I have received the request of the parent/guardian and orders of the above licensed health care provider and believe that the above student is physically, mentally and behaviorally capable of self-administering this medication at school.

Signature of School Principal Date