



**PULLMAN PUBLIC
COMMUNITY FREE
MONTESSORI K-9**

Pullman Community Montessori

Board Meeting--Special

Prospective Trustee Interview PLUS

Date and Time

Tuesday June 14, 2022 at 5:15 PM PDT

PCM's Mission: to prepare all students to reach their full potential for future success in high school, college, career, and life, using the rich resources of our community.

PCM's Vision: to serve as an instrument of change, helping to progress our education system to better meet the needs of students, families, and educators. We nurture students to be self-empowered lifelong learners, global citizens, environmental stewards, and compassionate and collaborative leaders, bringing positive changes to their communities and the world!

Agenda

I. Opening Items

- A. Record Attendance
- B. Call the Meeting to Order
- C. Trustee resignation

As planned Clara Hill has submitted her resignation from the PCM board of Trustees. While she hopes to contribute again in some way in the future the birth of her second child has necessitated the need to re-prioritize her time. We deeply appreciate the service Clara has provided during her tenure on the PCM Board of Trustees.

Proposed Motion:

I motion the PCM Board of trustees accept Clara Hill's resignation from the PCM Board of Trustees.

II. Public Comment

Public comment is a dedicated line item during our normally scheduled board meeting. We ask that any public comment be presented during that time. Thank you!

III. Special Item

A. Trustee Candidate Interview

We have the pleasure of interviewing a prospective Trustee at tonight's meeting: Dr. Lauren P. Bruno

Brief Intro: Dr. Bruno is an Assistant Professor of Special Education in the Washington State University Department of Teaching and Learning. Thank you for your time Dr. Bruno!

Trustees: Please review Dr. Bruno's application materials which were assigned as a personalized task in BoardOnTrack. Have the [PCM Board Candidate Evaluation Tools & Questions](#) printed out/pulled up and ready to go. Trustees will take turns asking questions per the order put in the chat.

Closing: After offering an opportunity for Dr. Bruno to ask questions the board will dismiss the candidate and proceed with a deliberation period and vote.

IV. Other Business

A. Student Health Procedures to Accompany Policies approved in the Fall

Please review that attached Procedures for Policies 3416, 3418, 3419. These procedures are to compliment the policies adopted in the fall of 2021.

Nurse Holly has kindly adapted these from WSSDA model policy/procedures and adapted them to be specific to PCM.

V. Closing Items

A. Adjourn Meeting

Grounding Docs: [Board Norms-We are LEADERS too-Structure and Responsibilities Overview](#), [PCM Logic Model](#), [EEMPS Rubric](#), [School-Wide Reflective Practice Inventory](#), [Bylaws](#)

Resources: [Compliance Folder](#), [Planning Year Board Calendar](#), [Planning Yr Financials Considerations](#), [OPMA Resources](#), [App Board Commitments & Background](#), [Seat & Committee Descriptions](#), [Org Charts](#), [Board Member Application Full Packet](#), [Prospective Board Member Questionnaire](#)

Coversheet

Student Health Procedures to Accompany Policies approved in the Fall

Section: IV. Other Business
Item: A. Student Health Procedures to Accompany Policies approved in the Fall
Purpose: Vote
Submitted by:
Related Material: 3416 procedure.docx
3419 procedure.docx
3418 procedure.docx



PROCEDURE FOR POLICY #3416

Medication at School

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Adopted – x

Last Revised – PCM: 4/2022, WSSDA: 3/2022

Prior Revised Dates – WSSDA: 10/2001, 12/2011, 2/2014, 7/2017, 10/2021

Each school principal, in consultation with the school Registered Nurse (RN), will authorize at least one staff members to administer all medications including over the counter medications. These designated staff members will receive RN delegation and training prior to the opening of school each year.

For purposes of this procedure, "medication" means oral medication, topical medication, eye or ear drops and nasal spray. This definition DOES NOT include over-the-counter topical sunscreen products regulated by the US Food and Drug Administration (see Sunscreen section below). Oral medications are administered by mouth either by swallowing or by inhaling and may include administration by mask if the mask covers the mouth or mouth and nose.

Medication may be dispensed to students on a scheduled basis upon written authorization from a parent with a written request by a licensed health professional prescribing within the scope of their prescriptive authority. If the medication is to be administered more than fifteen consecutive days, the written request must be accompanied by written instructions from a licensed health professional. Requests will be valid for not more than the current school year. All new orders for medication or medication order changes must be approved by the supervising RN prior to school staff administering the first dose.

All medications must be properly labeled and be contained in the original container. Individuals administering medications will:

- A. Collect the medication directly from the parent/guardian (students should not transport medication to and from school except for medications needed for the treatment of medical emergencies). Collect a medication request and authorization form properly signed by the parent/guardian and by the LHP including instructions from the LHP if the medication is to be administered for more than fifteen consecutive days.
- B. Count the medication and record the number pills or amount of liquid medication received, with initials and date received, on the medication log. It is preferable to have two people count and initial; Counting of controlled substances at least weekly as recommended by the Board of Pharmacy. On weekly medication counts, the nurse must have assistance and a witness to the actual count of the medications.
- C. Store the prescription or OTC medication (not more than a twenty (20) day supply) in a locked, substantially constructed cabinet or limited access area (for emergency medications);



- 41 D. Maintain a current record which indicates that the medication was administered. If a dose is
 42 missed, note the reason, e.g. "absent." This record must be kept for 8 years;
 43 E. Medications may not be given after the date specified on the authorization form or expiration
 44 date on the label.
 45 F. Report medication errors to the school nurse immediately.

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 47 Provide for supervision by a physician or registered nurse. A copy of the medication policy will be
 48 provided to the parent upon request.

49
 50 Oral or topical medications, eye drops, ear drops, or nasal spray may be administered by a registered
 51 nurse, a licensed practical nurse, or designated staff who are delegated to, trained, and supervised by
 52 the RN.

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 54 Nasal sprays containing controlled substances may only be administered by a school nurse if a school
 55 nurse is in the building. If a school nurse is not in the building, the task may be delegated to an
 56 authorized school employee. A parent-designated adult with training as required by [RCW](#)
 57 [28A.210.260\[AH1\]](#) may also administer the medication when a nurse is not in the building. After a
 58 school employee who is not a school nurse administers a nasal spray that is a controlled substance, the
 59 employee must summon emergency medical assistance as soon as practicable except in instances when
 60 the administration of the nasal spray occurs routinely as documented in emergency care plan signed by
 61 parent or guardian and LHP.

62
 63 No medication will be administered by injection by unlicensed school staff except when a student is
 64 susceptible to a life-threatening anaphylactic condition consistent with Policy and Procedure 3419 –
 65 Self-Administration of Asthma and Anaphylaxis Medications and Policy and Procedure 3420 -
 66 Anaphylaxis Prevention and Response.

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 68 The parent will submit a written authorization to act according to the specific written orders and
 69 supporting directions provided by licensed health professional prescribing within his or her prescriptive
 70 authority (e.g., medication administered to counteract a reaction to an insect sting). Such medication
 71 will be administered by staff trained by the supervising registered nurse to administer such an injection.

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 73 Written orders for emergency medication, signed and dated, from the licensed health professional
 74 prescribing within his or her prescriptive authority will:

- 75
 76 A. State that the student suffers from a health condition which may result in an emergency;
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 78 B. Identify the drug, the mode of administration, and the dose;
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 80 C. Indicate when the medication will be administered based on anticipated or actual symptoms;
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- 82 D. Recommend follow-up after administration, administration of additional medications, transport
 83 to hospital; and
 84
 85 E. Specify how to report to the health professional prescribing within his or her prescriptive
 86 authority and any record keeping recommendations.
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88 If a health professional and a student's parent request that a student be permitted to carry his/or her
 89 own medication and/or be permitted to self-administer the medication, the principal may grant
 90 permission after consulting with the school nurse. The process for requesting and providing instructions
 91 will be the same as established for oral medications. The principal and nurse will take into account the
 92 age, maturity and capability of the student; the nature of the medication; the circumstances under
 93 which the student will or may have to self-administer the medication and other issues relevant in the
 94 specific case before authorizing a student to carry and/or self-administer medication at school. Except
 95 in the case of multi-dose devices (like asthma inhalers), students will only carry one day's supply of
 96 medication at a time. Violations of any conditions placed on the student permitted to carry and/or self-
 97 administer his or her own medication may result in termination of that permission, as well as the
 98 imposition of discipline when appropriate.
 99

100 **Sunscreen**

101 Over-the-counter topical sunscreen products may be possessed and used by students, parents, and
 102 school staff, without a written prescription or note from a licensed health care provider, if the following
 103 conditions are met:

- 104 A. The product is regulated by the US Food and Drug Administration as an over-the-counter
 105 sunscreen product; and
 106 B. If possessed by a student, the product is provided to the student by their parent or guardian.
 107

108 Students who possess over-the-counter topical sunscreen products that meet the above criteria may
 109 carry up to 8 ounces at a time, preferably with the container in a plastic bag.
 110

111 Violations of any conditions placed on the student permitted to carry and/or self-administer his or her
 112 own sunscreen products may result in confiscation and termination of that permission, as well as the
 113 imposition of discipline when appropriate.
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115 School staff may assist students in application of sunscreen products in certain circumstances and in the
 116 presence of another staff member. The appropriate staff member will take into account the age,
 117 maturity, and capability of the student, the need for the application of the sunscreen, and other issues
 118 relevant in the specific case, before assisting students in application of sunscreen products at school or
 119 during school-sponsored events. However, staff members are not required to assist students in
 120 applying sunscreen.
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- 123 Legal References: RCW 28A.210.260 Public and private schools—Administration of medication—
- 124 Conditions
- 125 Cross References: 3419 – Self – Administration of Asthma and Anaphylaxis Medications
- 126 3420 – Anaphylaxis Prevention and Response

DRAFT



PROCEDURE FOR POLICY #3419

Self-Administration of Asthma and Anaphylaxis Medications

Adopted – x

Last Revised – PCM: 4/2022, WSSDA: 8/2012

Prior Revised Dates – WSSDA: 8/2005, 12/2011

Asthma is an inflammatory disease of the respiratory tract. Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency that requires immediate medical treatment and follow-up care by an allergist/immunologist.

Students with asthma or anaphylaxis are authorized, in consultation with the school’s professional registered nurse, to possess and self-administer medication for asthma or anaphylaxis during the school day, during school sponsored events and while traveling to and from school or school sponsored activities. The student will be authorized to possess and self-administer medication if the following conditions are met:

1. The parent or guardian must submit a written request for the student to self-administer medication(s) for asthma or anaphylaxis;
2. A health care practitioner has prescribed the medication for use by the student during school hours and the student has received instructions in the correct and responsible way to use the medication(s);
3. The student demonstrates to the health care practitioner and a professional registered nurse at the school the skill necessary to use the medication and to use the device necessary to administer the medication;
4. The health care practitioner provides a written treatment plan for managing the asthma or anaphylaxis episodes of the student and for use of medication during school hours. The written treatment plan should include name and dosage of the medication, frequency with which it may be administered, possible side effects and the circumstances that warrant its use;
5. The parent or guardian must sign a statement acknowledging that the district will incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents or guardians will indemnify and hold harmless the district and its employees or agents against any claims arising out of the self administration of medication by the student.



- 40 A. The authorization to self-medicate will be valid for the current school year only. The parent or
- 41 guardian must renew the authorization each school year.
- 42
- 43 B. In the event of an asthma or anaphylaxis emergency, the district will have the following easily
- 44 accessible:
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- 46 1. The student’s written treatment plan;
- 47
- 48 2. The parent or guardian’s written request that the student self-medicate; and
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- 50 3. The parent or guardian’s signed release of liability form.
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- 52 C. Backup medication, if provided by the parent or guardian, will be kept at a location in the school
- 53 to which the student has immediate access in the event of an asthma or anaphylaxis emergency.
- 54
- 55 D. A student’s authorization to possess and self-administer medication for asthma or anaphylaxis
- 56 may be limited or revoked by the building principal after consultation with the school’s
- 57 professional registered nurse and the student’s parents or guardian if the student demonstrates
- 58 an inability to responsibly possess and self-administer such medication.
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Asthma or Anaphylaxis Rescue Procedures

61 In the event of an asthma or anaphylactic episode, the school nurse will be immediately contacted. In
 62 the absence of the school nurse, the person responsible for school health duties will be contacted.

64 For asthma, the district will follow the procedures outline in the most recent edition of the AMES:
 65 Asthma Management in Educational Settings including:

- 66
- 67 A. Managing the students’ school environment;
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- 69 B. Training school personnel in rescue procedures;
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- 71 C. Accompanying all students exhibiting symptoms;
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- 73 D. Providing care as designed in the student’s emergency care plan;
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- 75 E. Calling 911, if appropriate;
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- 77 F. Notifying the students parent or guardian;
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- 79 G. Documenting interventions; and
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- 81 H. Reviewing the student’s emergency care plan and making changes, if necessary.



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83 For anaphylaxis, the district will follow the Guidelines for the Care of Students with Anaphylaxis
84 published by the Office of the Superintendent of Public Instruction.

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87 Legal References: NA

88 Cross References: NA

DRAFT



PROCEDURE FOR POLICY #3418
Response to Student Injury or Illness

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Adopted – x

Last Revised – PCM: 4/2022, WSSDA: 09/2020

Prior Revised Dates – WSSDA: 12/2011, 6/2014

EVALUATION

When a student is injured or ill at school or during any school-sponsored activity to any degree, it is the responsibility of staff to see that immediate care and attention is provided to the student unless or until the staff member is relieved by a staff member certified in first aid, a nurse, a doctor, or emergency personnel.

Except in cases of very minor injuries (e.g., cuts, scrapes, rug burns) that, in the judgment of the school nurse, staff member certified in first aid or principal designee do not pose a serious health risk to the student and will not worsen if the student remains at school, the principal or designee and school nurse (if not already notified) will be promptly notified of any student's: 1) injury; 2) illness; or 3) physical trauma that could have caused injuries as yet unobservable.

The school nurse or staff member certified in first aid will determine whether the injury, illness or trauma is serious enough to warrant calling 911. Upon finding that it is not, either individual will provide appropriate first aid to the student consistent with their training.

EMERGENCY TREATMENT

Upon recommendation of the school nurse or a staff member certified in first aid, Emergency Medical Services (EMS) will be called immediately and the student will be transported to the hospital by EMS. Students with uncontrolled bleeding and those who have suffered temporary suffocation, cardiac arrest, fractures or head, neck, eye, ear, or spinal injuries will only be moved and transported by EMS.

PARENT OR EMERGENCY CONTACT NOTIFICATION

Except in cases of very minor injuries as described above, the principal or designee will notify the parent (or, if the parent cannot be reached, the emergency contact), to advise them of the student's condition as soon as practicable.

The student's parent or emergency contact will decide, in non-emergency cases, whether: 1) the parent or emergency contact will transport the student to the hospital; 2) the parent or emergency contact will pick up the student or 3) the student will remain at school.

ADVANCED DIRECTIVES

The district will consult with its legal counsel prior to accepting any advance directives to physicians to limit medical treatment.

Legal References: NA

Cross References: NA