

Medication at School

Under normal circumstances medications, including oral, topical, eye, ear, and nasal, should be dispensed before and/or after school hours under supervision of the parent or guardian.

If a student must receive medication from an authorized staff member, the parent/guardian must submit a written authorization accompanied by a written request from a licensed health professional (LHP) with prescriptive authority. If the medication will be administered for more than fifteen consecutive days, the prescriber must also provide written, current, and unexpired instructions for the administration of the medication.

The superintendent and/or designee shall establish procedures for:

1. Training, delegation and supervision of staff members in the administration of all medications to students by a registered nurse.
2. Designating staff members who may administer medication to students.
3. Obtaining a signed and dated parent/guardian and LHP with prescriptive authority authorization for the administration of all medications, including instructions if the medication is to be given for more than fifteen (15) days.
4. Storing medications in a locked or limited access area.
5. Maintaining records pertaining to the administration of medications.
6. Permitting, under limited circumstances, students to carry and self-administer medications necessary to their attendance at school.

The use of injectable medications for the treatment of anaphylaxis is covered in _____ School District Policy _____ and _____ School District Procedure _____ P.

Medications including suppositories, and/or non-emergency injections, may NOT be administered by school staff other than by registered or licensed practical nurses. Non-oral diabetic medications may not be delegated to non-licensed school staff by the school district's registered nurse.

If the district decides to discontinue administering a student’s medication, the superintendent or designee must provide notice to the student’s parent/guardian orally and/or in writing prior to the discontinuance. There shall be a valid reason for the discontinuance that does not compromise the health of the student or violate legal protections for the disabled.

Policy: _____
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Legal References	RCW 28A.210.260	Administration of medication - Conditions
	RCW 28A.210.270	Administration of Medication – Immunity from Liability
	RCW 28A.210 383	Anaphylaxis – Policy Guidelines Procedures - Report
	WAC 392-380	Life-Threatening Health Condition
Cross References	Policy 3418	Emergency Treatment
	Policy 3419	Self-Administration of Asthma and Anaphylaxis Medications
Management Resources		
<i>Policy and Legal News</i>	November 2013	Discretionary new “EpiPen” law allows districts to stock and administer their own supply of epinephrine auto injectors
<i>Policy News</i>	August 2012	Anaphylaxis Prevention and Response
<i>Policy News</i>	February 2009	Anaphylaxis Prevention Policy Required
OSPI	March 2009	Guidelines for the Care of Students with Anaphylaxis

Medication at School

Each school principal shall designate at least two staff members to administer oral, topical, eye, ear, and/or nasal medications. These designated staff members will participate in an in-service training session prior to the start of school each year. They shall receive training in the following:

1. School board policies and procedures governing the administration of all medications.
2. Procedure to follow in administering medication, including description of when not to administer medication.
3. Procedure to follow in the event of a medication error, missed doses, or delayed doses.
4. Required documentation.
5. When to contact supervising nurse.
6. Confidentiality issues regarding the administration of medications and student health information.

The supervising nurse will evaluate the staff member's skill and document the successful completion of training. The supervising nurse will determine the degree of supervision necessary and provide the delegation and supervision.

Prescribed medications may be dispensed to students on a scheduled basis upon written authority from a parent/guardian and a signed and dated authorization form with written directions from a licensed healthcare provider (LHP) with prescriptive authority. Requests shall be valid for not more than the current school year. The prescribed medication must be properly labeled, unexpired and in the original medication container.

Prescribed medications shall be dispensed as follows:

1. Collect the medication authorization form properly signed by the parent/guardian, and by the prescribing LHP with prescriptive authority. All new orders for medication should be approved by the school nurse prior to school staff administering the first dose.
2. There should be no more than an one month supply of medication brought in at one time. Medication must be counted and the number in the container recorded, with initials and date received, on the medication log. It is preferable to have

two people count and initial. Staff/parent/guardian signatures along with their initials, will be on the bottom of each page of the medication log or on a signature sheet.

3. Store the medications in a locked or limited access area.
4. Safe administration of oral, topical, eye, ear, and nasal medications:

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- a. Verify the identity of the student with the medication order.
- b. Check medication notebook for correctly completed forms.
- c. Obtain medication container from locked or limited access area.
- d. Check medication container for the following:

1. Correct student name.
2. Correct medication name (same as on “authorization” form).
3. Correct dosage (such as how many milligrams [mg] in pill).

NOTE: If the pills are 10 mg. and the dosage is 5 mg. the pills should be broken prior to being brought to school. School staff should not be responsible for breaking pills.

4. Correct time for administering.
- e. Medications are to be taken in the office area or other pre-designated area approved by the building administrator and the school nurse. Medications are not to be given by untrained school district staff, e.g., substitute secretaries and parent/guardian volunteers.
- f. If medication is in tablet or capsule form, check the request form and label and give the accurate number ordered. Pour into bottle cap and then pour into the student’s clean hand or a medication cup.
- g. For topical, eye, ear, and nasal medications, check request form for the correct dose to administer and follow administration instructions from the school nurse including the wearing of gloves.
- h. Help student get water, if needed, prior to taking medication.
- i. For liquid medication, pour into measuring device, e.g., plastic medicine cup or measuring “dosage” spoon.
- j. For topical medications, place desired amount of ointment or cream on a Q-tip or tongue depressor and apply or assist student to apply.
- k. Do not use kitchen silverware teaspoons for measuring – volume varies greatly.
- l. DO NOT pre-pour any medication.
- m. DO NOT give medication that someone else has prepared.
- n. Watch student take medication – make sure medication is taken. If student refuses, call parent/guardian and school

nurse immediately.

- o. Do not give "PRN" (as necessary) medication more frequently than indicated by the LHP. Be sure to find out when the last dose was given. Notify parent/guardian if student asks for medication more frequently than the LHP indicates.
5. Maintain a daily record which indicates that the prescribed medication was administered. This record is the legal evidence that the medications were given. If a dose is missed, note why, e.g., "absent." This record must be kept for eight (8) years.
6. Medications should not be brought to the school by the student except for medications that are carried and self-administered by the students.

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7. A copy of this policy shall be provided to the parent/guardian upon request for administration of medication in the schools.
8. Inhalers:
 - a. Follow the same procedures as for all other types of medications.
 - b. EXCEPTION: The student may carry the inhaler if there are specific written orders from the parent/guardian and the LHP. Be sure the student's name is written on the inhaler. This may be done with an indelible marker.
 - c. All parties shall be informed that the school will not be responsible for documentation of medication carried and self-administered by the student. *The school nurse must also agree to the student carrying the inhaler and verify that the student can correctly administer.
9. Nasal Medications:

Follow the same procedures as for all other types of medications.

EXCEPTIONS:

 - a. If a school nurse is on the premises, a nasal spray that is a legend drug (prescription, not over-the-counter medication, e.g., Versed) or a controlled substance must be administered by the school nurse.
 - b. School staff, who have received appropriate training and volunteered for such training and agreed in writing to administer a nasal medication that is a legend drug or controlled substance, may administer the medication.
 - c. PDA's who have volunteered and received additional training in epileptic/seizure care, may provide care for the student consistent with the individual health care plan including administering medications for seizures.
 - d. After a school staff member, who is not a school nurse, administers a nasal spray that is a legend drug or a controlled substance, the staff member or designee shall summon emergency medical assistance as soon as practicable.

10. Field Trips:

If the student needs medication during a field trip, a medication packet including medication authorization forms, care plans (when indicated), and necessary medications will be prepared by the licensed nurse or designee. This packet will be carried on the field trip by the designated trained staff member in a fanny pack or locked box with access limited to those giving the medication. The medication should be in the original pharmacy-labeled container with only enough medication for the field trip. Upon returning to school from the field trip, the signed log sheet and any leftover medication is returned to the school nurse or designee who will assist the field trip staff member to transfer the information to the regular school medication log for the student.

11. Accountability in Administering Medication:

- a. If the school accepts medication in the correctly labeled container and the “authorization” forms are properly completed, the designated staff member is legally obliged to see that the medication is administered to the student.

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- b. The principal shall designate a trained staff member, (e.g., secretary) to call the student to the office if the student has failed to come at the designated time.
- c. The designated staff member reviews the medication log/s daily to assure that medications have been given and documented as ordered.

12. Medication Error:

- a. It is important that any medication error be reported to the school nurse, who will assess the situation and contact the student’s parent/guardian, school administrator and when appropriate, the LHP. A medication that is more than one half hour late in being given may be considered a medication error.
- b. The medication error needs to be recorded on the back of the student’s medication log and on the Medication Administration Incident Report Form.
- c. The Medication Administration Incident Report form will be kept in the health room file by the school nurse. It shall be kept with the rest of the medication records to be destroyed after eight (8) years.

13. Liability:

- a. When district policies, procedures, and protocols are followed, designated school staff are released from liability for damages which might result from administration of medication.
- b. Administration of medications is exclusively a procedure of a licensed nurse. However, the nurse can delegate this procedure to non-licensed staff members in a school setting according to statute. The licensed registered nurse delegating the task retains the responsibility and accountability for the nursing care of the student.

14. Discontinuation of Medication:

- a. The principal or their designee will provide notice, orally and/or in writing, in advance of discontinuance.

- b. Such notice shall be made to the parent/guardian having legal control over the student.
- c. Document the parent/guardian notification and attach to the medication log.
- d. If the medication is discontinued by the parent/guardian, the school nurse shall be notified. The school nurse will inform the LHP and document on the back of the medication log that the medication has been discontinued.
- e. If the medication is discontinued by the LHP, the school nurse shall be notified. The school nurse will document that the medication has been discontinued on the back of the medication log.

15. Storage of Medication Records: Authorization for Medication Authorization forms, Medication logs, and Medication Administration Incident forms must be kept for eight (8) years. These forms are kept in the individual school medication record files.

16. Disaster Planning:

When the schools are planning for disaster situations, student medication issues must be addressed. There are two elements to consider:

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- a. The school should have at least a three-day supply of medications on hand for students who take medications during the school day;
- b. The school nurse should question parent/guardian to identify medications that students normally take only at home and to whom the missing of three days of medications would pose a serious health risk for the student or others. The parent/guardian must then provide a three-day supply of these medications and the necessary parent/guardian and LHP request and instructions for these medications. In some instances, by working with the student's LHP and parent/guardian, the need for the medication can be attenuated or delayed. These situations will have to be identified and addressed on an individual basis to ensure that those students needing medication receive the amount they need in situations where medications cannot be readily obtained without prior planning.
- c. All medications must be securely and properly stored according to prescription container directions, e.g., refrigerated and monitored for expiration dates. It may be necessary to rotate the school's stock of medications given only at home to ensure a fresh supply at school.

17. End of Year Procedures:

Two weeks prior to the end of the year:

- a. Notify parent/guardians to pick up any medication by noon the last day of school.
- b. Mail letter notification.

Medications left the last day of school shall be counted by the school nurse and one other witness, destroyed and the number or amount of medication/s destroyed, documented on the back of the "Medication Authorization form." This record shall be kept in the medication file in the school for eight (8) years, according to district policy.