



Bellevue Children's Academy Medication Administration Policies 2024-2025

BCA/WPS is committed to promoting and protecting the health and safety of our students. Our medication policy is taken directly from guidance and requirements from International Schools Partnership (ISP) as well as the Washington Department of Health (DOH), OSPI, and in the case of our childcare programs, DCYF, in compliance with state and local statutes.

First and foremost, per state requirements, all medications administered at school must be accompanied by a signed healthcare provider's authorization **and** signed parental consent. This applies to both prescription and over-the-counter medications, including antihistamines, pain relievers, topical creams like hydrocortisone, etc. This is for the safety of our students, as all medications have potential risks and a student's licensed healthcare provider (LHP) is in the best position to determine what is safe and essential to be administered at school.

This medication authorization must be a written, current, and unexpired request from an LHP prescribing within the scope of their prescriptive authority. The following must be included:

- 1) The name of the student
- 2) Name of the medication
- 3) Strength, dosage, & quantity
- 4) Frequency of administration or indication for administration (specific symptoms, etc.)
- 5) Duration of medication authorization (date range, school year including summer school, etc.)

Depending on the medication, **one** of the following forms is required:

- 1) For any emergency medications, an [Emergency Care Plan](#) is required that includes a medication order signed by an LHP. This must be on file prior to the first day of school and a new plan must be completed each school year. Examples include epinephrine (EpiPens) for life-threatening allergies, glucagon for diabetic emergencies, and albuterol for asthma exacerbations.

OR

- 2) For non-emergency medications, please complete our [Medication Administration Form](#). Make sure the LHP section is completed or there is a separate LHP authorization attached that includes the same information.

Note: All medications must be in their original box and be unexpired. Parents are responsible for providing the medication and it must include all supplies necessary for administration, such as dosage cups. The medicine must be identical to that which is listed on the authorization (i.e. cannot give diphenhydramine (Benadryl) as substitute for cetirizine (Zyrtec), etc.).

Medications must be brought to school by the parent/guardian or another designated adult, unless the parent/guardian, LHP, and School have all agreed the student may self-carry and self-administer. The School's decision to allow for self-carry/self-administer will be based on individual student capability, student age, nature of the medication, and urgency of access to the medication.

- With the exception of emergency medication such as epinephrine or albuterol, BCA students will not be allowed to self-carry medication.
- Due to the potential risks that come with allergic reactions and the need for close monitoring during these reactions, no students will be allowed to self-carry antihistamines such as Benadryl.

It is the parent/guardian's responsibility to keep School informed of changes in the student's condition or meds.

INDIVIDUAL HEALTH & EMERGENCY CARE PLANS

An “Emergency Care Plan” is **required** for any student with a known health condition that could cause a life-threatening emergency while at school. This can be part of a more comprehensive “Individual Health Plan” for those with chronic illnesses or diseases that require medication or other interventions while at school. Along with LHP authorization, these health plans are developed with collaboration between the parent/guardian and nurse.

The Care Plan should be completed by **Tuesday, August 27** so we have a full week to train and prepare staff and teachers regarding your child’s care plan. A new Care Plan is required each year.

It is the parent/guardian’s responsibility to keep school staff informed of changes in the student’s condition or changes in LHP’s orders. Prior to the student attending school and any time there are changes in the student’s treatment plan, the parent/guardian should notify the School Nurse.

LIFE-THREATENING ALLERGIES (ANAPHYLAXIS)

If your child has been diagnosed with a life-threatening allergy (anaphylaxis), an emergency care plan and prescribed treatment is required prior to the student attending school. Anaphylaxis is a life-threatening condition requiring immediate medical attention, and **epinephrine is the only life-saving treatment**.

For students with anaphylaxis, note that current WA OSPI guidance states that epinephrine should be administered immediately and the EMS/911 system activated for any exposure or suspected exposure to a life-threatening allergen. **If your child has had anaphylaxis in the last 2 years, we will follow this guidance and administer epinephrine right away, regardless of symptoms.** Oral antihistamines such as Benadryl do not stop anaphylaxis. There will not always be a nurse present when a reaction occurs and a “wait and see” approach can be fatal.

Due to this risk, the decision to administer antihistamines will be left to the discretion of the School Nurse. If the nurse is not available or determines the risk is too high, the parent may be required to pick up their child from school in the case of a life-threatening allergen exposure or allergic reaction, even if their symptoms are mild.

Food is the leading cause of anaphylaxis in children. **Meals and food from home provide the safest option at school.** There is no guarantee that school lunches and snacks will be completely allergen-free. For example, some prepackaged foods may be processed in facilities that could cross-contaminate with nuts and other allergens and may contain these nuts or other allergens.

*If your child has a life-threatening allergy to tree nuts, please specify if “coconut” is included or not.

Our [Emergency Care Plan for Anaphylaxis](#) is due one week prior to the first day of school. If you use a provider’s emergency care plan form instead of ours, please ensure it includes the same information as our emergency care plan template.

ASTHMA

Consult with your child’s healthcare provider to determine the severity of their asthma diagnosis. If their condition is uncomplicated and predictable, such as a history of asthma with no current symptoms, no controller medication, no use of rescue medication in over one year, no impact on attendance or participation in activities, etc. they may not need an emergency care plan. Note, however, that **any acute asthma episode has the potential to become life-threatening**.

Our [Emergency Care Plan for Asthma](#) is due one week prior to the first day of school. You may alternatively use your provider’s Emergency Care Plan form as long as it contains the necessary information to treat and respond to an acute asthma exacerbation at school. If your child’s condition requires daily maintenance, please complete a more comprehensive Individual Health Plan.