

Administration of Medications, Anti-Seizure Medication, Emergencies, Head Lice, Synthetic Drugs, Menstrual Products and Medical Marijuana

I. Administration of Medications

The following policy regarding the administration of medications is applicable when the staff of **Shanél Valley Academy** (the “School”) is responsible for the administration of, or assisting in the administration of, medication to students attending school during regular school hours, including before- or after-school programs, field trips, extracurricular and co-curricular activities, and camps or other activities that typically involve at least one overnight stay away from home, because administration of the medication is absolutely necessary during school hours and the student cannot self-administer or another family member cannot administer the medication at school.

Requirements for Administration or Assistance: Before the School will allow a student to carry and self-administer prescription auto-injectable epinephrine, or inhaled asthma medication, or have authorized School personnel administer medications or otherwise assist a student in administering his or her medication, the School must receive a copy of the following:

- ▶ A written statement executed by the student’s authorized health care provider specifying the medication the student is to take, the dosage, and the period during which the medication is to be taken and a statement that the medication must be taken during regular school hours, as well as detailing the method, amount and time schedule by which the medication is to be taken.
- ▶ A written statement by the student’s parent or guardian initiating a request to have the medication administered to the student or to have the student otherwise assisted in the administration of the medication, in accordance with the authorized health care provider’s written statement. The written statement shall also provide express permission for the School to communicate directly with the authorized health care provider, as may be necessary, regarding the authorized health care provider’s written statement.
- ▶ In the cases of self-administration of asthma medication or prescription auto-injectable epinephrine, the School must also receive a confirmation from the authorized health care provider that the student is able to self-administer the medication and a written statement from the parent/guardian consenting to the student’s self-administration and releasing the School and its personnel from civil liability if the self-administering student suffers an adverse reaction by self-administering his/her medication.

New statements by the parent/guardian and the authorized health care provider shall be required annually and whenever there is a change in the student’s authorized health care provider, or a change in the medication, dosage, method by which the medication is required to be taken or date(s), or time(s) the medication is required to be taken. If there is not a current written statement by the student’s parent or guardian and authorized health care provider, the School may not administer or assist in administration of medication. The School will provide each

parent with a reminder at the beginning of each school year that they are required to provide the proper written statements.

Parent(s)/guardian(s) of students requiring administration of medication or assistance with administration of medication shall personally deliver (or, if age appropriate, have the student deliver) the medication for administration to the ~~Business Manager or office support staff~~ **Health Technician or trained school personnel.**

Responses to the Parent/Guardian upon Request: The School shall provide a response to the parent/guardian within 10 business days of receiving the request for administration and the physician statement regarding which School employees, if any, will administer medication to the student, and what the employees of the School will do to administer the medication to the student or otherwise assist the student in the administration of the medication.

Termination of Consent: Parent(s)/guardian(s) of students who have previously provided consent for the School to administer medication or assist a student with the administration of medication may terminate consent by providing the School with a signed written withdrawal of consent on a form obtained from the office.

Authorized Personnel: A designated School employee who is legally able to and has consented to administer or assist in administering the medication to students will administer the medication or otherwise assist the students.

Storage of Medication: Medication for administration to students shall be maintained in the nurse's office in a locked cabinet. It shall be clearly marked for easy identification. If the medication requires refrigeration, the medication shall be stored in a locked refrigerator in the nurse's office, which may only be accessed by the designated School employee and other authorized personnel. If stored medication is unused, discontinued or outdated, the medication shall be returned to the student's parent/guardian where possible. If that is not possible, the School shall dispose of the medication by the end of the school year in accordance with applicable law.

Confidentiality: School personnel with knowledge of the medical needs of students shall maintain the students' confidentiality. Any discussions with parents/guardians and/or authorized health care providers shall take place in an area that ensures student confidentiality. All medication records or other documentation relating to a student's medication needs shall be maintained in a location where access is restricted to designated School employees.

Medication Record: The School shall maintain a medication record for each student that is allowed to carry and self-administer medication and for each student to whom medication is administered or other assistance is provided in the administration of medication.

The medication record shall contain the following: 1) The authorized health care provider's written statement; 2) The written statement of the parent/guardian; 3) A medication log (see below); 4) Any other written documentation related to the administration of the medication to the student or otherwise assisting the pupil in the administration of the medication.

The medication log shall contain the following information: 1) Student's name; 2) Name of the medication the student is required to take; 3) Dose of medication; 4) Method by which the pupil is required to take the medication; 5) Time the medication is to be taken during the regular school

day; 6) Date(s) on which the student is required to take the medication; 7) Authorized health care provider's name and contact information; and 8) A space for daily recording of medication administration to the student or otherwise assisting the student, such as date, time, amount, and signature of the individual administering the medication or otherwise assisting in administration of the medication.

Deviation from Authorized Health Care Provider's Written Statement: If a material or significant deviation from the authorized health care provider's written statement is discovered, notification as quickly as possible shall be made as follows: 1) If discovery is made by a licensed health care professional, notification of the deviation shall be in accordance with applicable standards of professional practice; 2) If discovery is made by an individual other than a licensed health care professional, notification shall be given to the School Principal, the student's parent/guardian, any School employees that are licensed health care professionals and the student's authorized health care provider.

Specialized Physical Health Care Services for Individuals with Exceptional Needs:

Authorized Personnel: The following individuals may assist students with exceptional needs who require specialized physical health care services during the regular school day:

- ▶ Qualified persons who possess an appropriate credential issued pursuant to Education Code sections 44267 or 44267.5
- ▶ Qualified designated school personnel trained in the administration of specialized physical health care if they perform those services under the supervision, pursuant to 5 C.C.R. § 3051.12, of a credentialed school nurse, public health nurse or licensed physician and surgeon and the services are determined by the credentialed school nurse or licensed physician and surgeon, in consultation with the physician treating the pupil, to include all of the following:
 - Routine for the pupil;
 - Pose little potential for harm for the pupil;
 - Performed with predictable outcomes, as defined in the Individualized Education Program of the pupil;
 - Does not require a nursing assessment, interpretation, or decision making by the designated school personnel
- ▶ Persons providing specialized physical health care services for students with exceptional needs shall demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.

Specialized health care or other services for students with exceptional needs that require medically related training shall be provided pursuant to the procedures identified in this policy generally.

Specialized physical health care services include catheterization, gastric tube feeding, suctioning or other services that require medically related training.

II. Emergencies

A. First Aid and CPR

Every classroom has a First Aid Kit containing appropriate supplies. First aid will be administered whenever necessary by trained staff members. When necessary, the appropriate emergency personnel will be called to assist.

B. Resuscitation Orders

School employees are trained and expected to respond to emergency situations without discrimination. If any student needs resuscitation, trained staff shall make every effort to resuscitate him/her. The School does not accept or follow any parental or medical “do not resuscitate” orders. School staff should not be placed in the position of determining whether such orders should be followed. The School Principal, or his/her designee, shall ensure that all parents/guardians are informed of this policy.

C. Emergency Contact Information

For the protection of a student’s health and welfare, the School shall require the parent/guardian(s) of all students to keep current with the School emergency information including the home address and telephone number, business address and telephone number of the parent/guardian(s), and the name, address and telephone number of a relative or friend who is authorized to care for the student in any emergency situation if the parent/guardian cannot be reached. Education Code § 49408.

D. Emergency Aid to Students with Anaphylactic Reaction

The School will provide emergency epinephrine auto-injectors to trained School personnel and those trained personnel may use those epinephrine auto-injectors to provide emergency medical aid to persons suffering from an anaphylactic reaction. The training provided to School personnel shall be in compliance with the requirements of **AB 1651**, Education Code section 49414, and any regulations promulgated in line therewith.

Trained School personnel may immediately administer an epinephrine auto-injector to a person suffering, or reasonably believed to be suffering, from an anaphylaxis reaction at School or a School related activity when a physician is not immediately available.

~~For purposes of this policy, “anaphylaxis” means a potentially life-threatening hypersensitivity to a substance. Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock or asthma. Causes of anaphylaxis may include, but are not limited to, an insect sting, food allergy, drug reaction and exercise.~~

For purposes of this section, the following terms have the following meanings:

(1) “Anaphylaxis” means a potentially life-threatening hypersensitivity to a substance.

- (A) Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma.
- (B) Causes of anaphylaxis may include, but are not limited to, insect stings, food allergy, drug reaction, and exercise.
- (2) “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.
- (3) “Epinephrine auto-injector” means a disposable delivery device designed for the automatic injection of a premeasured dose of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.
- (4) “Qualified supervisor of health” may include, but is not limited to, a school nurse.
- (5) “Volunteer” or “trained personnel” means an employee or a holder of an Activity Supervisor Clearance Certificate pursuant to subdivision (f) of Section 44258.7 who has volunteered to administer epinephrine auto-injectors to a person if the person is suffering, or reasonably believed to be suffering, from anaphylaxis, has been designated by the school, and has received training pursuant to subdivision (d).

(c) The school may voluntarily determine whether to make emergency epinephrine auto-injectors and trained personnel available. In making this determination, the school shall evaluate the emergency medical response time and determine whether initiating emergency medical services is an acceptable alternative to epinephrine auto-injectors and trained personnel.

(d) The school may designate one or more volunteers to receive initial and annual refresher training, based on the standards developed pursuant to subdivision (e), regarding the storage and emergency use of an epinephrine auto-injector from the school health technician or other qualified person designated by an authorizing physician and surgeon.

- (2) Training established pursuant to this subdivision shall include all the following:
 - (A) Techniques for recognizing symptoms of anaphylaxis.
 - (B) Standards and procedures for the storage, restocking, and emergency use of epinephrine auto-injectors.
 - (C) Emergency follow up procedures, including calling the emergency 911 telephone number and contacting, if possible, the pupil’s parent and physician.
 - (D) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
 - (E) Instruction on how to determine whether to use an adult epinephrine auto-injector or a junior epinephrine auto-injector, which shall include consideration of a pupil’s grade level or age as a guideline of equivalency for the appropriate pupil weight determination.
 - (F) Written materials covering the information required under this subdivision.
- (3) Training established pursuant to this subdivision shall be consistent with the most recent Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs published by the federal Centers for Disease Control and Prevention and the most recent guidelines for medication administration issued by the department.

- (4) The school shall retain for reference the written materials prepared under subparagraph (F) of paragraph (2). A copy of these written materials shall be made accessible, such as through publicly posting at the location of the epinephrine auto-injectors.
- (f) The school shall distribute a notice at least once per school year to all staff that contains the following information:
- (1) A description of the volunteer request stating that the request is for volunteers to be trained to administer an epinephrine auto-injector to a person if the person is suffering, or reasonably believed to be suffering, from anaphylaxis, as specified in subdivision (b).
 - (2) A description of the training that the volunteer will receive pursuant to subdivision (d).
 - (3) The location of the epinephrine auto-injectors on campus.
 - (g) (2) If the school does not have a qualified supervisor of health, an administrator at the school shall carry out the duties specified in paragraph (1).
 - (3) A prescription pursuant to this subdivision may be filled by local or mail order pharmacies or epinephrine auto-injector manufacturers.
 - (4) An authorizing physician and surgeon shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the issuance of a prescription or order pursuant to this section, unless the physician and surgeon's issuance of the prescription or order constitutes gross negligence or willful or malicious conduct.
 - (h) A health technician or trained staff personnel may administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school activity when a physician is not immediately available. If the epinephrine auto-injector is used it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used. Epinephrine auto-injectors shall be restocked before their expiration date.
 - (i) A volunteer shall initiate emergency medical services or other appropriate medical follow-up in accordance with the training materials retained pursuant to paragraph (4) of subdivision (e).
 - (j) The school shall ensure that each employee who volunteers under this section will be provided defense and indemnification by the school district, county office of education, or charter school for all civil liability, in accordance with, but not limited to, that provided in Division 3.6 (commencing with Section 810) of Title 1 of the Government Code. This information shall be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file.
 - (k) A state agency, the department, or a public school may accept gifts, grants, and donations from any source for the support of the public school carrying out the provisions of this section, including, but not limited to, the acceptance of epinephrine auto-injectors from a manufacturer or wholesaler.

III. Head Lice

Based on the recommendations from the California Department of Public Health, the American Academy of Pediatrics, and the Centers for Disease Control, Shanél Valley Academy has adopted a NO-LIVE lice policy.

Head Lice, while a significant nuisance problem, does not transmit disease to humans according to the [CDPH](#).

To prevent the spread of head lice infestations, School personnel shall report any suspected cases of head lice to the School designee as soon as possible. The designee shall examine the student. If a student is found with live lice, the student(s) parents/guardians shall be informed immediately and sent home without returning to class.

The student will be sent home with the following:

1. Any outstanding classwork that needs to be completed.
2. Information and guidelines for parents to control head lice, including recommended treatment procedures and sources of further information.
3. A treatment letter for the student to return to school

If the student is found with live lice, all children in the affected classroom shall be examined by the School designee, including any siblings of affected students or members of the same household.

In the event of one or more persons infested with live lice, an exposure notice with information about head lice shall be sent home to all parents/guardians of the students that have been exposed to the head lice in the affected classroom(s).

School personnel shall maintain the privacy of students identified as having live head lice and excluded from attendance. The student may be readmitted with a signed "Treatment Letter" along with a follow-up inspection by the School designee. Upon re-examination, if live lice are found, the student will NOT be admitted into the school until the live lice are removed.

Administration of Medicinal Cannabis

It is the policy of the School to allow a parent or guardian of a student to possess and administer to a student who is a qualified patient pursuant to Health and Safety Code section 11362.7, *et seq.*, medicinal cannabis at the school site, subject to the following requirements.

No School staff is required to administer medicinal cannabis to a student.

The parent/guardian shall not administer the medicinal cannabis in a manner that disrupts the educational environment or exposes other pupils to medicinal cannabis. It is in the sole discretion of the School as to what disrupts the educational environment.

After the parent/guardian administers the medicinal cannabis, the parent/guardian shall remove any remaining medicinal cannabis from the school site.

Before administering the medicinal cannabis, the parent/guardian shall provide to an employee of the school a valid written medical recommendation for medicinal cannabis for the student to be kept on file at the school.

For purposes of confidentiality and disclosure, student records collected in accordance with this policy shall be treated as medical records and shall be subject to all provisions of state and federal law that govern the confidentiality and disclosure of medical records.

This policy may be amended or rescinded at a regularly scheduled board meeting for any reason, including but not limited to, if the School is at risk of, or has lost, federal funding as a result of the policy. The policy may be amended or rescinded at a special meeting if both of the following are met: 1) Exigent circumstances necessitate an immediate change to the policy; and 2) At the meeting the governing board will address the intent to amend or rescind the policy.

For purposes of this policy, cannabis means all parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. Cannabis products means cannabis that has undergone a process whereby the plant material has been transformed into a concentrate, including, but not limited to, concentrated cannabis, or an edible or topical product containing cannabis or concentrated cannabis and other ingredients. Medicinal cannabis excludes medicinal cannabis or cannabis products in a smokeable or vapable form.

Synthetic Drugs

At the beginning of the first semester or quarter of each school year, the School will notify parents/guardians the dangers associated with using synthetic drugs pursuant to AB 889. The school shall inform the parents/guardians of each enrolled pupil about the dangers associated with using synthetic drugs that are not prescribed by a physician, such as fentanyl. Parents or guardians shall also be informed of the possibility that dangerous synthetic drugs can be found in counterfeit pills. (Education Code 48985.5(a))

AB 889 added Education Code section 48985.5 requires a charter school to annually inform parents or guardians of the dangers associated with using synthetic drugs at the beginning of the first semester or quarter of the regular term.

According to the California Department of Public Health: Brightly-colored fentanyl (referred to as rainbow fentanyl) has been identified as a new trend according to the United States (U.S.) Drug Enforcement Agency (DEA) [1].

Rainbow fentanyl can be found in many forms, including pills, powder, and blocks that can resemble sidewalk chalk or candy. Any pill (regardless of its color, shape, or size) that does not come from a health care provider or pharmacist can contain fentanyl and can be deadly. Fentanyl is 80-100 times more potent than morphine and 40-50 times more potent than heroin and, as a result, is a major cause of overdose for unsuspecting individuals[2].

According to the California Department of Public Health (CDPH) California Overdose Surveillance Dashboard [3]:

- Emergency department visits related to non-fatal opioid overdoses in California's youth ages 10-19 years more than tripled from 2018 (379 total) to 2020 (1,222 total).
- Opioid-related overdose deaths in California's youth ages 10-19 years increased from 2018 (54 total) to 2020 (274 total), marking a 407 percent increase over two years, largely driven by fentanyl.
- Fentanyl-related overdose deaths in California's youth ages 10-19 years increased from

2018 (36 total) to 2020 (261 total), a 625 percent increase.

For more information, reach out to your counselor or explore these resources:

- [California Department of Public Health Overdose Prevention Initiative](#)
- [What every parent and caregiver needs to know about fake pills](#)
- [One Pill Can Kill](#)

Availability of Menstrual Products

The School's restrooms at all times will have available and accessible, an adequate supply of menstrual products, free of cost, in all women's restrooms, all-gender restrooms, and in at least one men's restroom, at all times pursuant to AB 230, Menstrual Equity for All Act 2021 and Education Code 35292.6(a) Section 3. This state-mandated local program will apply to any grades 3 to 6.

Adopted: 9/6/21

Amended: