

## **Policy on Administration of Medication and Medical Care**

**Policy No. 2008-02**

### **Policy Statement**

The Archdiocese of Indianapolis recognizes that parents (guardians) have the primary responsibility for the health of their children. Although it is strongly recommended that medication be given in the home, the health of some children and youth may require that they take medication or receive other medical care while in the care of the Catholic school, parish or archdiocesan program.

Parents (guardians) have a responsibility to confer with their physician or other medical practitioner to arrange medication intervals to avoid administration of medication outside the home whenever possible.

When medication absolutely must be given at other times outside the home, parents (guardians) shall provide explicit written instructions including instructions as necessary from their physician or other medical practitioner regarding the need for prescription medication or specific medical care.

Parents (guardians) shall also provide written permission for non-medically trained school, parish or archdiocesan personnel to oversee the self-administration of medication or necessary routine medical care by the child depending upon the age and capability of the child or youth.

Medical circumstances requiring the direct measuring and/or administration of medications, injections, blood tests, observation of symptoms, specific emergency responses and/or direct administration of medicine by non-medically trained staff personnel shall be handled on a case-by-case basis according to a specific health care plan developed and signed by a physician or other health care professional and kept on file for the child. In some cases, it may be necessary to preclude a child from enrollment in a school or participation in a program if appropriate medical care cannot be provided by non-medical staff.

Archdiocesan personnel are generally protected from liability for administering emergency first aid in good faith by the Indiana Good Samaritan Law (IC 34-30-12).

Adherence to this policy, rules and guidelines will generally protect employees from liability for actions described above performed in good faith. Licensed medical practitioners, volunteering or employed by the archdiocese, shall have greater latitude in judgment in the administration of medication in accordance with the standards of medical care that apply to their specific profession, including the supervision of non-medical personnel in providing certain medical care.

*Recommended: February 2008 by Archdiocesan Education Commission*

*Ratified by: Daniel M. Buechlein, Date: 05-08-2008*

*Most Rev. Daniel M. Buechlein, OSB  
Archbishop of Indianapolis*

### Administrative Rules

#### 1. Administration of Prescription Medications:

- 1.1. School age children and youth (grades PreK-12) are not permitted to carry prescription medications on their persons except as designated in Rule #4 (re: inhalers).
- 1.2. All prescription medication to be administered during school or program hours for children in grades Pre-K-8 must be delivered by the parent (guardian) or another adult designated by the parents directly to the school principal or administrator-in-charge (or his/her designee). Likewise, medication may only be sent home with the parent (guardian) or another designated adult.
- 1.3. High school age youth (grades 9-12) may deliver needed medication to the administrator-in-charge with advance written permission of the parent (guardian). For students in Grade 9 through 12, medication may be released to the youth for purposes of transporting it to his/her home if a parent (guardian) provides advance written permission for the youth to do so.
- 1.4. Receipt of the medication will be logged into a confidential medical log by the administrator in charge or designee.
- 1.5. The medication must be sent in the **original pharmaceutically dispensed and labeled container with instructions for administration.**
- 1.6. The medication shall also be accompanied by **written permission from the parent (guardian) allowing non-medical staff to oversee administration of the specific medication.** The permission note shall state:
  - 1.6.1. Name of child/youth
  - 1.6.2. Name of medication
  - 1.6.3. Diagnosis or the reason the medication is to be taken
  - 1.6.4. The appropriate dose, method of administration (i.e., by mouth) and specific instructions (i.e., take with food, etc.)
  - 1.6.5. The time or times of day (hours) medication should be taken
  - 1.6.6. The start date and number of days the medication is to be taken
  - 1.6.7. Any known side-effects of the medicine and/or symptoms of the condition being treated and known tolerance to medicine (i.e., previous side effects, etc.)
- 1.7. **In most cases, Catholic schools, parishes and archdiocesan programs for children and youth will not have the direct onsite services of a nurse or other trained medical personnel.** In the absence of such personnel, the school principal, administrator-in-charge or his/her designee or a designated backup person will ordinarily aid and observe a child in the self-administration of medication.

- 1.8. Directions for administration of prescription medications must be sufficiently clear for complete understanding by staff personnel who are not medically trained. If not, the principal or administrator-in-charge may require supplemental written instructions from the prescribing physician or other medical practitioner, especially regarding any possible side-effects of the medicine or symptoms of the condition being treated.
  - 1.9. There may be severe cases in which administrators-in-charge may feel that they cannot ensure the appropriate care for the child or youth, especially when no medically trained person is available. In these cases, the parent (guardian) may be asked to be present or provide appropriate help to administer the medicine or medical care as needed. In a few of the most severe cases, where the administration believes the health and safety of the child/youth or others may be compromised; the school, parish or archdiocesan program reserves the right to preclude the enrollment or participation of a child/youth if appropriate medical care and safety cannot be maintained.
2. **Non-Prescription Medications** (including analgesics, natural medicines and vitamin supplements, etc.):
- 2.1. Children and youth are not permitted to carry non-prescription medications including (herbs, enzymes, oils, etc.) on their persons.
  - 2.2. All non-prescription medication to be administered during school or program hours for children in grades Pre-K-8 must be delivered by the parent (guardian) or another adult designated by the parents directly to the school principal or administrator-in-charge (or designee). Likewise, such medication may only be sent home with the parent (guardian) or designated adult.
  - 2.3. High school age youth (grades 9-12) may deliver needed non-prescription medication to the administrator-in-charge (or designee) with advance written permission of the parent (guardian). For youth in Grade 9 through 12, medication may also be released to the youth for purposes of transporting it to his/her home if a parent (guardian) provides advance written permission for the youth to do so.
  - 2.4. In general, administrators should avoid taking parent (guardian) permission for the unplanned administration of non-prescription medication over the phone. If permission is taken this way it should be fully documented in writing. Permission via e-mail is a better alternative.
  - 2.5. Receipt of the medication will be logged into a confidential medical log by the administrator in charge or (designee).
  - 2.6. **The school or youth-serving program shall not stock and/or dispense non-prescription medications to children/youth other than those provided by the parents (guardians). Likewise, staff or volunteers shall be advised not to dispense non-prescription medications to children or youth from their personal supplies (See details in Rule 3.9).**
  - 2.7. Non-prescription medication shall be delivered directly to the principal, administrator-in-charge (or designee) accompanied by a **written note from the parent (guardian) giving permission for staff to oversee self-administration of the**

**specific non-prescription medication (including natural medications, vitamin supplements, etc.).** The note shall state:

- 2.7.1. Name of child/youth
  - 2.7.2. Name of medication
  - 2.7.3. The reason the medication is to be taken
  - 2.7.4. The appropriate dose, method of administration (i.e., by mouth) and specific instructions (i.e., take with food, etc).
  - 2.7.5. The time or times of day (hours) medication should be taken
  - 2.7.6. The start date and number of days the medication is to be taken
  - 2.7.7. Any previously known side-effects of the medicine and/or symptoms of the condition being treated and tolerance to the medicine.
- 2.8. **The non-prescription medication must be delivered in the container in which it was purchased.**
- 2.9. Treatment with a non-prescription drug on a daily basis over a prolonged period of time should not be continued without a required medical evaluation and written instructions for continuance of treatment by a physician or other medical practitioner (i.e., taking an aspirin for a headache every day for a month).
- 2.10. In most cases, Catholic schools, parishes and archdiocesan programs will not have the services of a nurse or other trained medical personnel. In the absence of such personnel, the school principal, administrator-in-charge or his/her designee or backup person will aid and observe a child or youth in the self-administration of the non-prescription medication.

### **3. Self-Administration of Prescription and Non-Prescription Medication**

- 3.1. The school principal or administrator in charge of a youth-serving program may designate staff personnel (and backup personnel) to maintain medications under secure conditions and to oversee the self-administration of medications by children and youth.
- 3.2. Principals, administrators-in-charge and their designees, should receive an orientation by qualified medical personnel regarding the proper administration of all medications prior to any such assistance to children. Only designated staff should be in charge of the self-administration of prescription and non-prescription medicines, except in an emergency.
- 3.3. A confidential medical log shall be maintained listing all children taking prescription and non-prescription medicine including:
  - 3.3.1. Name of Student
  - 3.3.2. Name of medication
  - 3.3.3. Date and time medicine is taken
  - 3.3.4. Staff member' initials

- 3.4. If the confidential medical log is kept on a computer, the computer must be electronically, visually and physically secure to ensure privacy and confidentiality.
- 3.5. All prescription and non-prescription medication shall be kept in an appropriate and secure locked container with keys that are in the control of staff at all times. The container should be mobile so that it can be removed from the building during an emergency evacuation. Special arrangements may need to be made with parents in the case of medications needed at activities held away from the regular sites.
- 3.6. Students will generally be responsible for reporting to the principal, administrator-in-charge or designee at the times medication is to be given. Reasonable administration of this rule will consider the age and/or ability of the child regarding the need for notification or assistance by staff.
- 3.7. **Confidentiality:** All permission forms, medical instructions, etc. shall be kept in a secure location to ensure privacy and confidentiality. Principals and administrators-in-charge must ensure the confidentiality of all medical information entrusted to them and share this with other staff and volunteers only on a professional “need to know” basis as necessary for treating the child. Confidential medical information may include, but not be limited to: names of medications, medical conditions and diagnoses, symptoms, possible side effects, medical history, names of physicians or other health care providers, etc. Confidential Emergency Care cards taken on field trips or other activities should indicate medical problems that could occur.
- 3.8. In Catholic schools all permission for medications expires at the end of the current school year and must be renewed for the new school year. In other child and youth-serving programs that may sponsor day or overnight trips where medication or care may be required, medical information and permissions may be required on a *per event* basis to ensure that information and instructions are current. Administrators-in-charge will need to consider this requirement on a case-by-case basis.
- 3.9. **Medication shall not be administered to children or youth for any reason without express permission of the parents (guardian). Permission should be in writing, including by e-mail, or fully documented in writing if taken by phone. This includes analgesics such as aspirin, acetaminophen and ibuprofen; cough drops, cough medicine, cold remedies and other over-the-counter medications. Such items are not to be stocked and/or dispensed by the school or youth-serving program.** Volunteers, chaperones, parents (guardians) shall also be advised not to administer any prescription or non-prescription medications to children or youth from their personal supplies. **Administration of routine first aid treatments for minor cuts, scrapes and bruises is generally acceptable.**
- 3.10. Generally, the principal, administrator-in-charge or designee may assist the child in the self-administration of prescription and non-prescription medication by doing the following tasks:
  - 3.10.1. reminding the child when to take the medication (if necessary);

- 3.10.2. obtaining the necessary medications and equipment from a secure storage place;
- 3.10.3. procuring water for taking oral medication;
- 3.10.4. opening the container/bottle for the child if necessary;
- 3.10.5. placing the container(s) or medication in close proximity to the child so that it may be reached;
- 3.10.6. observing the student dispensing and taking the appropriate medication; and,
- 3.10.7. recording the encounter in a confidential medical log.

**NOTE:** Such assistance does not generally include the actual measuring or dispensing the medication for the child. Except in an emergency, staff members should not directly administer medications either by ingestion or by injection unless a health plan is in place, qualified medical personnel are present or are supervising the administration of medical care under such a plan.

#### **4. Possession and Use of Inhalers**

- 4.1. Children and youth are generally permitted to possess inhalers for asthma and other respiratory conditions and to self-administer the prescribed medication as necessary provided the following conditions are met:
  - 4.1.1. A written request is received from the parent (guardian) documenting the order of a physician or other medical practitioner.
  - 4.1.2. A statement from the parent (guardian) acknowledging that the school/parish/archdiocese is not responsible for ensuring the medication is taken and relieving the school/parish/archdiocese and its employees of responsibility for the benefits or consequences of the child/youth using or not using the prescribed medication.
- 4.2. A written statement from the physician or other medical practitioner that states:
  - 4.2.1. Name of child/youth
  - 4.2.2. Name of inhaled drug
  - 4.2.3. Prescribed dosage, exact method of administration and any specific instructions
  - 4.2.4. The time or times of day (hours) medication is to be taken
  - 4.2.5. Start date and length of time medication is prescribed
  - 4.2.6. Reason medication is needed
  - 4.2.7. Potential serious reaction or side effects of the medication
  - 4.2.8. Emergency responses that may be necessary
  - 4.2.9. If child is qualified and able to self-administer the medication
- 4.3. The child/youth shall be made aware that the inhaler is intended for his/her use only and may not be shared with others.

- 4.4. The student shall notify the teacher or other staff member immediately following each use of an inhaler in case follow-up response is needed.
- 4.5. Violations of these conditions by the child/youth may result in immediate disciplinary action including reversion to staff-monitored use of the inhaler.

**5. Students With Chronic Conditions**

*(Examples: severe allergies, anaphylactic shock, epilepsy, diabetes, severe asthma, etc.)*

- 5.1. Parents (guardians) of children with chronic conditions requiring specific treatment or possible emergency responses, shall annually file a health care plan (i.e., allergy, diabetes or asthma action plans, etc.) with the school or program that has been approved by a physician or other medical practitioner.
- 5.2. If a plan requires special accommodations (i.e., for a peanut allergy), the accommodations must be reasonable and able to be accomplished successfully within the routines of the school. For example, there may be a request to provide a “peanut free” school – prohibiting all peanut products from entering the building – but the school cannot possibly guarantee such a condition. Instead, a “reasonable accommodation” might include a peanut-free zone in the cafeteria and the education of staff and students as to the dangers to the student with the allergic condition, and prohibition of peanut products in the individual classroom.
- 5.3. If the plan involves only emergency responses, such as an epinephrine injection, giving snacks, calling parents (guardians) and/or emergency providers, this can generally be accommodated in a health care plan with orientation by the parents and/or medical professional as appropriate. Such actions are covered by the Indiana Good Samaritan law.
- 5.4. If the health care plan requires non-medical staff to take specific medical actions (i.e., observing for specific symptoms, performing blood glucose tests, giving regular measured medications or injections, calibrating dosages on insulin pumps, etc.), the parents must arrange to come to the school to administer the medical treatment, or an arrangement must be made with a medical practitioner to supervise non-medical personnel in administering the medications if a qualified medical practitioner is not available to the school. In some schools, diabetes care could be managed by a public school nurse supervising trained private school personnel, if the public school will agree to this (IC 34-20-12, effective July 1, 2007).
- 5.5. As with other medications, in the vast majority of cases, as children mature they will be required to self-administer their medications (i.e., injections, blood glucose tests, etc.) if at all possible, with the oversight of a designated staff member in most non-emergency situations. Parents (guardians) are responsible for providing and maintaining all supplies necessary for care (i.e., glucose monitors, snacks, insulin injectors, epinephrine injectors, etc.).

6. Routine First Aid in Catholic Schools

6.1. All Catholic schools shall have at least two (2) staff members who have been trained in administering first aid, Cardio-Pulmonary Resuscitation (CPR) and the Heimlich Maneuver. There should be a well-stocked first aid kit for each school.

**NOTE:** Certification in CPR and the Heimlich Maneuver is now a requirement for the issue of all new teacher licenses (IC 20-28-5-3, effective July 1, 2007).

6.2. Other child and youth-serving programs should have staff and/or volunteers present at major activities who are trained in first aid and CPR/Heimlich procedures whenever possible. There should be a well-stocked first aid kit available at all schools, youth-serving activities and events.

6.3. Each parish/school should plan to have at least one automatic external defibrillator (AED) on campus with several personnel in each program trained to use it. The equipment must be checked regularly and kept in a state of constant readiness (IC 16-31-6.5).

6.4. The Indiana Good Samaritan Law (IC 34-20-12) protects persons working in good faith to administer first aid in an emergency situation. Laws also specifically protect persons *who have been trained* when they administer CPR or utilize an AED to treat a person in distress.

Promulgation of Rules by: \_\_\_\_\_ Date: \_\_\_\_\_

*Annette "Mickey" Lentz  
Executive Director*

**Application**

This policy and accompanying administrative rules apply to all archdiocesan secondary schools, elementary schools, parish faith formation and youth ministry programs and archdiocesan-sponsored activities involving children or youth (grades PreK-12) and other programs and agencies under the auspices of the Secretariat for Catholic Education and Faith Formation.

**History/Rationale**

There are increasing numbers of children and youth who require the administration of medication in settings outside the home including at school, at after-school activities, and at parish and youth activities. There are also increasing numbers of activity choices available through parishes, schools and the archdiocese. Such activities may require overnight stays away from home and possibly at great distances from the home. In most cases, trained medical personnel are not available to assist staff personnel in charge of these activities.

The policy and rules are provided to ensure some minimal uniformity in the way necessary medical care is provided to children and youth mainly by non-medical staff members across the archdiocese both for the safety of the children and youth, and for the protection of archdiocesan entities from unnecessary liability. The policy and rules are intended to provide minimum standards for care for use in local policies and rules which may be supplemented by more stringent standards, especially where trained medical staff members may be available. Medical professionals are expected to apply professional standard practices of care which may exceed the descriptions of care provided herein.

### **Policy Guidance**

Guidance offered on policies and rules is advice to the administrator on implementation of the policy and rules. It does not, in itself, constitute policy or rules and is, therefore, a non-binding suggestion of best practices or procedures that can be followed in the implementation of the policy and rules, except where it repeats or explains actual provisions of the stated policy and rules.

Catholic school principals and administrators-in-charge of various child and youth-serving programs in the Archdiocese of Indianapolis should exercise great caution in overseeing the administration and oversight of any medical care to students. It is not a choice administrators can make – medical care for children and youth must take place and must take place under tightly controlled conditions whenever possible.

In the overwhelming majority of cases, staff should only be involved in **overseeing the self-administration** of medications by the child or youth under his/her care or in providing **basic first aid**. Strict attention must be paid to all instructions from parents or medical providers regarding medical care including emergency responses that may be required. In general, staff is protected when administering emergency first aid under the Indiana Good Samaritan Law (which follows).

It is the duty of the parent (guardian) to make all instructions explicit at the outset of the enrollment of the child in the school or program. But, it remains the duty of the school/parish/archdiocesan administrators and staff to **carry out the instructions appropriately** and to make **reasonable accommodations** for students' medical conditions.

The **security of medications** held on behalf of children and youth is of utmost concern as these can be controlled substances subject to theft and/or abuse by others. **Privacy and confidentiality are other ongoing concerns**. Staff members should know about medical conditions and medications of children and youth in their charge only on a **professional “need to know” basis and must hold this knowledge in strict confidence**.

Where trained medical personnel are available as staff and/or volunteers, greater discretion may be exercised in the administration of care within this general framework.

## **Indiana Good Samaritan Law**

### **IC 34-30-12 Chapter 12. Health Care: Immunity of Persons Rendering Emergency First Aid**

#### **IC 34-30-12-1**

##### **Gratuitously rendered emergency care; immunity**

###### **Sec. 1.**

- (a) This section does not apply to services rendered by a health care provider (as defined in IC 34-18-2-14 or IC 27-12-2-14 before its repeal) to a patient in a health care facility (as defined in IC 27-8-10-1).
- (b) Except as provided in subsection (c), a person who comes upon the scene of an emergency or accident or is summoned to the scene of an emergency or accident and, in good faith, gratuitously renders emergency care at the scene of the emergency or accident is immune from civil liability for any personal injury that results from:
  - (1) any act or omission by the person in rendering the emergency care; or
  - (2) any act or failure to act to provide or arrange for further medical treatment or care for the injured person; except for acts or omissions amounting to gross negligence or willful or wanton misconduct.
- (c) This subsection applies to a person to whom IC 16-31-6.5 applies (this section applies to a person trained in the use of an AED). A person who gratuitously renders emergency care involving the use of an automatic external defibrillator is immune from liability for any act or omission not amounting to gross negligence or willful or wanton misconduct if the person fulfills the requirements set forth in IC 16-31-6.5.
- (d) This subsection applies to an individual, business, or organization to which IC 16-31-6.5 applies. An individual, business, or organization that allows a person who is an expected user to use an automatic external defibrillator of the individual, business, or organization to in good faith gratuitously render emergency care is immune from civil liability for any damages resulting from an act or omission not amounting to gross negligence or willful or wanton misconduct by the user or for acquiring or providing the automatic external defibrillator to the user for the purpose of rendering the emergency care if the individual, business, or organization and the user fulfill the requirements set forth in IC 16-31-6.5.
- (e) A licensed physician who gives medical direction in the use of a defibrillator or a national or state approved defibrillator instructor of a person who gratuitously renders emergency care involving the use of an automatic external defibrillator is immune from civil liability for any act or omission of the licensed physician or instructor if the act or omission of the licensed physician or instructor:
  - (1) involves the training for or use of an automatic external defibrillator; and
  - (2) does not amount to gross negligence or willful or wanton misconduct.

*As added by P.L.1-1998, SEC.26. Amended by P.L.1-1999, SEC.73;*

#### **IC 34-30-12-2**

##### **Gratuitously rendered cardiopulmonary resuscitation; immunity**

###### **Sec. 2.**

- (a) This section applies to a person who has successfully completed a course of training in cardiopulmonary resuscitation according to the standards recommended by the Division of Medical Sciences, National Academy of Sciences - National Research Council
- (b) This section does not apply to acts or omissions amounting to gross negligence or willful or wanton misconduct.
- (c) An act or omission of the person while attempting to administer cardiopulmonary resuscitation, without pecuniary charge, to any person who is an apparent victim of acute cardiopulmonary insufficiency shall not impose any liability upon the person attempting the resuscitation.

*As added by P.L.1-1998, SEC.26.*

**NOTE:** All promulgated AEC Policies are posted at [www.archindy.org/oce/](http://www.archindy.org/oce/) (Member Area).