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Orientation-Level Training for School
Employees Who Administer Oral
Medications to Students

August 2001

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Orientation-Level Training for School Employees Who Administer Oral Medications to Students

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August 2001

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Introduction

About This Training

This training is intended to provide paraeducators with a general overview for administering oral medications to students. **It is not a substitute for specific training or for delegation and supervision by a school nurse or by other certificated/licensed staff.** It is always important for a paraeducator to ask if what he/she is doing or what he/she is being asked to do is a task that is appropriate for he/she to do.

The roles and responsibilities of paraeducators working with students have increased significantly. The intent of this training is to ensure safe and effective services for students and to ensure paraeducator safety. The training covers the following topics:

- _ What are oral medications?
- _ Levels of supervision–nurses.
- _ What can I do? Chain of command.
- _ Confidentiality and release of information.
- _ Procedures.
- _ Advocating for oneself.

The information in this training may not completely reflect a school district's policies and procedures; the paraeducator should be sure to understand and follow those policies and procedures.

This training manual is divided into the following sections:

- _ General Information
- _ Training Activities
- _ Sample Forms
- _ Endnotes and Bibliography
- _ Overheads
- _ Overhead Notes

Section 1
General Information

I. Definition

A paraeducator is a school employee who:¹

- _ Provides instructional or other direct services to children, youth, and their families that support and assist the certificated/licensed staff members.
- _ Works under the supervision of a certificated/licensed staff member who is responsible for the overall conduct and management of the classroom or program, including the design, implementation, and evaluation of instructional programs and student progress.

“Para” means “alongside.” The public has an understanding of this term because of paralegals and paramedics. “Paraeducator” means working alongside an educator.

“Supervision” refers to directing the work of a paraeducator; it does not refer to administrative supervision of hiring, firing, or disciplining the paraeducator—although certificated or licensed staff may have input.

II. Assumptions

1. Delegation, training, and supervision are required when special health care tasks are performed by a paraeducator.
2. Certificated/licensed staff, such as nurses, occupational and physical therapists, speech-language pathologists, and special education teachers, are responsible and accountable for the management of programs and the care of students with special health care needs.
3. Nurses and occupational and physical therapists are state licensed and are obligated by laws and regulations in addition to those affecting schools.
4. All individuals perform better and are more comfortable when expectations are clear.
5. All individuals perform better when there are established routines.
6. Collaboration between all certificated/licensed staff members and paraeducators requires ongoing communication.

Different schools, school districts, and teachers will have different assumptions — check it out, do not assume.

III. Frequently Asked Questions

The following questions will be answered during the training. Additional information and clarification can be obtained from the school nurse or from other certificated/licensed staff who provide programs and services for students with special health care needs.

1. After reading this manual, am I trained to administer oral medications?
2. What are oral medications?
3. May I train other paraeducators to administer medications?
4. Who can delegate and train me to administer medications?
5. May I call the physician if I have questions or concerns?

6. May a paraeducator take orders from a physician over the telephone?
7. What does supervision mean and what type do I have here at my school?
8. Does a school nurse have to be in the building all the time for a paraeducator to provide health-related services?
9. May I be informed of health issues about students?
10. What health related information is shared and with whom?
11. What steps do I follow for the safe administration of oral medications?
12. What do I need to know and do when accepting medication at school?
13. May I administer medication that comes to school in a baggy?
14. What should I look for on the medication container?
15. What should I do in case of an error?
16. If a child says they have changed their medication, do I go ahead and make the change?
17. Can I distribute over-the-counter medication since it is not a prescription?
18. Is there anything special I need to know when administering medications on a field trip?
19. What should I do if I am asked to do something I do not feel okay about doing?
20. May I refuse to do certain tasks?
21. What do I do if the certificated/licensed staff person does not know or is not available to answer the questions I ask?

Professional Responsibility

What Can I Do? Chain of Command

Implications of state professional practice acts and delegation for paraeducators.

When a health related task for a student or students in the school setting, including administering oral medication, has been delegated by a nurse to a paraeducator, it is **inappropriate** for the paraeducator to train another unlicensed person (i.e., another paraeducator) in the performance of that task.

The National Council of State Boards of Nursing Position Paper, entitled *Delegation: Concepts and Decision-Making Process*, states "...a task delegated to an unlicensed assistive person cannot be redelegated by an unlicensed assistive person." ²

Nonlicensed school staff, a principal for example, may not delegate nursing care to paraeducators.

While a physician may order or prescribe medications, treatments, and tests, the school nurse carries out the order and provides the formal training, delegation, and supervision for that procedure. Therefore, it is inappropriate for

a paraeducator to take orders directly from a physician without the delegation and supervision of the nurse.³

Supervision

Oral Medication Law

The oral medication law (RCW 28A.210.260) requires that paraeducators be trained and supervised by a registered nurse (R.N.) or a physician (M.D.).

Paraeducators must be trained and supervised in the administration of oral medications.

Levels of Supervision–Nurses

Washington Administrative Code WAC 246-840-010(11) states:

"Immediate supervision shall mean the licensed registered nurse is on the premises and is within audible and visual range of the patient and the patient has been assessed by the licensed registered nurse prior to the delegation of duties to any caregiver."

An example of **immediate supervision** would be a student who is a quadriplegic and is accompanied to school by a registered nurse. The nurse would be with the student all the time the student is in school. The nurse might help with gastrostomy feedings, change of positioning, administering medication, communication assistance, and respiratory care.

"Direct supervision shall mean the licensed registered nurse is on the premises, is quickly and easily available, and the patient has been assessed by the licensed registered nurse prior to the delegation of the duties to any caregiver."

Direct supervision means the nurse is working in the building full-time and can be reached at all times to deal with medical concerns.

"Indirect supervision shall mean the licensed registered nurse is not on the premises but has given either written or oral instructions for care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties to any caregiver."

The nurse providing **indirect supervision** may serve more than one school during the week. In this case, the nurse has trained members of the staff and delegated specific tasks, such as administration of medications or catheterization.

Most often, supervision is indirect but the health care provider determines the type of supervision required by the student.

Confidentiality and Release of Information⁴

Why must confidentiality be maintained?

- It's the law!
- Federal law, state statute, regulations, and local school district policies require it.

Confidentiality of Student Health Records

State and federal law impose restrictions on handling student health records. Medication administration records are considered confidential information. Access to this information is limited to those with signed consent and those persons determined by the school nurses as needing to know. Generally, health care information contained in school records cannot be disclosed to anyone without the consent of a parent or a student who is 18 years of age or older. Check with your school nurse or other health care professional. (See chapter 70.02 RCW Medical Records—Health Care Information Access and Disclosure.)

Health care providers, nurses for example, may share health care information that has safety and/or educational implications with teachers and paraeducators, **to the extent they need to know**. The health care provider must determine who needs the information and how much information is needed.

Information about a student's health should be regarded as confidential information. District and building policy will outline procedures for obtaining, protecting, and disclosing student health related information.

Who May Have Access to Medical Records or Health Care Information?

Medical records and health care information are protected by the Family Educational Rights and Privacy Act (FERPA) and by Chapter 70.02 RCW. This RCW permits those with signed consent to have access to health care information. It also allows health care providers **without signed consent** to share health care information with any other person assisting the health care provider in the delivery of health care, **to the extent they need to know**.

- **Teachers and paraeducators** may be included in those who assist health care providers.
- It is the **health care provider** who determines who needs information and how much information is needed to provide safe care.
- **Nurses** may share information regarding health care information that has safety and/or educational implications. Examples include asthma, seizures, diabetes, and fetal alcohol syndrome.

"In schools, those persons authorized to provide 'health care' may include certified occupational therapists, physical therapists, speech-language pathologists, mental

health counselors, psychologists, social workers, nurses, educational staff associates certified in one of the preceding specialties, and licensed or certified intervention specialists.”⁵

Some information may **not** be shared. An example would be information regarding communicable diseases. Therefore, it is important that universal precaution procedures are always followed.

Anyone who is **not** responsible for planning and providing services or maintaining the safety, health and well being of students may not have access to information about performance level, behavior, program goals and objectives, progress of students, or medical/health information. This may include teachers, therapists, paraeducators, relatives, and community members.

Administration of Oral Medication

I. The Five Rights of Assisting with Medications

Many of the policies and procedures discussed touch on the essential safety “rights.” These are called the “**Five Rights**.” If there are questions or if anything is unclear, ask the school nurse or the parents for clarification.

Double-check these Five Rights each and every time medication is given.

Right child — Is this the right child? Even if you think you know the child to whom you are giving the medication, double-check by asking his/her name or have other methods of verification (e.g., name tags).

Right medication — Make sure you are giving the right medication. Compare the physician’s orders and the pharmacy label.

Right dosage — Be sure to give the exact amount of the medication specified by the physician’s orders and the pharmacy label.

Right time — Check the medication log for the time when the medication should be given and determine if it has already been given for the current day. Up to 30 minutes before and after the prescribed time is allowable.

Right route — Check the medication order and pharmacy label for the method indicating the exact route for the medication to be given (e.g., by mouth, by gastrostomy tube).

This review will provide a systematic safety check and reduce your chance of making a mistake.

II. Responsibilities

Parent/Guardian Responsibilities:

- _ Bring sufficient medication in original container from the pharmacy.

- _ Bring the Authorization for Administration of Oral Medications at School form with written instructions to include the following:
 - _ Date
 - _ Child's name
 - _ Name of medication
 - _ Dosage
 - _ Reason for needing the medication
 - _ Amount in bottle (count)
 - _ Method of administration
 - _ Time to be given
 - _ Side effects to watch for
 - _ Signature of parent/guardian
 - _ Signature of licensed health professional (LHP)

School Nurse or Delegated Staff Responsibilities:

- _ Count medications and have parent sign the Receipt for Medication form.
- _ Have the doctor fill out the Authorization for Administration of Oral Medications at School form, including side effects to watch for.
- _ Store medication in locked cupboard or refrigerator.
- _ Give medication at time directed.
- _ Report to school nurse any difficulties with giving medications. The nurse will call the parent. Paraeducators may not call the LHP but may fax the LHP request form to the LHP to complete and sign.
- _ The supervising nurse will verify the LHP's fax and delegate the administration of the medication to the paraeducator.
- _ Record on student's Medication Administration Log the medication, amount and time given, and by whom it was given.
- _ If an error occurs, fill out Medication Error Report.
- _ Do not accept medication unless it is in a prescription container labeled for the designated child.

District Responsibility:

- _ To develop policy in alignment with state guidelines.

III. Procedures for Accepting and Administering Student Medication at School

Medication must come to school in original prescription container along with signed, dated, and current authorization from the following:

- _ Parent or guardian.
- _ Licensed health professional prescribing within the scope of his/her prescriptive authority.

It is recommended that the number of pills, number of capsules, or the volume be noted and recorded. It is also recommended that this record be dated and signed by staff member and parent or designated adult according to school district policy. Store medication immediately in appropriate, secured area. These practices are recommendations, not required by statute.

Oral Medication Administration Procedures:

- _ Identify the student. Ask the student to state his/her name. Nonverbal students may need a picture on the medication, wear an identification bracelet, or have a third party identify them.
- _ Make sure the medication is in the original container.
- _ Verify the information on the authorization form with the label on the container:
 - _ Licensed health professional name.
 1. Correct student name.
 2. Correct medication name.
 3. Correct dosage.
- _ Check the child's medication administration log so as not to repeat a dosage already given.
- _ Gather necessary items.
 - _ Water.
 - _ Measuring device (if needed).
- _ Prepare and give medications in a well-lighted area away from distractions.
- _ Wash hands following hand-washing procedures.
- _ Prepare the correct dosage without touching the medication.
- _ Do not leave medication unattended or within the reach of the student.
- _ Observe the student for any unusual behavior or conditions before administering medication. If unusual behavior or condition exist, report immediately to school nurse. Do not give the medication unless instructed by the nurse.
- _ Explain the procedure to the student in the student's mode of communication.
- _ Administer the medication to the correct student following the **Five Rights. (page 7)**
- _ Verify that the student took the medication. Watch student take medication at the correct time via the correct route.
- _ Check the label on the medication for the Five Rights before returning the container to the appropriate locked storage area.
- _ Record immediately the medication given in the child's medication administration log.
- _ Immediately report to the school nurse any unusual reactions or questions.
- _ Clean, return, and/or dispose of equipment as necessary.
- _ Wash hands following proper hand-washing procedures.

Medication Errors:

- _ Medication error is a violation of one or more of the **Five Rights.**
 1. Wrong Student.
 2. Wrong Medication.
 3. Wrong Dosage.
 4. Wrong Time (including failure to administer).
 5. Wrong Route.

- _ Report medication errors immediately to supervising nurse, following school district procedures.
- _ Continue to observe student, record, and report immediately any changes in student to school nurse.
- _ Complete and sign the Medication Error Report.
- _ If student is developing serious and/or life-threatening symptoms, follow building/district's emergency procedures.

Changes in Medication

- _ One must have a request and instructions in writing from the LHP before administering the medication.
- _ Verbal orders over the telephone can only be received and acted upon by the nurse.
- _ The nurse must verify faxed orders.
- _ A paraeducator may never change a medication prescription unless verified and directed by the school nurse.

Over the Counter (OTC) Medications

- _ The same procedures apply to both prescription drugs and over the counter (OTC) medications. OTC medications must be accompanied by the Authorization for Administration of Oral Medication at School and parent permission form. The medication must be in the original container and properly labeled. **Consult school district policy.**

IV. Field Trips

Adaptations may be necessary for administering oral medications on field trips.

Field Trip Procedures:

- _ Send home field trip permission slip denoting medication or treatment information or a field trip medication form.
- _ Check returned slip for medication or treatment information.
- _ Go over checklist for field trips.
 1. Have copies of licensed health professional authorization form and child's medication log. If medication is not routinely given at school, these forms and parent permission forms need to be obtained before the field trip.
 2. Medication must be in the original prescription medication bottle. District policy will determine who transfers the medication to envelope or other receptacle for the field trip.
 3. Have a locked box and/or fanny pack to carry medication.
 4. On field trip, initial and record time medication is given in the correct date box on medication log.
- _ After returning from the field trip, return medication to locked area. Individual who administered the medication must sign his/her full name at bottom of log and enter the time and date the medication was returned (if medication is not completely used on the field trip). Have the log signed/initialed by another staff person.

Paraeducator Support

I. Advocating for Oneself ⁶

What should you do if your supervisor directs you to administer medication or to perform health care procedures or other tasks/procedures you have not been trained to do, are not qualified to do, or not legally allowed to perform?

There are very few situations in which a paraeducator could refuse to perform a health care related task or other tasks/procedures without risking reprimand or more substantial discipline for insubordination.

II. Guidelines:

Advocating for oneself is important for the paraeducator providing qualified and competent care. Here are some guidelines to follow in performing health care procedures or other tasks/procedures:

- _ To ensure the safety of children under your care, you should be trained and supervised by a licensed health care professional.
- _ You should be trained in techniques for “universal precautions” that you can use with all students. This is to ensure their safety as well as your own.
- _ One needs to be prepared to respond appropriately to student and/or building emergencies in the school setting.
- _ One should be aware of your school district and/or personal liability insurance coverage for provision of health-related services in the school.
- _ One should be aware of state laws or collective bargaining agreements that might protect you from performing procedures for which you have not been trained or which are not required in your job description.
- _ One should support the proactive development of IEPs and IHPs to clarify delegation, training, and supervision of the performance of health related tasks.

III. Steps to Follow:

If you are being directed to perform a task you are not qualified to do or which you believe is illegal:

- _ Explain to your supervisor that you believe it is not safe or it is illegal for you to perform the procedures.
- _ Call the school nurse or others to discuss what you are being directed to perform.
- _ Document what you are being asked to perform. Put your objections in writing. (For example, “You are asking me to perform a health care procedure I have not been trained to do and that could endanger the child.”)
- _ Ask the supervisor to put the directive in writing.
- _ Call your union representative.
- _ Ask to see school district’s liability insurance policy regarding coverage of educational employees complying with a directive of a supervisor.

- _ Comply with the direct order unless you feel you will jeopardize the safety of the student.

It is necessary to follow the above steps only to the point that the problem is resolved.

Section 2
Training Activities

Activities

Pretest/Posttest

1. What is the parent's responsibility when they want their child to take medication at school?
 - a.
 - b.
 - c.
2. What are ways of obtaining a physician's authorization form for giving medication?
 - a.
 - b.
3. What are the Five Rights?
 - a.
 - b.
 - c.
 - d.
 - e.
4. May you call the physician's office if the child tells you his/her medications have changed? (circle)

Yes

No

Case Scenario 1

After a long and busy school day, Sue Brown, a paraeducator for the Washington School District, stops off at the grocery store to pick up some items for dinner. Mrs. Smith, the mother of one of the students in her classroom, spots her, approaches, and asks, "What happened to Juan today? I heard he had a seizure and that 911 had to be called. How is he doing?"

1. How should the paraeducator respond?
2. Mrs. Smith goes on to say that Juan's seizures seem to be distracting and making it hard for her daughter to work in the classroom. Why isn't the teacher doing anything about it?
3. What, if anything, should the paraeducator say in school the following day? To whom?

Case Scenario 2

A child in class is “all over the place” since he walked into school. The teacher asks him if he got his medication that morning. He is sent to the health room. What can you do to help out?

Hand Washing⁷

Hand washing is the single most important practice preventing transmission of infectious organisms. Hand washing should be encouraged often and especially after removing gloves, using the toilet or helping with toileting, before eating, after changing a diaper, and before and after any other high-risk situations when the hands may have come in contact with body fluids. It is also important to follow hand washing procedures before and after administering medication to the student.

Adequate facilities such as warm running water, sink, soap, paper towels, and appropriate waste disposal should be furnished. Where water is not available, germicidal towelettes or a waterless alcohol-based hand wash should be provided.

Hand Washing Procedures

- _ Ensure that each hand sink is supplied with dispensable soap and disposable paper towels, or if water is not available, ensure a supply of germicidal towelettes or a waterless alcohol-based hand wash.
- _ Wet hands thoroughly under warm water; use cold water only if warm water is unavailable.
- _ Dispense soap into wet hands. Bar soap should be used when dispensed soap is unavailable.
- _ Vigorously rub hands together for one minute, paying particular attention to nails, cuticles, spaces between fingers, and under jewelry. Wash hands above the wrist.
- _ Thoroughly rinse hands.
- _ Shake hands to remove excess water.
- _ Dry hands using a disposable towel. Avoid the use of nondisposable towels.
- _ After drying hands, use the towel to turn off the water.
- _ Dispose of paper towel in a waste receptacle.

Glo-Germ Hand Washing Activity

Materials:

- _ Glo-Germ kit

Glo-Germ Company
PO Box 537
Moab, UT 84532

www.glogerm.com

Activity:

- _ Do not tell participants about the activity or why they are washing hands.
- _ Choose one person from each table group or four to five volunteers.
- _ Have each volunteer rub powder from Glo-Germ kit on hands.
- _ Send them to wash hands “the way most people or kids do.”
- _ When they return dim the lights, shine the Glow-Germ light on volunteers hands, emphasize:

1. Fingernails.
2. Around and under jewelry.
3. Wrists.

Oral Medication Activity

Materials:

- _ Empty medication bottles with labels.
- _ M&Ms, various colors.
- _ Medication Administration Log and Authorization for Administration of Oral Medication at School forms.
- _ Instructions for role play

Activity

- _ Have participants divide into groups of four to five.
- _ Explain that one person in the group will be the “paraeducator” and the others will be “students.”
- _ Give paraeducator a Medication Administration Log and an Authorization for Administration of Oral Medication at School form and the medications (bottle with M&Ms).
- _ Give the other four people slips of paper telling who they are and how they should act.
- _ Have them start as if in the health room or office.
- _ After ten minutes discuss:
 1. Who got medications?
 2. Any errors?
 3. Any problems?
 4. How did they solve them?

(cut these apart and give one to each “student” in Oral Meds activity)

Bob Brown – You are very quiet. Act like you don’t know what you’re doing there. If asked your name, look puzzled. Just nod your head to answer questions.

Jill Hill – You are very talkative and talk the whole time you are there to get your pills.

John Smith — Be cooperative, but quietly mention something about your brother (my brother takes pills too, or my brother does not like to take pills).

Kathy Lee Jones – Keep insisting you don’t take pills any more—your mom told you so this morning (take pill if asked more than once).

=====

Bob Brown – You are very quiet. Act like you don’t know what you’re doing there. If asked your name, look puzzled. Just nod your head to answer questions.

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John Smith — Be cooperative, but quietly mention something about your brother (my brother takes pills too, or my brother does not like to take pills).

Kathy Lee Jones — Keep insisting you don’t take pills any more—your mom told you so this morning (take pill if asked more than once).

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST

<u>Name of Medication</u>	<u>Dosage</u>	<u>Methods of Administration</u>	<u>Time of Day to be Taken</u>
<u>red</u>	<u>5 mg</u>	<u>oral</u>	<u>12:15</u>
_____	_____	_____	_____

Diagnosis or reason for medication: Add

If given PRN*, specify the length of time between doses: _____

Inhalers: _____
 (Indicate if student must carry on his/her person)

Student is capable to self-administer medication: Yes No

Possible side effects of medication: n/a

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from:

 to (not to exceed current school year) as there exists a valid

health reason which makes administration of the medication advisable during school hours.

 10-27-98 Dr. New

Date of Signature

Physician/Dentist Signature

Telephone Number: () _____

Name: _____
 Print or Type

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period _____ to _____ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler: Yes No

Permission to self-administer medication: Yes No

 10-27-98 Mom Brown

Date of Signature

Parent/Guardian Signature

*prn, Latin for pro re rata, (as the situation demands). Medication to be given as needed.

Adapted with permission from a form developed by the Central Valley School District

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: John Smith Birthdate: 3-7-81

School: Spruce Grade: _____

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST

<u>Name of Medication</u>	<u>Dosage</u>	<u>Methods of Administration</u>	<u>Time of Day to be Taken</u>
<u>blue</u>	<u>10 mg</u>	<u>inhaler</u>	<u>11:00</u>
_____	_____	_____	_____

Diagnosis or reason for medication: Asthma

If given PRN*, specify the length of time between doses: _____

Inhalers: _____
(Indicate if student must carry on his/her person)

Student is capable to self-administer medication: _____ Yes _____ **X** No

Possible side effects of medication: dizzy

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from:

_____ to _____ (not to exceed current school year) as there exists a valid

health reason which makes administration of the medication advisable during school hours.

10-1-98

Dr. Young

Date of Signature

Physician/Dentist Signature

Telephone Number: () _____

Name: _____
Print or Type

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period _____ to _____ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler: _____ Yes _____ No

Permission to self-administer medication: _____ Yes _____ No

10-1-98

Dad Smith

Date of Signature

Parent/Guardian Signature

*prn, Latin for pro re rata, (as the situation demands). Medication to be given as needed.

Adapted with permission from a form developed by the Central Valley School District

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: Kathy Lee Jones Birthdate: 4-4-81

School: Spruce Grade: _____

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST

<u>Name of Medication</u>	<u>Dosage</u>	<u>Methods of Administration</u>	<u>Time of Day to be Taken</u>
<u>brown</u>	<u>15 mg</u>	<u>oral</u>	<u>12:00pm</u>
_____	_____	_____	_____

Diagnosis or reason for medication: Add

If given PRN*, specify the length of time between doses: _____

Inhalers: _____
(Indicate if student must carry on his/her person)

Student is capable to self-administer medication: Yes No

Possible side effects of medication: none

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from:

_____ to _____ (not to exceed current school year) as there exists a valid

health reason which makes administration of the medication advisable during school hours.

4-26-99

Dr. Old

Date of Signature

Physician/Dentist Signature

Telephone Number: () _____

Name: _____
Print or Type

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period _____ to _____ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler: _____ Yes _____ No

Permission to self-administer medication: _____ Yes _____ No

4-26-99

Mom Jones

Date of Signature

Parent/Guardian Signature

*prn, Latin for pro re rata, (as the situation demands). Medication to be given as needed.

Adapted with permission from a form developed by the Central Valley School District

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: Jill Hill Birthdate: 7-1-82

School: Spruce Grade: _____

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST

<u>Name of Medication</u>	<u>Dosage</u>	<u>Methods of Administration</u>	<u>Time of Day to be Taken</u>
<u>red</u>	<u>10 mg</u>	<u>oral</u>	<u>12:00</u>
_____	_____	_____	_____

Diagnosis or reason for medication: Add

If given PRN*, specify the length of time between doses: _____

Inhalers: _____
(Indicate if student must carry on his/her person)

Student is capable to self-administer medication: Yes No

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from:

_____ to _____ (not to exceed current school year) as there exists a valid health

reason which makes administration of the medication advisable during school hours.

10-27-98

Dr. Jones

Date of Signature

Physician/Dentist Signature

Telephone Number: () _____

Name: Dr. Jones
Print or Type

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period _____ to _____ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler: Yes No

Permission to self-administer medication: Yes No

10-31-98

Mom Hill

Date of Signature

Parent/Guardian Signature

*prn, Latin for pro re rata, (as the situation demands). Medication to be given as needed.

Adapted with permission from a form developed by the Central Valley School District

Section 3
Sample Forms

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST

<u>Name of Medication</u>	<u>Dosage</u>	<u>Methods of Administration</u>	<u>Time of Day to be Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____

Diagnosis or reason for medication _____

If given PRN*, specify the length of time between doses: _____

Inhalers: _____
(Indicate if student must carry on his/her person)

Student is capable to self-administer medication: Yes No

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above from: _____ to _____ (not to exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date of Signature

Physician/Dentist Signature

Telephone Number: () _____

Name: _____
Print or Type

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period _____ to _____ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler: Yes No

Permission to self-administer medication: Yes No

Date of Signature

Parent/Guardian Signature

*prn, Latin for pro re rata, (as the situation demands). Medication to be given as needed.

Adapted with permission from a form developed by the Central Valley School District

RECEIPT FOR MEDICATION

School: _____ Child's Name: _____

Medication: _____ Dosage/Tab/Cap/ml: _____

Number of tabs,
Caps or ml: _____ Inhaler: _____ Tube: _____

Paraeducator: _____ Date: _____
Signature

RN: _____ Date: _____
Signature

Parent/Guardian: _____ Date: _____
Signature

- Student file copy
- Parent copy

MEDICATION ERROR REPORT

Student: _____ DOB: _____

School building: _____ Grade: _____ Date of error: _____

Medication: _____ Dosage: _____ Time to be given: _____

Reason for report (missed medication, wrong time, wrong student, wrong route, wrong dose, wrong medication):

Action taken/intervention:

Nurse supervisor: _____ Notified: Yes No

Time and date of notification: _____

Name of parent or guardian notified: _____ Time and date: _____
(if instructed to do so by RN)

Student's LHP* notified: _____ Time and date: _____
(by RN)

Nurse supervisor's signature: _____ Date: _____

Witness(s): _____

Name of person preparing report (please print): _____ Date: _____

Follow-up contact/care:

Form should be completed in ink as it is a legal record. Do not use "white out," correction tape, eraser, etc., to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the supervising nurse and a copy maintained in the employee's file in a designated location.

*Licensed health professional

**PARENT'S PERMISSION
FOR FIELD TRIPS**

_____ has my permission to
attend _____ at

_____ (place) on

_____.

In case of an emergency, I give permission for my son/daughter to receive treatment of an injury by any licensed health professional or hospital designated by a school official, except as may be noted below.

List any medication your child is allergic to. PLEASE LIST ANY MEDICATION YOUR CHILD NEEDS TO TAKE WITH HIM/HER ON THE FIELD TRIP.

Current licensed health professional and parent permission forms for "administration of medication at school" must be obtained if medication is not routinely being given at school.

He/she is going via: school bus _____ walking _____ other _____

Approximate time leaving: _____

Approximate time back to school: _____

Remarks:

Signature of Parent/Guardian/Custodian

(_____) _____
Emergency Telephone Number

FIELD TRIP MEDICATIONS RECORD

Student's name: _____ Age: _____

Teacher: _____ Grade: _____

Medication: _____ Dosage: _____

Time to be given: _____ Date: _____

Person giving medication: _____

Signature

Date and time medication was given: _____

Date

Time

Initial

Please return this form to the health room after the field trip. The nurse will transfer the information to the student medication log and verify any medication returned to the health room. Thank you.

Section 4
Endnotes and Bibliography

ENDNOTES

1. Information adapted from A.L. Pickett, et al., *A Core Curriculum and Training Program to Prepare Paraeducators to Work in Inclusive Classrooms Serving School-Age Students with Disabilities*, National Resource Center for Paraprofessionals, City University of New York: 1993.
2. *Delegation: Concepts and Decision-Making Process*, Preprinted with permission from National Council of State Boards of Nursing, Inc., Chicago, IL: 1995.
3. Keith O. Shafer, Executive Director, Washington State Medical Quality Assurance Commission, Letter dated March 11, 1996, to Patty Hayes, R.N., Director, Washington State Nursing Quality Assurance Commission.
4. Pickett, et al. 1993.
5. Terry Bergeson, et al. *Guidelines for Handling Health Care Information in School Records*. Olympia, WA: May 1997.
6. Information adapted from National Education Association, Office of Educational Support Personnel and the National Center for Innovation, *Providing Safe Health Care: The Role of Educational Support Personnel*, Washington, DC: 1996.
7. Information adapted from *Guidelines for Serving Students with Special Health Care Needs*, Kansas State Board of Education and Kansas Department of Health and Environment, Bureau for Children, Youth and Families. Topeka, KS: July 1996.

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Appendix A Overheads

Appendix B
Overhead Notes