Guidelines for Medication Administration in Schools
2015

Student Support

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# Table of Contents

I. **INTRODUCTION** ........................................................................................................................ 4-5  
   • Purpose  
   • Acknowledgements  
   • Disclaimer  
   • Clarifications  

II. **WASHINGTON STATE MEDICATION STATUTES: RCW 28A.210.260-275** .......................... 6-9  
   • Outline of Provisions  

III. **WASHINGTON STATE NURSING PRACTICE: ARNP, RN, LPN** .......................................... 10  

IV. **REGISTERED NURSE DELEGATION IN THE SCHOOL SETTING** ................................. 11-14  
   • Provisions of the Nursing Care Delegation Statute and Regulations: RCW 18.79.260 & WAC 246-840-010  
   • Delegation Recommendations from Nursing Care Quality Assurance Commission (NCQAC)  
     o Principles of Delegation  
     o Delegation Process  
     o Documenting Delegation  
     o Rescinding Delegation  
     o Transferring Delegation  
     o RN Delegation Considerations  
     o School District Considerations  

V. **TRAINING OF UNLICENSED ASSISTIVE PERSONNEL IN THE ADMINISTRATION OF MEDICATION** ... 15  

VI. **ROUTES OF MEDICATION ADMINISTRATION** ..................................................................... 16  
   • Oral Medication  
     o Oral (By mouth)  
     o Enteral (Gastrostomy)  
     o Inhaled  
   • Nasal Spray  
   • Topical Medication  
     o Lotion  
     o Ointment  
     o Patch  
     o Cream  
     o Paste  
   • Eye Drops  
   • Ear Drops  
   • Injection  

VII. **NURSING PRACTICE AND BOARD OF PHARMACY RECOMMENDATIONS** ......................... 17-23  
   • Licensed Healthcare Providers (LHPs) Who May Prescribe and Administer Medications  
   • Out of State Prescriptions  
   • Receipt of Medication  
   • Inventory of Medication
• Storage and Security of Medication
• Medication Administration Responsibilities
• Student Not Reporting for Medication
• Student Refusal of Medication
• Early Dismissal and Student Medication
• Changes in the Student’s Medication Order
• Documentation
• Record Retention Requirements
• Confidentiality and Privacy
• Discontinuing Medication
• Disposal of Medication
• Medication Error

VIII. STUDENT SELF-ADMINISTRATION OF MEDICATION ................................................................. 24
• Asthma, Anaphylaxis, and Diabetes Medication
• Other Medication

IX. ASTHMA MEDICATION ........................................................................................................... 25-26
• Summary of Provisions (Washington State Statutes)
• Special Considerations
• Summary of NCQAC Opinion – Asthma Management in School Settings

X. ANAPHYLAXIS MEDICATION .............................................................................................. 27-28
• Summary of Provisions (Washington State Statutes)
• Special Considerations
• Standing Orders for Stock Epinephrine

XI. PARENT DESIGNATED ADULT FOR DIABETES AND SEIZURES ........................................ 29

XII. DIABETES MEDICATION .................................................................................................... 30-31
• Summary of Provisions (Washington State Statutes)
• Parent Designated Adult
• Special Considerations

XIII. SEIZURE MEDICATION ...................................................................................................... 31-33
• Summary of Provisions (Washington State Statutes)
• Parent Designated Adult
• Special Considerations

XIV. ADDITIONAL GUIDELINES .................................................................................................. 34-35
• Medication Versus Non-Medication
• Oxygen
• Medical Marijuana (Cannabis)
• Medication Orders for Students of Military Families
• Medication Orders for Homeless Students
XV. FIELD TRIPS, SCHOOL SPONSORED EVENTS AND SUMMER SCHOOL ........................................ 36-37

XVI. DISASTER PLANNING/MEDICATION ................................................................................................ 38

XVII. FREQUENTLY ASKED QUESTIONS .......................................................................................... 39-42

XVII. REFERENCES ........................................................................................................................ 43-46

XVIII. APPENDICES (sample policies, procedures and forms)........................................................ 47-111

  - Medication Policies and Procedures .......................................................................................... 49
  - Medication Delegation and Training ....................................................................................... 61
  - General Practice ....................................................................................................................... 86
I. INTRODUCTION

The purpose of these guidelines is to review the provisions of Washington State medication statutes:

- RCW 28A.210.260-Public and private schools-Administration of medication,
- RCW 28A.210.270-Immunity from liability-Discontinuance, and
- RCW 28A.210.275-Administration of medications by employees not licensed.

These guidelines provide recommendations for the safe administration of medication in Washington State public and private schools. It is designed to be used by registered nurses (RNs), licensed practical nurses (LPNs), school administrators and unlicensed assistive personnel (UAP) to administer medications to students in compliance with state and federal statutes. The document provides general recommendations for medication management in schools, as well as links to helpful resources and sample forms and tools.

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Disclaimers

- Recommendations made in these guidelines should never be substituted for legal counsel in a particular situation.

- Sometimes the law is silent or may be unclear; in these instances it is recommended that district administrators consult with district legal counsel and/or a risk management consultant.

- When addressing situations or questions, consider district policies and procedures that should reflect current state and federal statutes as well as district practice.

- The provision of forms and documents in the appendices are samples only and are not endorsed by OSPI or any Educational Service District (ESD).

- Any sample contained in these guidelines that may be utilized and adapted should be approved by each individual school district’s administration and/or board of directors as applicable.

Clarifications

- The terms physician, licensed healthcare professional, licensed healthcare provider, and health care practitioner will be referred to as LHP to describe Washington State healthcare providers or professionals with prescriptive authority.

- The term unlicensed assistive personnel (UAP) will be used to describe unlicensed school staff.
II. WASHINGTON STATE MEDICATION STATUTES

(RCW 28A.210.260 and 270)

These medication statutes authorize public school districts and private schools to implement policies and procedures whereby school staff may administer medications to students at school and school-sponsored events. Certain specific conditions must be in place. The laws provide that when the conditions specified in statute and written instructions from a licensed health professional (LHP) prescribing within the scope of his or her prescriptive authority are substantially complied with, then the employee, the school district or school, and the members of the governing board shall not be liable in any criminal action or for civil damages as a result of the administration of the medication.

RCW 28A.210.260 makes no distinction between prescription and non-prescription medication. The Office of Superintendent of Public Instruction (OSPI) has interpreted the statute to include OTC medications. For the administration of any medication, prescription or OTC, the school is required to obtain a “written, current, and unexpired request” from a LHP prescribing within the scope of his or her prescriptive authority for the administration of that medication (RCW 28A.210.260). OSPI Bulletin No. 34-01 *The Administration of Medications in Schools* (2001).

The following is an outline of the statutory conditions:

**RCW 28A.210.260 Public and Private Schools – Administration of Medication – Conditions**

General Provisions

**A.** Public school districts and private schools conducting kindergarten through twelfth grade may provide for the administration of oral medication, topical medication, eye drops, ear drops, or nasal spray of any nature to students who are in the custody of the school district or school at the time of administration, but are not required to do so.

**B.** Each school board shall seek advice from at least one licensed physician or registered nurse in developing policies.

**C.** School board policies shall address:

- Designation of employees who may administer oral medications, topical medications, eye drops, ear drops, or nasal spray to students;
- Acquisition of medication requests and instructions (authorization) from parent or legal guardian;
- Acquisition of medication requests and instructions from licensed health care providers (LHP), prescribing within the scope of their prescriptive authority;
- The identification of the medication to be administered;
- The means of safekeeping medications with special attention given to the safeguarding of legend drugs as defined in RCW 69.41; and
- The means of maintaining a record of the administration of such medication;

**D.** The board of directors shall designate a professional person licensed pursuant to RCW 18.71 or RCW 18.79 as it applies to registered nurses and advanced registered nurse practitioners, to delegate to, train, and supervise the designated school district personnel in proper medication procedures.
E. The public school district or private school is in receipt of a written, current, and unexpired request (authorization) and instructions to administer the medication from:
   - A parent or legal guardian;
   - A licensed health care provider (LHP), prescribing within the scope of their prescriptive authority for administration of the medication, as there exists a valid health reason which makes administration of such medication advisable during the hours when school is in session or the hours in which the student is under the supervision of school officials; and
   - Written, current and unexpired instructions from such licensed health professional prescribing within the scope of his or her prescriptive authority regarding the administration of prescribed medication to students who require medication for more than fifteen consecutive workdays.

**Note: The statute requires an LHP medication request (authorization) regardless of how long the medication is to be administered, and requires additional instructions regarding the administration of the medication from the LHP if the medication is required for more than 15 consecutive work days.**

F. The medication is administered by an employee designated by or pursuant to the school board policies and in substantial compliance with the prescription and instructions of a LHP prescribing within the scope of their prescriptive authority.
   - The medication is first examined by the employee administering it to determine in his or her judgment that it appears to be in the original container and to be properly labeled.

G. If a school nurse is on the premises, a nasal spray that is a legend drug or a controlled substance must be administered by the school nurse.
   - If no school nurse is on the premises, a nasal spray that is a legend drug or controlled substance may be administered by a trained school employee or parent-designated adult who is not a school nurse;
   - The board of directors shall allow school personnel, who have received appropriate training and volunteered for such training, to administer a nasal spray that is a legend drug or controlled substance; and,
   - After a school employee who is not a school nurse administers a nasal spray that is a legend drug or controlled substance, the employee shall summon emergency medical assistance as soon as practicable.

H. The board of directors shall designate a professional person licensed under RCW 18.71, 18.57, or 18.79 as it applies to RNs or ARNPs, to consult and coordinate with the student’s parents and LHP, and train and supervise the appropriate school staff in proper procedures for care for students with epilepsy to ensure a safe, therapeutic learning environment. Training may also be provided by an epilepsy educator who is nationally certified.

I. A “parent-designated adult” (PDA) means a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in epileptic seizure care selected by the parents, and who provides care for the child consistent with the individual health plan.
• To be eligible to be a PDA, a school employee, not licensed under RCW 18.79 must file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee’s willingness to be a PDA;
• If the non-licensed school employee chooses not to file a letter, the employee shall not be subject to any employer reprisal or disciplinary action for refusing to file a letter;
• PDAs who are not school employees must show evidence of comparable training; and
• The PDA must also receive additional training for the care the parents have authorized the PDA to provide.
• The professional person (RN/ARNP) is not responsible for the supervision of the PDA for those procedures that are authorized by the parents.

**RCW 28A.210.270** Public and Private Schools – Administration of Medication – Immunity from Liability – Discontinuance, Procedure

General Provisions

A. When the conditions specified in **RCW 28A.210.260** have been substantially complied with, then the employee, the school district or school, and the members of the governing board, shall not be liable in any criminal action or for civil damages as a result of the administration of the medication.

B. In the event a school employee administers oral medication, topical medication, eye drops, ear drops, or nasal spray to a student in substantial compliance with the prescription/instructions of the student’s LHP, then the employee and the employee’s school district shall not be liable in any criminal action or for civil damages as a result of the administration of the medication.

C. The administration of oral medication, topical medication, eye drops, ear drops, or nasal spray to any student may be discontinued by a school district, and the said district shall not be liable in any criminal action or for civil damages as a result of the discontinuance of the administration of the medication, PROVIDED that the district has first provided actual notice orally or in writing in advance of the date of discontinuance to the parent/legal guardian.

**RCW 28A.210.275** Administration of Medication by Employees Not Licensed Under RCW 18.79 – Requirements – Immunity from Liability

General Provisions

A. A school district employee not licensed under chapter **RCW 18.79** who is asked to administer medications or perform nursing services not previously recognized in law, shall at the time he or she is asked to administer the medication or perform the nursing service, file without coercion, by the employer, a voluntary written, current, and unexpired letter of intent, stating the employee’s willingness to administer the new medication or nursing service. It is understood that the letter of intent will expire if the conditions of acceptance are substantially changed. If a school employee who is not licensed under chapter **RCW 18.79** chooses not to file a letter under this section, the employee is not subject to any employer reprisal or disciplinary action for refusing to file a letter.
B. In the event a school employee provides the medication or service to a student in substantial compliance with (a) rules adopted by the Washington State Nursing Care Quality Assurance Commission, and the instructions of a registered nurse or advanced registered nurse practitioner issued under such rules, and (b) written policies of the school district, then the employee, the employee's school district or school of employment, and the members of the governing board and chief administrator thereof are not liable in any criminal action or for civil damages in his or her individual, marital, governmental, corporate, or other capacity as a result of providing the medication or service.

C. The board of directors shall designate a professional person licensed under chapter RCW 18.71 or RCW 18.79 as it applies to registered nurses and advanced registered nurse practitioners to consult and coordinate with the student's parent/guardian and health care provider, and train and supervise the appropriate school district personnel in proper procedures to ensure a safe, therapeutic learning environment. School employees must receive the training provided under this subsection before they are authorized to deliver the service or medication. Such training must be provided, where necessary, on an ongoing basis to ensure that the proper procedures are not forgotten because the services or medication are delivered infrequently.
III. WASHINGTON STATE NURSING PRACTICE: ARNP, RN, AND LPN

In Washington, nurses working in schools may be either an Advanced Registered Nurse Practitioner (ARNP), registered nurse (RN), or a licensed practical nurse (LPN) as defined in RCW 18.79.

Per WAC 246-840 there is a difference in the educational preparation and scope of practice between the ARNP, RN and LPN as summarized below:

**Advanced Registered Nurse Practitioner (ARNP)**
It is within the scope of practice of the ARNP to provide primary healthcare services to students in accordance with WAC 246-840-300. The ARNP may also perform acts within the scope of registered nursing practice.

**Registered Nurse (RN) Practice**
According to WAC 246-840-705, the RN, using specialized knowledge, can perform the activities of administration, delegation, supervision and evaluation of nursing practice. The RN functions in an independent role when utilizing the nursing process. The RN functions in an interdependent role when executing a medical regimen under the direction of a LHP.

**Licensed Practical Nurse (LPN) Practice**
RCW 18.79.270 identifies activities within a LPN’s scope of practice. LPNs may perform nursing care and carry out medical regimens, including administering medications by any route under the direction of a licensed physician and surgeon, osteopathic physician and surgeon, dentist, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner, or midwife acting under the scope of his or her license or at the direction and under the supervision of a registered nurse. The LPN must have the training, knowledge, skill and ability to perform the activity competently. A LPN recognizes and meets basic student needs in routine nursing situations that are relatively free of complexity involving stable and predictable student conditions. LPNs also function in more complex nursing care situations, and in these cases an LPN would function as an assistant to the RN. LPNs can participate with the RN in revising the care plan and deliver the care according to the plan. LPNs may not delegate nursing tasks to unlicensed staff in the school setting. LPNs are not licensed for independent nursing practice; therefore, may not practice without supervision of nursing care provided to students by at least an RN.

Supervision of the LPN by the RN does not necessarily mean a LHP or RN has to be on the premises. WAC 246-840-010 defines supervision as:

- Provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity;
- Periodic inspection of the act of accomplishing the task or activity; and
- The authority to require corrective action.

LPNs are fully licensed health professionals and are accountable and responsible for their own actions and do not “work under” the RN’s license or through the delegation process.
IV. REGISTERED NURSE DELEGATION IN THE SCHOOL SETTING

Provisions of the Nursing Care Delegation Statute and Regulations

RCW 18.79.260 addresses the activities for delegation of registered nursing tasks. WAC 246-840-010 describes delegation as:

“Delegation means the... registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The ... registered nurse delegating the tasks retains the responsibility and accountability for the nursing care of the client. The ... registered nurse delegating the task supervises the performance of the unlicensed person.

(a) Nursing acts delegated by the ...registered nurse shall:
   (i) Be within the area of responsibility of the ...registered nurse delegating the act;
   (ii) Be such that, in the opinion of the ...registered nurse, it can be properly and safely performed by the unlicensed person without jeopardizing the patient welfare;
   (iii) Be acts that a reasonable and prudent ...registered nurse would find are within the scope of sound nursing judgment.

(b) Nursing acts delegated by the ...registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed ...registered nurse, except in an emergency situation.

(c) When delegating a nursing act to an unlicensed person it is the ..... registered nurse who shall:
   (i) Make an assessment of the patient's nursing care need before delegating the task;
   (ii) Instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place....
   (iii) Recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.”

Delegation Recommendations from Nursing Care Quality Assurance Commission (NCQAC)
The principles and process of delegation are defined in RCW 18.79.260. Delegation in the school setting is further described in the DOH NCQAC Advisory Opinion, Registered Nurse Delegation in School Settings Number NCAO 4.0 as summarized below.

Principles of Delegation

A RN delegating in a school setting:

A. Takes responsibility and is accountable for providing nursing care.
B. Directs the care and determines whether delegation is appropriate.
C. Delegates specific tasks but not the nursing process.
D. Uses nursing judgment concerning a student’s condition, the competence of the UAP, and the degree of supervision required prior to delegation.
E. Delegates only those tasks where the UAP has the knowledge, skill, and ability to perform the task safely.
F. Communicates and verifies comprehension and acceptance of delegation and responsibility.
G. Provides opportunities for the UAP to ask questions and clarify expectations.
H. Uses critical thinking and professional judgment when following the Five Rights of Delegation:
   • Right task-task is appropriate to be delegated.
   • Right circumstances-appropriate setting and necessary resources.
   • Right person-right task for the right student.
   • Right directions and communication.
• Right supervision and evaluation.
• Establishes systems to assess, monitor, verify, and communicate ongoing competency requirements in areas related to delegation.

Delegation Process
A. Use the School Registered Nurse Delegation Decision Tree to determine whether delegation of a nursing task is appropriate.
B. Perform nursing assessment of the student’s health care needs; consider available resources and unique factors that could make outcomes of the delegated task unpredictable, such as whether:
   • There is a nurse available or able to provide care on a regular basis.
   • The student’s health care needs are stable, uncomplicated, routine, and predictable.
   • The environment is conducive to delegation.
   • The student is unable to provide self-care.
   • The task does not require use of nursing judgment.
C. Develop a plan to provide periodic re-training and re-demonstration of competency.
D. Perform periodic inspection and evaluation and take corrective action as needed.
E. Delegate only in accordance with the RN’s education, training, knowledge, skills and experience (seek consultation from another RN if necessary).
F. Assess the UAP’s willingness and potential ability to perform the task for the individual student:
   • Consider psychomotor and cognitive skills required to perform the nursing task.
   • Verify that the UAP is willing to perform the task in the absence of direct or immediate nurse supervision and has signed the letter of intent if applicable. *NOTE: The above statement relates to RCW 28A.210.275. In addition, RCW 28A.210.255 directs that any employee of a public school district or private school that performs health services, such as catheterization, must have a job description that lists all of the health services that the employee may be required to perform for students. This would also include medication administration.
   • Analyze the complexity of the nursing task to determine required or additional training needed by the UAP to competently accomplish the task.
   • Assess the level of interaction required, considering language or cultural diversity, that may affect communication or the ability to accomplish the task to be delegated, as well as methods to facilitate the interaction.
G. Provide or verify training and competency assessment for the UAP (consider using standardized training modules and assessment processes).
H. Provide clear and specific instructions to the UAP including when and how to contact the RN delegating the care or back-up RN.
I. Implement and evaluate delegation:
   • Supervise and evaluate the UAP’s performance on a periodic basis (the method and frequency of supervision and evaluation is at the discretion of the RN delegating the care).
J. Document the delegation process and adherence according to school or school district policies.
K. Notify district administration if it is not safe to delegate a particular nursing task and of the potential need for the district to provide nursing services rather than providing the care
through delegation to a UAP.

**Documenting Delegation**
The delegating RN should document the delegation process regardless of the documentation system used including:

A. Instructions for the task should be specific and broken into individual components.
B. Document specific steps for the delegated task (consider a system where the RN and UAP initial each step).
C. Document dates, training, and competency assessment including RN and UAP signatures.

**Rescinding Delegation**
RNs delegating care retain the authority to rescind delegation when the following occur:

A. A significant change or decline in the student’s health status that would make delegation unsafe.
B. The UAP lacks sufficient training, knowledge, skills, or ability to perform a task safely and competently, or is unwilling.
C. A determination that the specific task requires nursing judgment.
D. There is a change in school nurse or UAP assignment.
E. The RN is no longer employed by the school.
F. The RN is no longer under contract (for example during summer school).
G. Student transfers to a different school or district.

In such cases the delegating RN should initiate and participate in developing an alternative plan to ensure continuity. Rescission of delegation and actions should be documented.

**Transferring Delegation**
Delegation authority cannot be transferred from one RN to another. If the delegating RN is no longer assigned to a student or group of students, the RN assuming authority must undertake new delegation to the UAP.

**RN Delegation Considerations**
The RN may need to clarify the process of nursing delegation to school administrators.

A. RNs cannot be coerced into delegation. The nurse practice act stipulates that:
   - “No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the Nursing Care Quality Assurance Commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegations may compromise patient safety.” [RCW 18.79.260](#)

B. The RN cannot delegate:
   - To volunteers, parent/guardian, or non-school employees during school or during school sponsored events; [DOH NCQAC Advisory Opinion, Registered Nurse Delegation in School Settings Number NCAO 4.0](#)
   - Acts requiring substantial skill;
   - Piercing or severing of tissues (except for emergency use of epinephrine injections);
   - Acts requiring nursing judgment;
• Injections (except for epinephrine for anaphylaxis);
• Sterile procedures;
• Central line maintenance;
• Nasogastric (NG) tube procedures RCW 18.79.260; and
• Rectal Medication. RCW 28A.210.260

C. UAPs are responsible to comply with the nursing plan, obtain guidance as needed, and report changes to the RN. If a UAP does not follow the plan or direction, the RN may need to provide further training and supervision. If safety is compromised, delegation may need to be rescinded.

D. The RN may be held accountable for standards of practice related to delegation and may be subject to disciplinary action per RCW 18.79.260 and WAC 246-840-700:
E. Delegating nursing care function or responsibilities to a person the nurse knows or has reason to believe lacks the ability or knowledge to perform the function or responsibility;
F. Delegating to unlicensed persons those functions or responsibilities the nurse knows are to be performed only by licensed persons;
G. Failure to supervise those to whom nursing activities have been delegated; or
H. The supervision must be adequate to prevent an unreasonable risk of harm to clients.

School District Considerations
Responsibility for appropriate registered nurse delegation ultimately rests with the school district to ensure safe nursing care is provided to students. This would include availability of a licensed nurse to administer medications and treatments that cannot be delegated by law or per the registered nurse’s professional judgment.

RCW 28A.210.260 states: The Board of Directors shall designate a professional person licensed pursuant to RCW 18.71 or RCW 18.79 as it applies to registered nurses and advanced registered nurse practitioners, to delegate to, train, and supervise the designated school district personnel in proper medication procedures.

RCW 18.79.030 requires a license for nursing practice:
“It is unlawful for a person to practice or to offer to practice as a registered nurse in this state unless that person has been licensed under this chapter. A person who holds a license to practice as a registered nurse in this state may use the titles “registered nurse” and “nurse” and the abbreviation “R.N.” No other person may assume those titles or use the abbreviation or any other words, letters, signs, or figures to indicate that the person using them is a registered nurse.”

WAC 181-87-070 addresses unprofessional practice as described by the Professional Educator Standards Board:
“Any act performed without good cause that materially contributes to one of the following unauthorized professional practices is an act of unprofessional practice. The assignment or delegation in a school setting of any responsibility within the scope of the authorized practice of nursing, physical therapy, or occupational therapy to a person not licensed to practice such profession, unless such assignment or delegation is otherwise authorized by law including the rules of the appropriate licensing board.”
V. TRAINING OF UNLICENSED ASSISTIVE PERSONNEL IN THE ADMINISTRATION OF MEDICATION

The delegating RN is responsible for ongoing training, competency, evaluations, and supervision of the UAP with appropriate documentation of the entire training process.

Medication statutes require that UAP designated by district policy to administer medications, are to be delegated to, trained, and supervised by a professional person licensed pursuant to chapter 18.71 RCW or chapter 18.79 RCW, as it applies to RNs or ARNPs.

Prior to the beginning of a new school year, district administration or building principals, in consultation with the RN, identify in writing at least two staff persons per building to administer medications for the coming school year. These individuals shall receive training in the following prior to administering medications to students:

A. Washington State statutes and school board policies and procedures governing the administration of medications.

B. Medication administration procedures, including description of when not to administer a medication.

C. Procedures to follow in the event of a medication error, including missed or delayed doses.

D. Required charting.

E. When to contact the supervising nurse.

F. Confidentiality issues regarding the administration of medications and student health information.

The supervising RN will evaluate the UAP's skill, document the completion of the training, and determine the degree of supervision necessary and provide that supervision.

In order for the district to receive the immunity from liability based upon substantial compliance with the statutes, UAP must be delegated to, trained and supervised by a RN, ARNP, or physician (MD).

For additional resources listed below, see Section XVIII References

VI. ROUTES OF MEDICATION ADMINISTRATION

The Washington State medication statute RCW 28A.210.260 addresses oral medication, topical medication, eye drops, ear drops and nasal spray. Medications administered by other routes (rectal, nasogastric tube, injection etc.) are not covered under this statute and are regulated by the law relating to nursing care, RCW 18.79.260. The appendices include skills checklists for each of the following routes of medication administration. The Medication Administration Training Manual for Non-licensed School Personnel (2015) listed in the Reference section of these guidelines includes additional guidance related to specific administration of each type of medication.

Oral Medication (by mouth, gastrostomy tube, inhaled)

Oral medications (by mouth) include solid forms such as tablets or capsules, and liquid forms such as syrups/elixirs and suspensions. Oral medication should not be altered (i.e. cut, crushed or sprinkled on food) without an LHP’s order.

Enteral medication (by gastrostomy tube) is considered an oral medication as it is administered directly into the digestive tract. An RN may delegate medication given via gastrostomy tube following delegation procedures.

Inhaled Medication is considered an oral medication whether or not the medication is given by mask or with a spacer that covers the mouth or mouth and nose. It can come in the form of a multi dose inhaler or nebulizer treatment. Intranasal medication is not included in this description.

Nasal Spray

Nasal spray delivers medication as a spray directly into the external nares (nostrils).

Topical Medication

Topical medication is applied locally to skin or mucous membranes and is absorbed directly through the skin into the blood stream. It can come in the form of a lotion, ointment, patch, cream or paste.

Eye Drops

Eye drops are medications that are instilled in the eye and are absorbed quickly due to the membrane’s vascularity.

Ear Drops

Ear drops are medications that are instilled directly into the outer ear canal.

Injection

The only injection that RNs may delegate to UAP in the school setting is epinephrine per RCW 18.79.240(1) (b) and (2) (b) and district policy and procedure.
VII. NURSING PRACTICE AND BOARD OF PHARMACY RECOMMENDATIONS

Licensed Healthcare Providers (LHP) Who May Prescribe and Administer Medications
A nurse administers medications, treatments, tests and other nursing care RCW 18.79.260(2) at or under the general direction of an LHP including: licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner (ARNP), or midwife acting within the scope of his or her license. All prescriptions must be for a valid legitimate medical purpose and there must be a valid doctor-patient relationship. Prescriptions must be written within the practitioner’s scope of practice RCW 69.41.030 and RCW 69.50.101 (ee) (3).

Out of State Prescriptions
RCW 69.41.030 Sale, delivery, or possession of legend drugs without prescription or order prohibited-Exceptions-Penalty.
Prescriptions written for legend drugs, including controlled substances, by the following prescribers licensed in any state of the United States may be dispensed by a Washington pharmacist/pharmacy: physicians licensed to practice medicine and surgery, physicians licensed to practice osteopathic medicine and surgery, dentists licensed to practice dentistry, podiatric physicians and surgeons licensed to practice podiatric medicine and surgery, licensed advanced registered nurse practitioners, licensed physician assistants, and licensed osteopathic physician assistants.

Prescriptions written for legend drugs, not including controlled substances may also be dispensed by a Washington pharmacist/pharmacy if written by any of the above practitioners, licensed to practice in British Columbia.
Who Can Prescribe/Administer/Possess Legend Drugs and/or Controlled Substances in Washington State?

Receipt of Medication
A. Medications that the parent/guardian and the LHP authorize to be administered should be brought to school by the parent/guardian of the student or by another designated adult. There may be an exception made for medications that are self-administered by students such as epinephrine auto-injectors or asthma inhalers if this is supported by district policy and/or procedure.
B. All medications must be in properly labeled medication containers with name of the medication, student name, date, quantity, and strength per dosage unit, LHP name, frequency of administration, and other instructions for giving medications.
C. Written and signed parent/guardian and LHP authorization requests are required for all medications to be administered by school staff. For medications given more than 15 days, more specific LHP instructions are required in addition to those listed above.
D. All medication should be counted by school staff and the parent/guardian or designated adult who brought it to school. The number of pills, tablets, capsules or amount of liquid, etc., should be recorded on the medication administration record or districts may choose to document on a separate form designed specifically for this purpose.
E. If a tablet must be divided to obtain the correct dose, the pharmacist should be asked to divide the tablet when filling the prescription. If this is impractical, there are specialized devices to assist with cutting the tablets. Districts should follow their policy/procedure regarding school staff cutting the tablets.
F. Parent/guardian may request the pharmacist prepare a school container for medication and a container for home. It is also helpful to request an additional (3rd) bottle to be used for field trips.

Inventory of Medication
Routine counting of medications should occur based on the district’s policy and procedure. Controlled substances-scheduled drugs (e.g. cough syrup with codeine or Ritalin) should be counted weekly and recorded. On the weekly medication counts, the nurse or designee needs to have a witness to the actual count of the medications. It may be helpful for the district to purchase pill counting trays.

It is recommended that no more than a twenty day supply of controlled substances-Schedule II-V, be brought to the school at any one time.

Theft or suspected theft is to be documented and reported to the supervising nurse, the school administrator and may also be reportable to local law enforcement.

Storage and Security of Medication
A. Medications should be stored in locked, substantially constructed cabinets or drawers, with access limited to those who will need access when medications are received or in order to administer medications. *NOTE: Emergency medications must be readily available.

B. Examples of substantially constructed cabinets:
   - Commercially manufactured safes.
   - Commercially manufactured drug security units made of heavy gage metal that are attachable to a wall or floor with single or double-locking mechanism.
   - Non-commercially made cabinets made of metal, solid wood 0.5” thick, or plywood 0.75” thick with non-exposed hinges or non-removable hinge pins if hinges are exposed.
   - A metal filing cabinet with a metal bar capable of being locked into position, blocking the opening of the drawers. It should be secured to the floor/wall or weighted sufficiently to prevent theft of the entire cabinet.

C. The number of keys to the locked storage is recommended to be no more than two keys. The keys should be specific to that cupboard/drawer and not unlock any other area in the school.

D. It is recommended that Schedule II – V controlled substances be placed in the school safe during school holidays, weekends, summer, etc.

E. The district’s policy/procedure should address theft of medications and describe the reporting process. Districts may want to discuss with local law enforcement to determine if or when the loss of controlled substances should be reported.

Medication Administration Responsibilities
It is the school’s responsibility to ensure that medications are administered as authorized by the parent/guardian and LHP.

Student not Reporting for Medication
When students do not appear at the scheduled time for their medication, school personnel remain responsible for timely administration of the dose, and should have a plan for handling “no show” students.

Student Refusal of Medication
If a student refuses a medication, the RN and the parent/guardian will be notified as soon as possible and documented on the medication administration record as a “refused” medication. The documentation
assures the student has been offered the medication as ordered and proves staff followed school district policy in administration/documentation. As best practice and according to the student’s developmental level, the student should understand why the medication is being administered and should be made aware of any common side effects. He/she should also be able to verbalize understanding that these medications are considered a part of treatment. The RN needs to communicate and address student refusal of medication with parent/guardian and LHP.

**Early Dismissal and Medication Administration**

Procedures should be in place to address early school dismissal before a regularly administered medication is to be given.

**Changes in the Student’s Medication Order**

Whenever there is a change in the medication order, a new medication request form is created. The UAP must contact the RN immediately if a change in a medication order is received or guidance is needed.

If there is a dosage change, only a licensed nurse can take the verbal/phone/fax order from the LHP. The verbal order must be followed by the written order within a reasonable period of time. Faxed orders are considered written orders, but the licensed nurse must be confident that they came from the ordering LHP. The medication container with the previous prescription label may be used for up to 10 school days to give parent/guardian time to get a bottle with a current order as long as the nurse has a current order and directs the UAP to use the available container with clear instructions so that the correct dose is administered.

All new medication orders need to be reviewed and approved by the RN, necessary forms for documentation prepared, and training and delegation completed, prior to school staff administering the first dose.

**Documentation**

Documentation is very important when medication is given at school. Standards of nursing documentation need to be followed whether you are using paper or an electronic documentation system. A medication request form and medication administration record (MAR) or “medication log” must be kept for each student. The medication request form and medication administration record contain the student’s name, the prescribed medication, the dosage, the route the medication is to be given, the time the medication is scheduled to be given, and any student allergies.

Compare the information on the medication container label with the information on the medication request and medication administration record. This information must match. The medication should not be given if the information does not match, or the medication label is missing, or the label cannot be read.

The medication administration record becomes a part of the student’s file and provides legal documentation for those who administer medications to students. The medication administration record is saved for eight (8) years. *School Districts and Educational Service Districts Records Retention Schedule*

**When and how to document:**

A. Immediately after giving the medication; not before.
B. Only document medication that you administer.
C. Record initials, date, and exact time of medication administered in the designated box on the
medication administration record (MAR).

D. Write your initials next to your name one time on the MAR so that you can be identified.

E. When initialing on the medication administration record be sure not to circle your initials unless there was an issue that needs to be further addressed such as a missed dose. Circled initials usually indicate that there was some sort of problem.

F. Be sure to document when a medication is missed due to an absence or a field trip or if the student refuses to take the medication.

G. Note unusual behaviors/occurrences that were observed after student received medication.

H. Use black or blue ink, never pencil.

Other documentation considerations:

A. If a charting error occurs, draw a single line through the mistaken entry, initial and date error, and explain on the back of the MAR (never use white-out, erase, or scratch it out).

B. If the medication cannot be given, falls to the floor, or the student refuses a medication, initial the appropriate box, provide an explanation on the back of the MAR and notify the appropriate person as outlined in your school procedures.

C. If medication is discontinued write “discontinued,” on the page as close to the date as possible and initial it. Ask parent/guardian to pick up any remaining medication.

D. The registered nurse is responsible for the transcription of medication administration information onto a MAR. When creating a new MAR, it is important to transcribe from the current LHP orders, and not from the old or previous MAR.

E. When documenting the administration of PRN (as needed) medication, record the time given and the dosage, if applicable.

F. The medication administration record may also be used to make notes about any unusual circumstance related to the student receiving the medication, including contact with LHP and/or parent/guardian.

Record Retention Requirements

The medication administration record is a part of the student’s file and provides legal documentation for those who administer medications to students. Records may include, but are not limited to: medication/treatment authorization form, medication administration record (MAR), and medication administration incident report form. These records should be retained for 8 years after last entry/dose or matter is resolved, whichever is later; then destroyed.

If the district uses a separate medication inventory and/or disposal form, retain for 1 year after medication is returned/destroyed/delivered to outside agencies; then destroy.

For more information about record retention, see School Districts and Educational Service Districts Records Retention Schedule which covers student health records for pre-kindergarten through grade 12.

Confidentiality and Privacy

All information regarding a student’s health status and his/her medication is confidential, and without parent/guardian (or student if applicable) permission cannot usually be discussed by UAP administering medication with anyone except the delegating nurse. Students are entitled to privacy during the administration of their medication.
Per RCW 70.02.050, a healthcare provider may disclose health care information – except for information and records related to sexually transmitted diseases -- about a patient without the patient’s authorization to the extent a recipient needs to know the information, if the disclosure is to a person who the provider reasonably believes is providing health care to the patient.

Confidentiality is a very important legal concept in the school setting. The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy interests of students and their educational records. FERPA applies to any educational agency that receives funds from the United States Department of Education (USDOE). Health records (including medication documents) maintained by school employees for pre-kindergarten through grade twelve students are considered education records and therefore protected by FERPA.

The Health Information Portability and Accountability Act (HIPAA) of 1996 Privacy Rule requires covered entities to protect individuals’ health records and other identifiable health information. When schools provide health care to students in the normal course of business, it is also known as a “health care provider”. The HIPAA Privacy Rule allows covered health care providersto disclose protected health information about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student’s parent. Joint Guidance on the Application of FERPA and HIPAA to Student Health Records explains the relationship between these two privacy regulations.

Discontinuing Medication
As stated in RCW 28A.210.270 (2), “The administration of oral medication, topical medication, eye drops, ear drops, or nasal spray to any student pursuant to RCW 28A.210.260 may be discontinued by a public school district or private school and the school district or school, its employees, its chief administrator, and members of its governing board shall not be liable in any criminal action or for civil damages in their governmental or corporate or individual or marital or other capacities as a result of the discontinuance of such administration: PROVIDED, That the chief administrator of the public school district or private school, or his or her designee, has first provided actual notice orally or in writing in advance of the date of discontinuance to a parent or legal guardian of the student or other person having legal control over the student.”

Before a medication is discontinued, districts need to be aware that under the federal civil rights legislation 504 Rehabilitation Act of 1973 Fact Sheet, administration of medication in school may be a related service that must be provided if the student qualifies for 504 accommodations. Therefore, there must be a valid reason that does not compromise the health of the student to discontinue medication administration.

If a parent/guardian chooses to discontinue a medication at any time, it is recommended that the request be in writing. If the medication is for a life-threatening health condition, RCW 28A.210.320, requires that the medication or treatment be in place for the student to attend school. Discontinuation of the medication may put the student at risk. The RN in this instance should discuss the request to discontinue the medication not only with the parent/guardian but also with the LHP. District policy may require written documentation of LHP and parent/guardian permission to discontinue the medication. If the medication/treatment is not for a life-threatening condition, it is still prudent practice for the RN to notify the LHP that the parent/guardian has requested the medication/treatment be discontinued.
**Disposal of Medication**

At least two weeks prior to the end of the school year, or when a medication is discontinued, parent/guardian of students with leftover medication should be notified in writing and provided the opportunity to pick up any unused medication.

If parent/guardian does not pick up the medication by the date specified, the medication should be counted by two school district staff and properly disposed. Documentation should include the name of the medication, the amount of medication disposed of, the date and signatures of two staff members (recommend one staff be the school nurse) witnessing the disposal.

**FDA disposal considerations:**

| A. | Follow any specific disposal instructions on the prescription label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless otherwise directed by FDA disposal guidance. |
| B. | Take advantage of community drug take-back programs that allow the public to bring unused medications to a central location for proper disposal. Call your city or county government’s household trash and recycling service to see if a take-back program is available in your community. |
| C. | Take the medication out of the original container and mix with an undesirable substance, such as used (wet) coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash. Put medication in a sealable bag or other container to prevent the medication from leaking or breaking out of a garbage bag. |
| D. | Depending on the type of product and where you live, inhalers and aerosol products may be thrown into the trash or recyclables, or may be considered hazardous waste and require special handling. Read the handling instructions on the label, as some inhalers should not be punctured or thrown into a fire or incinerator. |
| E. | Prefilled syringes—the medication in the syringe may be disposed of as indicated above. If there is a needle on the empty syringe it should be placed in a sharps container (Note: do not remove needle from syringe or attempt to re-cap). Expired or used epinephrine auto-injectors are considered hazardous medical waste and need to be disposed of safely. The auto injectors should be left in their original plastic container and put into a sharps or bio-hazard container for disposal. |
| F. | When in doubt about proper disposal, consult with the pharmacist. |
| G. | Before discarding a medication container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect the students’ identity and the privacy of their personal health information. |

**Medication Error**

The correct medications must be administered to the correct student at the correct time (within 30 minutes before or after the prescribed dose is ordered) in the correct dosage, by the correct route, with accurate documentation. Deviation from this standard may constitute a medication error. A dose that is missed (omitted) for whatever reason may also be considered a medication error. All medication errors must be documented and reported to the nurse who provides supervision for the UAP giving the medications for the school under **RCW 28A.210.260** and **270**.

Analysis of the reports will be completed at least annually to determine any systems modifications that are necessary. This analysis will be reported to the school building administrator and forwarded to the district administration with recommendations.
Recommended medication error procedures:

A. All errors must be documented and reported to the supervising nurse for the school within 24 hours. Serious errors must be reported immediately to the supervising nurse.

B. The supervising nurse, using clinical judgment, will determine the level of severity of the medication error.

C. If the error is committed by a licensed provider, and there is injury to the student, or causes the student to be seen by emergency services, the incident must be reported by the supervising nurse to:
   - LHP
   - Parent/guardian
   - School administrator
   - The Washington State Nursing Care Quality Assurance Commission, WAC 246-840-730 PO Box 47864, Olympia, WA 98504-7864, (360) 236-4700

D. If the error is committed by an UAP and there is injury to the student, or causes the student to be seen by emergency services, the incident must be reported by the supervising nurse to:
   - LHP
   - Parent/guardian
   - School administrator
   - The Washington State Department of Health, Unlicensed Practice Unit (360-236-4718). There may be administrative actions or fines.

E. All actions taken as a result of the medication error are to be accurately documented.

F. Medication administration incident reports will be maintained for eight years after the incident.

G. The supervising nurse should assess the actions taken in response to medication errors. The completed reports will be used by the supervising nurse to:
   - Determine trends and patterns in medication errors;
   - Assist in identification of educational and resource needs of licensed and unlicensed staff (UAP); and
   - Record circumstances contributing to the error and actions taken as a result of the error;

*NOTE: Refusing medication is not considered a medication error and the refusal should be documented on the Medication Administration Record as a “refused” medication and reported to the supervising RN and parent/guardian as soon as it is possible.

VIII. STUDENT SELF-ADMINISTRATION OF MEDICATION

Self-administration of medication in schools refers to situations in which students carry their own medication and administer that medication to themselves. There are instances in which a LHP and parent/guardian may request that a student be permitted to carry his/her own medication and/or to self-administer the medication. Student self-administration of medication is not within the purview of RCW 28A.210.260. However, there are other specific situations in which students may be allowed to self-carry and administer medication.

Asthma, Anaphylaxis and Diabetes Medication

RCW 28A.210.370 and RCW 28A.210.330 include language for self-administration of medication for students with asthma, anaphylaxis and diabetes.

Considerations:
A. All districts are required to adopt policies and procedures and must grant permission for students to self-carry medications under specific circumstances as outlined in the statutes.
B. A LHP has provided a written medication authorization signed by the parent/guardian for granting permission for self-administration of the medication during school and school sponsored events, including transportation.
C. Student has been instructed in the correct and responsible use of the medication.
D. The student has demonstrated to the LHP or designee and the RN at the school, the skill level necessary to use the medication and any device necessary to administer the medication as prescribed.
E. The LHP formulates a written treatment plan for medication/treatment use by the student.
F. The student’s parent/guardian has completed and submitted to the school any additional written documentation the school requires.
G. If a backup medication is supplied by the parent/guardian, it must be kept in a location where the student has immediate access in the event of a medical emergency. The student should also have easy access to any related supplies or equipment provided by the parent/guardian.

Other Medication

Student self-administration of medication other than those for asthma, anaphylaxis, and diabetes does not fall within the purview of RCW 28A.210.260. Given no statutory or regulatory guidance on this issue, school districts may want to consider an adaptation to district policy and procedure that would address student self-administration of additional medication. It is recommended that the RN be involved in the development of all district policies on medication administration.

Possible considerations:
A. Define the circumstance that self-administration would be permitted.
B. Approval process for self-administration.
C. Developmental/grade level of student.
D. Type of medication-prescription versus over the counter.
IX. ASTHMA MEDICATION

Summary of Provisions

RCW 28A.210.370 Students with Asthma

A. All school districts shall adopt policies regarding asthma rescue procedures for each school within the district.

B. All school districts must require that each public elementary school and secondary school grant to any student in the school, authorization for the self-administration of medication to treat that student's asthma or anaphylaxis, if:
   - A health care practitioner prescribed the medication for use by the student during school hours and instructed the student in the correct and responsible use of the medication;
   - The student has demonstrated to the health care practitioner, or the practitioner's designee, and a professional registered nurse at the school, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed;
   - The health care practitioner formulates a written treatment plan for managing asthma episodes of the student and for medication use by the student during school hours; and
   - The student's parent/guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan.

C. Students must be allowed to self-carry and self-administer their asthma medication:
   - While in school;
   - While at a school-sponsored activity, such as a sporting event; and
   - In transit to or from school or school-sponsored activities.

D. An authorization for asthma medication:
   - Must be effective only for the same school and school year for which it is granted; and
   - Must be renewed by the parent/guardian each subsequent school year.

E. School districts must require that backup medication, if provided by a student's parent/guardian, be kept at a student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.

F. School districts must require that information be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

Special Considerations

A. Students with asthma may qualify for Section 504 accommodations. This needs to be considered in the development of the student’s IHP. Follow district policy and procedure for this process.

B. It is important for a UAP to always follow the student’s IHP including the LHP treatment orders. If there is ever a question about the appropriate action a UAP should take when administering medication, he or she should contact the registered nurse immediately for clarification and guidance, however, for the safety of the student, initial treatment should never be delayed.

C. Students with both asthma and anaphylaxis have complex medication and treatment plans. The RN is responsible for working with the LHP to create a very clear, integrated emergency care plan to ensure that both conditions are managed appropriately in the school setting, i.e. the possible use of epinephrine to treat severe respiratory symptoms.
Summary of NCQAC Advisory Opinion - Asthma Management in School Settings

A. The RN may delegate the administration of a varying dose of inhaled asthma medication (i.e. 1 – 2 puffs) after clarifying with the LHP the circumstances for which the dose should be administered. *NOTE: The RN is responsible for providing clear, written instructions to the UAP regarding administration of a varying dose.

B. The UAP who has been trained and is supervised by the registered nurse may verify readings on the peak flow meter and assist the student to identify emergent and urgent situations and to follow the instructions on their IHP. The registered nurse may not delegate nursing assessment or the nursing process (clinical decision making) to an unlicensed individual.

C. The RN may delegate to a UAP the mixing of liquid medications in a nebulizer chamber for administration via oral inhalation following training and the provision of ongoing supervision.


For additional resources about the care of asthma and treatment modalities, see AMES Manual-Asthma Management in Educational Settings.
X. ANAPHYLAXIS MEDICATION

Summary of Provisions

RCW 28A.210.380 - Anaphylaxis-Policy-Guidelines describe the requirements for care provided to students with life-threatening anaphylaxis.


A. School districts and non-public schools may maintain at a school in a designated location a supply of epinephrine auto injectors based on the number of student enrolled in the school. The epinephrine prescription must be accompanied by a standing order for the administration of school supplied, undesignated epinephrine auto injectors.

B. When a student has a prescription for an epinephrine auto injector on file, the nurse and/or designated trained school personnel may utilize the school supply of epinephrine auto injectors to treat symptoms of anaphylaxis when the student’s medication is not available.

C. When a student does not have a prior diagnosis and prescription for an auto injector on file, only the nurse may utilize the school supply of epinephrine auto injectors to treat symptoms of anaphylaxis.

RCW 28A.210.370 Students with asthma, provides additional guidelines for students with anaphylaxis. Anaphylaxis is considered a life-threatening health condition and requires special considerations.

A. All school districts must require that each public elementary school and secondary school grant to any student in the school authorization for the self-administration of medication to treat that student's anaphylaxis/asthma, if:

• A LHP prescribed the medication for use by the student during school hours and instructed the student in the correct and responsible use of the medication;
• The student has demonstrated to the LHP and a professional registered nurse at the school, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed;
• The LHP formulates a written treatment plan for managing asthma episodes of the student and for medication use by the student during school hours; and
• The student's parent/guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan.

B. Students must be allowed to self-carry and self-administer their anaphylaxis/asthma medication:

• While in school;
• While at a school-sponsored activity, such as a sporting event; and
• In transit to or from school or school-sponsored activities.

C. An authorization for anaphylaxis/asthma medication:

• Must be effective only for the same school and school year for which it is granted; and
• Must be renewed by the parent/guardian each subsequent school year.

D. School districts must require that backup medication, if provided by a student's parent/guardian, be kept at a student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.

E. School districts must require that information be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.
**RCW 28A.210.320 - Children with life-threatening health conditions** - For the attendance of students with life-threatening health conditions, medication and treatment orders, necessary medication(s) and nursing care plan(s) must be in place prior to the first day of school. This requirement does not apply to homeless students under the McKinney-Vento Act. School nurses will need to make special efforts to ensure that necessary nursing plans, LHP orders, and medications and/or treatments are in place for homeless students.

**Special Considerations** from *Guidelines for Care of Students with Anaphylaxis* (OSPI, March 2009).

A. Some parent/guardians and/or LHPs have requested first giving an antihistamine for certain symptoms, then “waiting and watching” (assessing student symptoms for progression of anaphylaxis), and giving epinephrine if additional certain symptoms occur. Deaths have occurred in schools because of delays in appropriate treatment. Washington State NCQAC addresses delegating nursing assessment and/or judgment.

B. Recommended practice for treating student anaphylaxis during school or school-sponsored events:
   - Epinephrine is to be given immediately and the EMS (911) system activated if a student, known to have anaphylaxis, has an exposure or a suspected exposure to an allergen.
   - If a LHP orders the administration of an antihistamine and/or epinephrine, the RN may use the *School Registered Nurse Delegation Decision Tree* to follow RCW 18.79.260 to determine if a non-licensed staff member may carry out the IHP.
   - Address the unique circumstances for each student while retaining adherence to the scope of nursing practice.

C. It is the parent/guardian’s responsibility to keep school staff informed of changes in the child’s condition or changes in LHP orders. Prior to the student attending school, upon returning to school after an absence related to the diagnosis, and any time there are changes in the student’s treatment plan, parent/guardian should notify the RN.

D. Parent/guardian should provide all medications and supplies. *NOTE*: District policy may address the use of automatic epinephrine injectors vs. the use of a syringe.

E. Although the epinephrine auto injector device is designed for self-administration, the student may be too young or too ill to self-administer the epinephrine. Therefore, it is necessary to train those school employees who will be monitoring the student in the use of the device.

F. Epinephrine auto injectors must be kept between 59 and 86 degrees Fahrenheit. Districts will need to take this into consideration during temperature extremes, on field trips, etc.

G. Students with anaphylaxis may qualify for Section 504 accommodations. This should be considered in the development of the student’s IHP. Follow district policy and procedure for this process.

**Standing Orders for Stock Epinephrine**
The Washington State NCQAC provides the following recommendations in its *Advisory Opinion – Standing Orders and Verbal Orders*:

A. Schools may allow RNs to follow standing orders, using stock inventory, to give epinephrine for potentially life threatening allergic reactions (RCW 28A. 210.383). The law does not allow delegation to UAP to give epinephrine without a student-specific prescription.

B. Nursing leadership should be involved in developing and approving standing orders.

C. School districts may have policies and procedures to implement standing orders and verbal orders.

D. Standing orders should be reviewed and revised as needed, or annually.

E. Changes to standing orders should be communicated as soon as possible to nursing staff and these should be reviewed by nursing staff as changes occur.
XI. PARENT DESIGNATED ADULT (PDA) FOR DIABETES AND SEIZURES

The school district is ultimately responsible for providing nursing care to students at school and school sponsored events. In addition, RCW 28A.210.260 and RCW 28A.210.330 allow parents of students with epilepsy or diabetes to select a “parent designated adult” to provide parent-directed nursing care in school.

A "parent designated adult" (PDA) means a volunteer who may be a school district employee, who receives additional training from a health care professional or expert in epileptic seizure or diabetes care, selected by the parent/guardians, who provides care for the child consistent with the individual health plan.

Per Washington State law, these are the only two situations (diabetes and seizures) that allow a PDA to administer medication and treatments to students in the school setting. In both cases the RN does not delegate, train or supervise the PDA in the activities designated by the parent/guardian. They do, however, work together to follow the student’s IHP.

To be eligible to be a parent designated adult, a school district employee not licensed under chapter 18.79 RCW shall file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent designated adult. If a school employee chooses not to file a letter under this section, the employee shall not be subject to any employer reprisal or disciplinary action for refusing to file a letter.

Registered nurses do not delegate or supervise parent designated tasks, including injections. Parent/guardians are responsible to determine, direct, and supervise such care. However, the RN is ultimately responsible for the student’s overall plan of care.

For additional resources see:

Diabetes
- Guidelines for the Care of Students with Diabetes, 2005
- Curriculum Standards for Developing Curricula to Train Parent Designated Adults (PDAs) Working with Students with Diabetes (2009)

Seizure Care
- OSPI Memorandum No. 037-14M Nasal Spray Administration, July 2014
XII. DIABETES MEDICATION

Summary of Provisions

RCW 28A.210.330-350 Students with diabetes—Individual health plans—Designation of professional to consult and coordinate with the parents and health care provider - training and supervision of school district personnel, addresses comprehensive care for students with diabetes in school. The RN is ultimately accountable for the quality of the healthcare provided during the school day to students with diabetes. The RN has the responsibility of consulting and coordinating with the student’s parent/guardian and the LHP to establish a safe, therapeutic learning environment. Schools are responsible for ensuring that there is an IHP and emergency care plan (ECP) for every student with diabetes even those who are independent in their care.

A. A LHP order is needed for the monitoring and treatment of diabetes at school.
B. Students must be allowed to carry on their persons the necessary supplies and equipment (including medication) to perform diabetic monitoring and treatment at all school and school-sponsored events.
C. The law also allows for a “parent designated adult” (PDA) to administer medication and perform diabetic tasks determined by the parent/guardian and consistent with the individual health plan.

Parent Designated Adult (PDA)
The school district is ultimately responsible for providing nursing care to students at school and school sponsored events. In addition, RCW 28A.210.330 allows parents of students with diabetes to select a “parent designated adult” to provide parent-directed nursing care in school.

A. PDA is a volunteer who may be a school district employee who receives additional training from a healthcare professional or expert in diabetes care, selected by the parent/guardian and who provides care for the student consistent with the IHP.
B. To be eligible to be a PDA, a school district employee, not licensed under RCW 18.79 must file, without coercion by the employer, a voluntary written, current, unexpired letter of intent stating the employee’s willingness to be a PDA.
C. If the school district employee chooses not to be a PDA, the employee shall not be subject to any employer reprisal or disciplinary action.
D. PDA training may be provided by a diabetes educator who is nationally certified.
E. PDAs who are not school employees must show evidence of comparable training.
F. The school’s RN is not responsible for the supervision of the PDA for those procedures that are authorized by the parent/guardian; however, the RN is still responsible for the overall plan of care.

Special Considerations from Guidelines for the Care of Students with Diabetes (2005).

A. The LHP, parent/guardian, and RN make the decision regarding the student’s ability to provide diabetic care independently.
B. Students who are independent in their own diabetic care also require LHP medication and treatment orders.
C. Adjustments in the daily dosage of insulin can be made in consultation with the parent/guardian as long as the parent/guardian’s recommendations are within a range ordered on the LHPs written sliding scale. The LHP must clearly state that the parent/guardian may be consulted for daily dosage adjustments.
D. Parent/guardians may not order treatments or changes to the treatment plan independently because they are not authorized prescribers.

E. The RN, guided by RCW 18.79 and WAC 246-840, determines what diabetes tasks can be delegated to a UAP.

F. After delegation, training, and with ongoing supervision, the UAP can follow the IHP; verify the number on an insulin pen, insulin pump, or glucometer.

G. The student, parent/guardian/family, licensed staff, and parent designated adult can perform any tasks related to diabetic care.

H. Students with diabetes may qualify for Section 504 accommodations. This needs to be considered in the development of the student’s IHP. Follow district policy and procedure for this process.

I. Registered nurses may not delegate the administration of glucagon to UAPs.
XIII. SEIZURE MEDICATIONS

Students with seizures may require emergency medications at school for the management of repeated or prolonged seizures. The student’s LHP will determine if and when emergency rescue medication is necessary at school. Students receiving medication for the control of their seizures should have a written IHP/ECP with instructions for how to manage the student’s seizures during school hours and school sponsored events.

Summary of Provisions
Requirements for the care of students with life-threatening seizures are addressed in RCW 28A.210.260 Public and Private School Administration of medication and RCW 28A.210.320 Children with life-threatening health conditions.

RCW 28A.210.260 Public and Private School Administration of Medication
A. The RN may delegate medications for the treatment of seizures via the following routes: oral, topical, eye drops, ear drops or nasal spray. This law does not allow for the delegation of rectal medication.
B. If a school nurse is on the premises, a nasal spray that is a legend drug or controlled substance must be administered by the school nurse.
C. If no school nurse is on the premises, a nasal spray that is a legend drug or a controlled substance may be administered by a trained school employee or parent designated adult (PDA) who is not a school nurse.
D. The board of directors shall allow school employees, who have received appropriate training and volunteered for such training, to administer a nasal spray that is a legend drug or a controlled substance.
E. After a school employee, who is not a school nurse, administers a nasal spray that is a legend drug or controlled substance, the UAP shall summon emergency medical assistance as soon as possible. Note: Regardless of who administers an emergency seizure medication, emergency medical assistance should be summoned.
F. The board of directors shall designate a professional person, licensed, pursuant to RCW 18.71 or RCW 18.79 as it applies to registered nurses (RN) and advanced registered nurse practitioners (ARNP), to delegate to, train, and supervise the designated UAP in proper medication procedures.

RCW 28A.210.320 Children with Life-Threatening Health Conditions
A. This law adds a condition of attendance for students with life-threatening conditions. Treatment and medication orders and nursing care plans requiring medical services must be in place prior to the first day of school.

Parent Designated Adult (PDA)
The school district is ultimately responsible for providing nursing care to students at school and school sponsored events. In addition, RCW 28A. 210.260 allows parents of students with epilepsy to select a “parent designated adult” to provide parent-directed nursing care in school.

A. PDA is a volunteer who may be a school district employee who receives additional training from a healthcare professional or expert in epileptic seizure care, selected by the parent/guardian, and who provides care for the student consistent with the IHP.
B. To be eligible to be a PDA, a school district employee, not licensed under RCW 18.79 must file, without coercion by the employer, a voluntary written, current, unexpired letter of intent stating the employee’s willingness to be a PDA.

C. If the school district employee chooses not to be a PDA, the employee shall not be subject to any employer reprisal or disciplinary action.

D. PDA training may be provided by an epilepsy educator who is nationally certified.

E. PDAs who are not school employees must show evidence of comparable training.

F. The school’s RN is not responsible for the supervision of the PDA for those procedures that are authorized by the parent/guardian however; the RN is still responsible for the overall plan of care.

Special Considerations

A. A Vagal Nerve Stimulator is not a medication. It is considered a treatment that is used for the management of seizures and can be delegated to UAP by the RN. DOH NCQAC Advisory Opinion, Registered Nurse Delegation in School Settings.

B. Students with seizures may qualify for Section 504 accommodations. This needs to be considered in the development of the student’s IHP. Follow district policy and procedure for this process.

For additional resources about the care of seizures and treatment modalities, see NCQAC document, Registered Nurses Coordinating Seizure Management.

*NOTE: When considering delegation of emergency seizure medication, “No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the Nursing Care Quality Assurance Commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegations may compromise patient safety.” RCW 18.79.260
XIV. ADDITIONAL GUIDELINES

Medication versus Non-Medication

A parent/guardian sometimes request that school staff administer alternative or non-traditional substances to their child while at school or school sponsored events. Questions may arise whether a given substance constitutes a medication.

According to Webster’s 3rd New International Dictionary, “a medication is a substance used in therapy or to cure disease or relieve pain”. Not all substances are medications. Vitamins, for example could be used to cure disease or relieve pain, or they might be used as simply a nutritional supplement. They could be considered a medication if taken for the former purpose but not the latter.

According to Federal Drug Administration (FDA), the term “drug” means articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; and articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals.

Schools lack the necessary expertise to determine the purpose for which a particular substance is taken. Fortunately, the law requiring a written LHPs request appears to shift the responsibility for making the determination to the LHP. If the substance is considered a medication by the LHP, there will need to be a LHP and parent/guardian request. RCW 28A.210.260.

The administration of any medication must follow all applicable statutes, regulations, standards of practice, and district policies and procedures. District policies and procedures should address the administration of non-traditional substances, as some are experimental, unlabeled, administered at doses in excess of manufacturer guidelines, or not approved by the FDA for safety or effectiveness. The RN should refer to the School Registered Nurse Delegation Decision Tree to determine whether delegation of an alternative or non-traditional substance is appropriate.

Examples of some alternative and non-traditional substances are provided below.

- Vitamins/Supplements
- Herbal or Homeopathic preparations
- FDA non-approved drugs
- Sunscreen
- Lip balm
- Cough drops
- Enzymes
- Probiotics
- Nicorette Gum
- Petroleum jelly
- Chloraseptic spray
- Caffeine
- Sting relief
- Eye wash
- Placebo and research meds
- Essential oils
- Aromatherapy
Oxygen
Oxygen is sometimes ordered by an LHP for students with respiratory conditions. In RCW 18.64.011 and WAC 246-888-080, both definitions exclude oxygen as a medication, however, a LHP order/prescription is required for it to be administered at school.

It is the responsibility of the RN to determine if delegation of oxygen to UAP is appropriate based on a nursing assessment, LHP orders and stability of the student’s health condition. To assist in this decision, the RN may use the NCQAC’s School Registered Nurse Delegation Decision Tree.

The LHP may prescribe a varying dose of oxygen flow rate (liters per minute). RNs may delegate the administration of a varying dose after clarifying with the LHP the circumstances for which dose should be administered. *NOTE: The RN is responsible for providing clear, written instructions to the UAP regarding administration of a varying dose of oxygen.

The use and storage of oxygen in schools requires careful training, preparation and planning by the RN prior to implementation.

Medical Marijuana (Cannabis)
In 2015, the legislature amended RCW 69.51A.060 creating the Cannabis Patient Protection Act.

**NOTE: Changes to this law that may impact school districts take effect July 1, 2016.

The new language will address questions about the use of medical marijuana in schools. The law states that “nothing in this chapter requires any accommodation of any on-site medical use of cannabis...in any school bus or on any school grounds, in any youth center... or smoking cannabis in any public place...” “However, a school may permit a minor who meets the requirements of section 20 of this act to consume marijuana on school grounds. Such use must be in accordance with school policy relating to medication use on school grounds.”

While this law is permissive, marijuana remains a Schedule I (illegal) substance under federal law, potentially jeopardizing federal funding for agencies or school districts that accommodate this law.

Additional resources regarding marijuana in schools:
Washington State School Directors Direct Newsletter, October, 2012
Statement from OSPI Superintendent Randy Dorn about Marijuana
Washington State Department of Health Website - Medical and Recreational Marijuana
Medication Orders for Students of Military Families
The Interstate Compact on Educational Opportunity for Military Children, RCW 28A.705, aims to provide consistency as much as possible with other states relative to school policies and procedures while honoring the existing laws that govern public education in our state. Medication orders should not be a barrier to timely enrollment of children of military families. RCW 69.41.030 allows orders to be accepted from qualified prescribers from any state within the United States.

For additional information about qualified prescribers see Who Can Prescribe/Administer/Possess Legend Drugs and/or Controlled Substances in Washington State? – DOH Health Systems Quality Assurance

For additional information about military students, contact OSPI: http://www.k12.wa.us/MilitaryKids/default.aspx

Medication Orders for Homeless Students
The McKinney-Vento Act requires schools to enroll homeless children and youth immediately, even if they lack the normally required documents. The federal McKinney-Vento Act supersedes Washington State law RCW 28A.210.320 Children with Life-Threatening Health Conditions.

There is no exception in this law for students with medical conditions; a district cannot delay enrollment.

The McKinney-Vento Act requires that unaccompanied youth be enrolled in school immediately, even without a parent/guardian. The RN should work with the district McKinney-Vento Act liaison to ensure that the student’s health care needs are addressed as soon as possible.

For additional information contact your district McKinney-Vento liaison and/or the OSPI Homeless Education Office at (360) 725-6050 or see OSPI website at http://www.k12.wa.us/HomelessEd/default.aspx
XIV. FIELD TRIPS, SCHOOL SPONSORED EVENTS AND SUMMER SCHOOL

Standards for safe medication administration do not change when students participate in field trips, school sponsored events, or summer school. This includes appropriate training, delegation and supervision of the UAP by a RN. The goal of school districts should be to facilitate all students’ participation in all school activities. It is especially important to plan ahead for any student with a chronic or life-threatening health condition who may participate in an overnight field trip. The student may need medication that he/she normally takes only at home. All of the requirements of the medication statutes RCW 28A.210.260 and RCW 28A.210.270 and school district policies and procedures must be met.

If a student requires medication to be administered during a field trip, school sponsored event or summer school, procedures must be in place to assure safe administration: The student must have a completed medication authorization form on file with the LHP and parent/guardian signature. A copy of the form should accompany the student on any field trip.

A. Ensure the student’s medication authorization form includes dates for summer school when applicable.
B. For field trips or school sponsored events that extend beyond regular school hours, the parent/guardian is responsible to obtain a medication authorization form with specific instructions for the extended hours. If the medication is to be administered during the regular school day, the current medication authorization form on file should be followed.
C. RNs cannot delegate medication administration to volunteers, parent/guardians, or non-school employees during school or during school sponsored events. This includes licensed nurses who are not district employees.
D. Parent/guardians who accompany children to any school sponsored event may administer medication to their own child but not to any other children.
E. UAP who will be administering medications must be trained, delegated to and supervised in medication administration by the RN.
F. RN or designee should prepare field trip packet including medications, medication authorization forms, medication administration record (med log), and IHPs when applicable, and give them to the delegated UAP who will be administering the medications.
G. The medication to be administered by the UAP must be kept in the original container with the student’s name on the container and carried in a fanny pack or locked box with limited but immediate access for emergency medications.
H. Medication that needs to be refrigerated must be kept in a small cooler with ice packs if a refrigerator is not available. *NOTE: Be aware of temperature extremes that may affect medications. For example, epinephrine auto-injectors must be kept between 59 and 86 degrees Fahrenheit and so it is inadvisable to store them in a locked box in a car trunk or on a bus during hot weather without a cooling pack.
I. Documentation should be completed on the student medication administration record as soon as the medication is administered per district policy and procedure.
J. If a student is capable of self-administration per school district policy and procedure, a plan of action should be developed by the RN to assist in meeting the needs of the student.
K. If the student does not already self-administer medication at school, the student will require training and support by parent/guardian and the RN before assuming this responsibility on a field trip, school sponsored event, or summer school. This student may require additional adult supervision to ensure his/her safety.

L. Upon return from a field trip, any unused medication must be returned to the RN or designee and documentation completed in accordance with the school district’s procedure.

M. The RN or designee and the UAP should sign and date a log sheet that documents the return of the medication and any problems that might have occurred with the medication administration on the field trip such as a dropped medication, missed dose, or student refusal.

Section 504 may apply to the administration of medication to a student with a qualifying disability, including their participation in field trips, school sponsored events, and summer school. If the student is receiving health services during regular school hours, then the district must provide health services for the student on field trips, school sponsored events, and summer school. Appropriate accommodations may include:

A. Assigning a licensed nurse to provide care for the student.

B. RN delegation of care to a UAP, following appropriate delegation procedures.

C. Though they cannot be required to do so, parents/guardians may be asked to accompany the student and attend to the student’s health care needs.

D. If neither of these options are possible or the student should not go on the field trip or school sponsored event because of the unstable/fragile nature of their condition and/or the distance from the emergency care that might be required, the school may provide a comparable learning experience at school or in an alternate, safe location.
   a. See also: Section 504: A Parent and Educator Guide to Free Appropriate Public Education

For additional information regarding Section 504 contact:
Your district 504 officer or team
OSPI Office of Equity and Civil Rights (360) 725-6162 or website:
http://www.k12.wa.us/Equity/default.aspx
OSPI Health Services (360) 725-6040 or Section 504 website:
http://www.k12.wa.us/HealthServices/FreeandAppropriateEducation.aspx

Field Trips Out of State and Out of Country
School districts should have policies and procedures for out of state and country trips. If these do not exist, the school RN should work with district administration and legal counsel to address how the medication/treatment needs of students will be addressed. Washington State is not a member of a nursing licensure compact. Therefore, a Washington State registered or licensed practical nursing license is not valid in other states or countries. The nurse must contact the boards of nursing in the appropriate state for guidance and permission to practice (including delegation to school staff) in that state or determine if the state grants visiting privileges. The nurse may be required to obtain licensure in another state to be able to administer medication/treatments to students or to be able to delegate administration of medication/treatments to school staff. For trips outside the country, the school nurse must contact the visiting country for guidance and permission. It is best to get guidance in writing and have these documents readily available.
XV. DISASTER PLANNING

When districts plan for potential disaster situations, student medication needs must be addressed. Safety is the goal. Considerations should include, but are not limited to:

A. Development of disaster preparedness plans to accommodate a minimum of 72 hours without access to care.

B. Having at least a three-day supply of medications on hand for students who take medications during the school day.

C. The RN or designee contacts parent/guardian to identify medications that students take only at home and to whom the missing of three days of medications could pose a serious health risk for the student or others. The parent/guardian should be asked to provide a three-day supply of these medications and the necessary parent/guardian and LHP requests and instructions. In some instances, by working with the student’s LHP and parent/guardian, the need for the medication can be attenuated or delayed. For instance, insulin dosage may be altered based on food intake and activity level to require less insulin. Some medications may have a longer half-life permitting students to miss a number of doses without serious consequences. These situations must be clarified by the RN to ensure that those students needing medication receive the amount they need in situations where medications cannot be readily obtained without prior planning.

D. Having medications securely and properly stored according to prescription container directions, e.g., refrigerated and monitored for expiration dates. It may be necessary to periodically rotate the school’s disaster medications for an individual student to ensure there are no expired medications at school.

E. Ensuring each student’s IHP contains specific, detailed instructions and diagrams which could be easily understood by UAPs who could assist the student if a nurse was unavailable during a disaster.

Additional resources

 Guidelines for the Care of Students with Diabetes  (2005)
 Guidelines for Care of Students with Anaphylaxis  (2009)
XVI. FREQUENTLY ASKED QUESTIONS

1. **How do you correctly dispose of expired medication in a school setting?** Refer to your district’s policy/procedure or guidelines for medication disposal. There are often local community programs that will “take back” some medications. See also, State and Federal guidance below:
   - *Federal Guidelines for Disposal of Medications*
   - *Disposal of Unused Medicines: What You Should Know*
   - *How to Dispose of Unused Medicines*
   - *Take Back Your Meds*
   - *What You Can and Cannot Take Back*
   - *Washington Attorney General – Prescription Drug Disposal*

2. **Can a school RN or LPN accept a Licensed Healthcare Provider’s (LHP) verbal telephone order?** Yes, it is within the scope of practice of a licensed nurse to take a verbal/phone/fax order from the LHP. The verbal order must be followed by the written order in a reasonable period of time. Refer to the *Nursing Care Quality Assurance Commission Standing Orders and Verbal Orders Advisory Opinion, 2014* for further guidance.

3. **What process does a district follow if there has been a medication theft?** Theft or suspected theft is to be documented and reported to the supervising nurse and building administrator. Theft or suspected theft may also be reportable to local law enforcement.

4. **Can medications be mixed with food such as applesauce or pudding for students who have difficulty swallowing?** Yes, only if you are not altering the form or dose by doing so. Cutting, crushing or sprinkling of the medication are examples of altering the form of an oral medication. If the form of a medication must be changed, the prescribing LHP should indicate this on the medication authorization form and pharmacy label. The following resource may be helpful in providing additional guidance: [http://www.ismp.org/tools/donotcrush.pdf](http://www.ismp.org/tools/donotcrush.pdf)

5. **Can the school registered nurse delegate the reading of numbers on an insulin pump?** Yes, with training, delegation, and supervision from the school nurse, UAPs may verify the number shown on the screen of the insulin pump but, non-licensed school personnel, other than one who is a PDA, may not assist with the pump settings. *Guidelines for the Care of Students with Diabetes, 2005*

6. **Can a school RN delegate naturopathic medications or remedies?** Yes, the nurse practice act requires nurses to execute the medical regimen as prescribed by health professionals. Naturopathic physicians are listed as a health professional that an RN may provide care at or under the direction of. The registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient. *Who Can Prescribe/Administer/Possess Legend Drugs - 2014*

7. **Is a Vagal Nerve Stimulator (VNS) considered a treatment and can the school RN delegate?** Yes, VNS is a treatment. UAPs may, as delegated by the RN, activate devices such as vagal nerve stimulators, if their use is part of the IHP for the care and safety of the student. *NCQAC Registered Nurses Coordinating Seizure Management 2005*
8. **Who can administer glucagon to a student in a school setting?** A licensed nurse (RN, ARNP or LPN), PDA, or parent/guardian/family. The administration of Glucagon cannot be delegated to unlicensed school staff. *Guidelines for the Care of Students with Diabetes, 2005*

9. **Can a school district accept an LHP order for the administration of medical marijuana (cannabis) in school?** No. RCW 69.51A.060 (1),(4)

10. **Are patches considered topical medication?** Yes. Patches are adhesive backed systems that provide a continuous release of medication through the skin. RCW 28A. 210.260

11. **Can schools in WA State use stock medications other than epinephrine?** The only legal reference to the use of stock medications in Washington State schools is for epinephrine auto-injectors. RCW 28A.210.383

12. **How long does a district need to keep medication administration records?**
   - Medication Administration daily logs and error report forms – Retain for 8 years
   - Medication Inventory - Retain for 1 year after medications returned/ destroyed/delivered to law enforcement agency then destroy

   *Washington State Archives - Records Retention Schedules for School Districts and Educational Service Districts*

13. **Can the school registered nurse give out “RID” head lice shampoo to families for the treatment of head lice?** No, this could be considered diagnosing and dispensing medication which would constitute unlawful practice of medicine. (Attorney General Memorandum Dispensing “RID” for Head Lice - 1984)

14. **Can medications be administered intravenously at school? And by whom?**
    Yes, but this task is exclusively a licensed practitioner function and the activity must be within the provider’s individual scope of practice (training, knowledge, skill and ability to perform the activity competently)RCW 18.79.

15. **Can the registered nurse, in a school setting delegate mixing liquid medications via a nebulizer chamber for administration via oral inhalation?** Yes, if the registered nurse has trained, delegated to, and is supervising the UAP to place medication in a nebulizer chamber, and if he/she has determined this is a safe procedure within an individual plan of care. *Nursing Care Quality Assurance Commission-Request for Advisory Opinion from the American Lung Association, Asthma Management in School Settings Committee (2000)*

16. **May the registered nurse in a school setting delegate to unlicensed staff the administration of inhaled medication with a medication authorization that provides a varying dose of medication (i.e. one to two puffs)?** Yes, if such orders are clarified with the authorized prescriber by the registered nurse, this type of medication may be delegated. The registered nurse should contact the authorized provider to determine, for instance, under which circumstances one versus two puffs of an asthma medication should be administered. *Nursing Care Quality Assurance Commission-Request for Advisory Opinion from the American Lung Association, Asthma Management in School Settings Committee (2000)*
17. Is sunscreen considered a medication? Yes. Sunscreen is categorized as a medication because it is regulated by the Food and Drug Administration. For verification of the FDA’s oversight of sunscreen, you may refer to http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/cfsearch.cfm?cfrpart=352. The administration of sunscreen may be delegated to unlicensed staff as a topical medication with LHP and parent/guardian written authorization.

18. When should medication be counted?
   A. Medication should be counted upon the school’s initial receipt of and periodically as noted in the district’s medication policy and procedure;
   B. Controlled substances should be counted weekly as recommended by the Board of Pharmacy;
   C. Medication should be counted when discontinued, expired or at the end of the school year.

19. If a student appears to be having an allergic reaction, but I am uncertain if the student was truly exposed to any food containing the allergen, what should I do?

20. Follow the student’s IHP. If ordered, treat the student immediately with epinephrine, call 911, and follow the IHP. When in doubt, treat the student. Students may have a delayed reaction. Fatalities frequently occur because the epinephrine was administered too late.

21. Can my child’s epinephrine be stored in the classroom? Yes. Students are entitled to have backup medication in a location to which the student has immediate access. The classroom may very well be an appropriate location to store epinephrine. RCW 28A.210.370

22. Can a school RN accept an electronic/digital LHP signature for a medication order? Yes, although there is nothing in the law or rule that explicitly mentions electronic health care orders, it is common practice to consider them valid orders. The electronic system used should have the required authentication information. If there are questions regarding the validity, the RN should authenticate by making a call to the provider just as if it were a paper order.


23. Does a student with a “life-threatening health condition”, as defined by state law, automatically qualify as a disabled student under Section 504 for the purposes of FAPE? Yes. RCW 28A.210.320 defines “life-threatening health condition” as a health condition that puts a student in danger of death during the school day if a medication or treatment order and a nursing care plan are not in place, by definition, a student with a “life-threatening health condition” has a physical or mental impairment that substantially limits a major life activity, and qualifies as a disabled student under Section 504 for purposes of FAPE. A Parent and Educator Guide to Free Appropriate Public Education

24. Is the school district responsible for medication management for students participating in an outside agency educational or childcare program that is housed on school property, before, during or after the school day? This is a complex and challenging question and there is not a clear answer. School administrators should discuss the specific situation with district legal counsel to determine district responsibilities.
25. Can a licensed nurse (RN & LPN) practicing in a school setting respond to a student opioid overdose by administering an opioid antagonist (i.e. Naloxone)?

Yes, if the following is in place:

1. District policy and procedures for the administration of medication pursuant to RCW 28A.210.260 & 270.

2. Written, current and unexpired orders from a licensed health care provider (LHP) prescribing within the scope of his or her prescriptive authority for an individual student.

3. Acquisition of parent request and signature.
## XVII. REFERENCES

<table>
<thead>
<tr>
<th><strong>RCW / WAC</strong></th>
<th><strong>References</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration of medications by employees not licensed under chapter 18.79 RCW — Requirements — Immunity from liability.</td>
<td>RCW 28A.210.275</td>
</tr>
<tr>
<td>Administrative procedures and requirements for credentialed healthcare providers</td>
<td>WAC 246-12</td>
</tr>
<tr>
<td>Advanced registered nurse practitioner (ARNP) scope of practice</td>
<td>WAC 246-840-300</td>
</tr>
<tr>
<td>Anaphylaxis — Policy guidelines — Procedures — Reports</td>
<td>RCW 28A.210.380</td>
</tr>
<tr>
<td>Authority to use, prescribe, dispense and order</td>
<td>WAC 246-836-210</td>
</tr>
<tr>
<td>Chapter 18.79 RCW NURSING CARE</td>
<td>RCW 18.79</td>
</tr>
<tr>
<td>Children with life-threatening health conditions – Medications or treatment orders – Rules</td>
<td>RCW 28A.210.320</td>
</tr>
<tr>
<td>Construction. 1 and 2: (b) Preventing a person from the domestic administration of family remedies or the furnishing of nursing assistance in case of emergency;</td>
<td>RCW 18.79.240 (1)(b) and (2)(b)</td>
</tr>
<tr>
<td>Crimes — Limitations of chapter. (4) Nothing in this chapter requires any accommodation of any on-site medical use of cannabis in any place of employment, in any school bus or on any school grounds........</td>
<td>RCW 69.51A.060(1)(4)</td>
</tr>
<tr>
<td>Definitions (7) Delegation</td>
<td>WAC 246-840-0107 (a), (b), (c).</td>
</tr>
<tr>
<td>Definitions. (11) &quot;Drug&quot; and &quot;devices&quot; do not include surgical or dental instruments or laboratory materials, gas and oxygen........</td>
<td>RCW 18.64.011(11)</td>
</tr>
<tr>
<td>Definitions (Regarding controlled substances)</td>
<td>RCW 69.50.101</td>
</tr>
<tr>
<td>Disclosure without patient's authorization — Need-to-know basis</td>
<td>RCW 70.02.050</td>
</tr>
<tr>
<td>Epinephrine auto injectors (EPI pens) — School supply — Use.</td>
<td>RCW 28A.210.383</td>
</tr>
<tr>
<td>Functions of a registered nurse and a licensed practical nurse</td>
<td>WAC 246-840-705</td>
</tr>
<tr>
<td>Immunity from liability for certain types of medical care (Good Samaritan Law)</td>
<td>RCW 4.24.300</td>
</tr>
<tr>
<td>Is oxygen covered under this rule?</td>
<td>WAC 246-888-080</td>
</tr>
<tr>
<td>Description</td>
<td>Reference</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Legend drugs – prescription drugs</td>
<td>RCW 69.41</td>
</tr>
<tr>
<td>Licenses required — Titles.</td>
<td>RCW 18.79.030</td>
</tr>
<tr>
<td>Patient Authorization of disclosure (Laws relating to confidentiality)</td>
<td>RCW 70.02.030</td>
</tr>
<tr>
<td>Practical and Registered Nursing</td>
<td>WAC 246-840</td>
</tr>
<tr>
<td>Provision of health services in public and private schools — Employee job</td>
<td>RCW 28A.210.255</td>
</tr>
<tr>
<td>description.</td>
<td></td>
</tr>
<tr>
<td>Public and private schools — Administration of medication — Conditions.</td>
<td>RCW 28A.210.260</td>
</tr>
<tr>
<td>Public and private schools — Administration of medication — Immunity from</td>
<td>RCW 28A.210.270</td>
</tr>
<tr>
<td>liability — Discontinuance, procedure.</td>
<td></td>
</tr>
<tr>
<td>Public school pupils-immunization requirement and life-threatening health</td>
<td>WAC 392-380</td>
</tr>
<tr>
<td>conditions</td>
<td></td>
</tr>
<tr>
<td>Registered nurse – Activities allowed – Delegation of tasks</td>
<td>RCW 18.79.260</td>
</tr>
<tr>
<td>Regulation of Health Professions – Uniform Disciplinary Act</td>
<td>RCW 18.130</td>
</tr>
<tr>
<td>Related Services (Provision of school health and nursing services related</td>
<td>WAC 392-172-A-01155(1)</td>
</tr>
<tr>
<td>to special education)</td>
<td></td>
</tr>
<tr>
<td>Sale, delivery, or possession of legend drugs without prescription or order</td>
<td>RCW 69.41.030</td>
</tr>
<tr>
<td>prohibited- Exception - Penalties</td>
<td></td>
</tr>
<tr>
<td>School attendance conditioned upon presentation of proofs</td>
<td>WAC 392-380-045</td>
</tr>
<tr>
<td>Students with asthma</td>
<td>RCW 28A.210.370</td>
</tr>
<tr>
<td>Students with diabetes — Individual health plans — Designation of</td>
<td>RCW 28A.210.330-350</td>
</tr>
<tr>
<td>professional to consult and coordinate with parent and health care provider</td>
<td></td>
</tr>
<tr>
<td>— Training and supervision of school district personnel.</td>
<td></td>
</tr>
<tr>
<td>Unauthorized professional practice.</td>
<td>WAC 181-87-070</td>
</tr>
</tbody>
</table>

**Guides / Manuals**

<table>
<thead>
<tr>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp Nursing (2011)</td>
<td>WA State NCQAC Advisory</td>
</tr>
<tr>
<td></td>
<td>Opinion NCAO 2.0</td>
</tr>
<tr>
<td>Curriculum Standards for Developing Curricula to Train PDA's Working with</td>
<td>OSPI and Seattle Children's</td>
</tr>
<tr>
<td>Students with Diabetes (June, 2009)</td>
<td>Hospital</td>
</tr>
<tr>
<td>Title</td>
<td>Organization</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Field Trips and Medication Administration (April, 1980)</td>
<td>WA State NCQAC</td>
</tr>
<tr>
<td>Guidelines for Care of Students with Anaphylaxis (March, 2009)</td>
<td>OSPI Anaphylaxis Manual</td>
</tr>
<tr>
<td>Guidelines for Care of Students with Diabetes (May, 2005)</td>
<td>OSPI Diabetes Manual</td>
</tr>
<tr>
<td>Intravenous Therapy by Licensed Practical Nurses Interpretive Statement</td>
<td>WA State NCQAC</td>
</tr>
<tr>
<td>Medical Marijuana and Schools: What’s Legal and What’s Not? WSSDA Direct Newsletter (October, 2012)</td>
<td>WSSDA Direct</td>
</tr>
<tr>
<td>Registered Nurses (RN) Coordinating Seizure Management Interpretive Statement</td>
<td>WA State NCQAC</td>
</tr>
<tr>
<td>Registered Nurse Delegation in School Settings (July, 2014)</td>
<td>WA State NCQAC Advisory Opinion NCAO 4.0</td>
</tr>
<tr>
<td>Request for advisory opinion from the American Lung Association, Seattle Headquarters, Asthma Management in School Settings Committee (September, 2000)</td>
<td>WA State NCQAC</td>
</tr>
<tr>
<td>Staff Model for the Delivery of School Health Services (April, 2001)</td>
<td>OSPI Staff Model for Delivery of School Health Services</td>
</tr>
<tr>
<td>Standing Orders and Verbal Orders (September, 2014)</td>
<td>WA State NCQAC Advisory Opinion NCAO 6.0</td>
</tr>
<tr>
<td>Who Can Prescribe/Administer/Possess Legend Drugs and/or Controlled Substances in Washington State? (August, 2014)</td>
<td>DOH Document</td>
</tr>
</tbody>
</table>

### OSPI Publications / Resources

- A Parent and Educator Guide to Free Appropriate Public Education (July, 2010) | OSPI Website – A Free and Appropriate Education
- Homeless Education – Resources for Educators | OSPI Homeless Education and Resources
- Interstate Compact on Educational Opportunities for Military Children (December, 2008) | OSPI Military Compact--Task force findings and recommendations
- K-12 Schools – Epinephrine Auto injectors (September, 2014) | OSPI Memorandum No MO51-14
| Key Provision of Senate Bill 6128: School Employees – Medication Administration and nursing Services (August, 2014) | OSPI Memorandum No MO44-14 |
| Nasal Spray Administration (July, 2014) | OSPI Memorandum No M037-14 |
| OSPI Equity and Civil Rights website and contact information for 504 guidance | http://www.k12.wa.us/Equity/default.aspx |
| OSPI Health Services website and contact information for 504 guidance | http://www.k12.wa.us/HealthServices/FreeandAppropriateEducation.aspx |
| Special Education – Laws and Regulations | OSPI Website - Special Education |
| Staff Model for the Delivery of School Health Services (April, 2001) | OSPI Staff Model for Delivery of School Health Services |
| Statement from State Superintendent Randy Dorn About Marijuana | OSPI Website - Communications and Community Outreach Publication |
| The Administration of Medications in Schools (June 2001) | OSPI Bulletin NO.34-01 |

### State and Federal Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Americans with Disabilities Act 1990</td>
<td>United States Department of Labor ADA</td>
</tr>
<tr>
<td>Disposal of Unused Medicines: What you Should Know (February, 2015)</td>
<td>US Food &amp; Drug Administration</td>
</tr>
<tr>
<td>How to Dispose of Unused Medicines (February, 2015)</td>
<td>US Food &amp; Drug Administration</td>
</tr>
<tr>
<td>Individuals with Disabilities Education Act of 1976</td>
<td>US Department of Education IDEA</td>
</tr>
<tr>
<td>Marijuana Resource Center State Laws Related to Marijuana</td>
<td>National Drug Control Policy</td>
</tr>
<tr>
<td>Prescription Drug Disposal</td>
<td>Washington State Office of the Attorney General</td>
</tr>
<tr>
<td>Take Back your Meds</td>
<td>Washington State Coalition of 270 Organizations</td>
</tr>
<tr>
<td>Washington State Records Retention Schedule for School Districts and ESDs (Updated 12-18-14)</td>
<td>Records Retention Schedule</td>
</tr>
</tbody>
</table>
XVIII. APPENDICES

This section includes a variety of Sample Forms to assist in the implementation of your district’s medication management system. You may choose to revise forms to meet the specific needs of your district and/or community. If you have questions about the content of any form, consult with your district’s legal advisor.

Medication Policies and Procedures

Washington State School Directors Association (WSSDA) Policy 3416 .............................................. 49
Washington State School Directors Association (WSSDA) Procedure 3416P ..................................... 51
Sample Medication Policy ................................................................. 53
Sample Medication Procedure ......................................................... 55

Medication Delegation and Training

NCQAC School Registered Nurse Delegation Decision Tree ................................................... 61
General Medication Administration Skills Checklist ................................................................. 62
Oral (Solid) Medication Administration Skills Checklist ........................................................ 64
Oral (Liquid) Medication Administration Skills Checklist ........................................................ 65
Eye Drops or Ointment Skills Checklist .................................................................................. 66
Ear Drops Administration Skills Checklist ............................................................................. 67
Topical Ointment, Paste, Salves, Creams, Patches Skills Checklist ........................................... 68
Transdermal Patches Skills Checklist .................................................................................. 69
Nasal Spray Skills Checklist ................................................................................................. 70
Midazolam Delivery Procedure ........................................................................................ 71
Intranasal Midazolam Administration Skills Checklist .......................................................... 72
Metered Dose Inhaler (MDI) Skills Checklist .......................................................................... 73
Medication by Nebulizer Skills Checklist ............................................................................... 74
Procedure: How to Administer Epi-Pen ................................................................................. 76
Epipen Skills Checklist ........................................................................................................ 77
Administering Medication per Gastrostomy Button Bolus Method ............................................ 78
Administering Medication by G-Tube .................................................................................... 80
Medication Administration Delegation .................................................................................. 81
Medication Supervision Documentation ............................................................................... 83
Rescinding Delegation - Registered Nurse ............................................................................. 84

General Practice

Authorization to Administer Medication at School ................................................................. 86
Permission to Administer Medication at School, English/Spanish ........................................... 88
Receipt for Medication ........................................................................................................ 89
Medication Inventory Record ............................................................................................. 90
Medication Administration Record with Receipt and Count Logs .......................................... 91
Emergency Medication Administration Record .................................................................... 93
Discontinuation of Medication Administration at School ....................................................... 94
Parent Letter – Leftover Medications .................................................................................. 95
Parent Letter – Leftover Medications, Spanish .................................................................... 96
Medication Administration and Early Dismissal ................................................................. 97
Medication Policies and Procedures

Sample Medication Policies and Procedures
Medication at School

Under normal circumstances prescribed and over-the-counter medication should be dispensed before and/or after school hours under supervision of the parent or guardian. If a student must receive prescribed or over-the-counter oral or topical medication, eye drops, ear drops or nasal spray (“medications”) from an authorized staff member, the parent must submit a written authorization accompanied by a written request from a licensed health professional prescribing within the scope of his or her prescriptive authority. If the medication will be administered for more than fifteen consecutive days, the health professional must also provide written, current and unexpired instructions for the administration of the medication.

The superintendent will establish procedures for:

A. Training and supervision of staff members in the administration of prescribed or non-prescribed oral medication to students by a physician or registered nurse;

B. Designating staff members who may administer prescribed or non-prescribed oral medication to students;

C. Obtaining signed and dated parental and health professional request for the dispensing of prescribed or non-prescribed oral medications, including instructions from health professional if the medication is to be given for more than fifteen (15) days;

D. Storing prescribed or non-prescribed medication in a locked or limited access facility;

E. Maintaining records pertaining to the administration of prescribed or non-prescribed oral medication; and

F. Permitting, under limited circumstances, students to carry and self-administer medications necessary to their attendance at school.

Nasal Inhalers, suppositories and non-emergency injections may not be administered by school staff other than registered nurses and licensed practical nurses. No medication will be administered by injection by school staff except when a student is susceptible to a predetermined, life-endangering situation [See Policy 3420, Anaphylaxis Prevention and Response]. In such an instance, the parent will submit a written and signed permission statement. Such an authorization will be supported by signed and dated written orders accompanied by supporting directions from the licensed health professional. A staff member will be trained prior to injecting a medication.

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

(Insert language below if district elects to administer legend (prescribed) drugs or controlled substances by nasal spray.)

Administration of legend (prescribed) drugs or controlled substances by nasal spray.
If a school nurse is on the premises, he/she may administer a nasal spray containing a prescribed drug or controlled substance to a student. If a school nurse is not on school premises, a nasal spray containing a legend (prescribed) drug or controlled substance may be administered by: 1) a trained school employee, provided that person has received appropriate RN delegation and volunteered for the training pursuant to RCW 28A.210.260; or 2) a parent designated adult.

A parent designated adult is a volunteer, who may be a school district employee, who receives additional training from a healthcare professional or expert in epileptic seizure care selected by the parent who provides care for the student consistent with the student’s individual health plan on file with the school.

Required Notification of EMS

After every administration of any legend (prescribed) drug or controlled substance by nasal spray to a student, Emergency Medical Services (911) will be summoned as soon as practicable.

Legal References:

- RCW 28A.210.260 Public and private schools - Administration of medication — Conditions
- RCW 28A.210.270 Public and private schools — Administration of medication — Immunity from liability — Discontinuance, procedure

Management Resources:

- 2014 - February Issue
- 2012 - August Issue
- Policy News, February 2001 Oral Medication Definition Expanded

Adoption Date:
Classification: **Essential**
Revised Dates: **02.01; 12.11; 08.12; 02.14**
Used with permission from Washington State School Director’s Association
Procedure Medication at School

Each school principal will authorize two staff members to administer prescribed or non-prescribed medication. These designated staff members will receive RN delegation prior to the opening of school each year.

For purposes of this procedure, "medication" means oral medication, topical medication, eye drops and nasal spray. Oral medications are administered by mouth either by swallowing or by inhaling and may include administration by mask if the mask covers the mouth or mouth and nose.

Medication may be dispensed to students on a scheduled basis upon written authorization from a parent with a written request by a licensed health professional prescribing within the scope of their prescriptive authority. If the medication is to be administered more than fifteen consecutive days the written request must be accompanied by written instructions from a licensed health professional. Requests will be valid for not more than the current school year. The prescribed or non-prescribed medication must be properly labeled and be contained in the original container. The dispenser of prescribed or non-prescribed oral medication will:

A. Collect the medication directly from the parent (students should not transport medication to school), collect an authorization form properly signed by the parent and by the prescribing health professional and collect instructions from the prescribing health professional if the oral medication is to be administered for more than fifteen consecutive days;

B. Store the prescription or non-prescribed oral medication (not more than a twenty (20) day supply) in a locked, substantially constructed cabinet;

C. Maintain a daily record which indicates that the prescribed or non-prescribed medication was dispensed;

D. Provide for supervision by a physician or registered nurse.

A copy of this policy will be provided to the parent upon request for administration of medication in the schools.

Prescribed and over-the-counter oral or topical medications, eye drops or ear drops may be administered by a registered nurse, a licensed practical nurse or an authorized staff member.

Nasal sprays containing legend (prescription) drugs or controlled substances may only be administered by a school nurse or, if a school nurse is not present on school premises, an authorized school employee; or a parent designated adult with training as required by RCW 28A.210.260.

No prescribed medication will be administered by injection by staff except when a student is susceptible to a predetermined, life-endangering situation. The parent will submit a written statement which grants a staff member the authority to act according to the specific written orders and supporting directions provided by licensed health professional prescribing within his or her prescriptive authority (e.g., medication administered to counteract a reaction to an insect sting). Such medication will be administered by staff trained by the supervising registered nurse to administer such an injection.

Written orders for emergency medication, signed and dated, from the licensed health professional prescribing within his or her prescriptive authority will:
A. State that the student suffers from an allergy which may result in an anaphylactic reaction;

B. Identify the drug, the mode of administration, the dose. Epinephrine administered by inhalation, rather than injection, may be a treatment option. This decision must be made by the licensed health professional prescribing within his or her prescriptive authority;

C. Indicate when the injection will be administered based on anticipated symptoms or time lapse from exposure to the allergen;

D. Recommend follow-up after administration, which may include care of the stinger, need for a tourniquet, administration of additional medications, transport to hospital; and

E. Specify how to report to the health professional prescribing within his or her prescriptive authority and any record keeping recommendations.

If a health professional and a student’s parent request that a student be permitted to carry his/or her own medication and/or be permitted to self-administer the medication, the principal may grant permission after consulting with the school nurse. The process for requesting and providing instructions will be the same as established for oral medications. The principal and nurse will take into account the age, maturity and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer the medication and other issues relevant in the specific case before authorizing a student to carry and/or self-administer medication at school. Except in the case of multi-dose devices (like asthma inhalers), students will only carry one day’s supply of medication at a time. Violations of any conditions placed on the student permitted to carry and/or self-administer his or her own medication may result in termination of that permission, as well as the imposition of discipline when appropriate.

(The following procedures are specific to parent designated adult care of students with epilepsy.)

Parent Designated Adult Care of Students with Epilepsy

Parents of students with epilepsy may designate an adult to provide care for their student consistent with the student's individual health care plan. At parent request, school district employees may volunteer to be a parent designated adult under this policy, but they will not be required to participate. Parent designated adults who are school employees will file a voluntary, written, current and unexpired letter of intent stating their willingness to be a parent designated adult. Parent designated adults who are school employees are required to receive training in caring for students with epilepsy from the school nurse. Parent designated adults will receive additional training from a parent selected health care professional or expert in epileptic care to provide the care (including medication administration) requested by the parent.

Parent designated adults who are not school employees are required to show evidence of comparable training, and meet school district requirements for volunteers. Parent designated adults will receive additional training from a parent selected health care professional or expert in epileptic care to provide the care requested by the parent. The (insert appropriate staff member) is not responsible for the supervision of procedures authorized by the parent and carried out by the parent designated adult.

Adoption Date:
Classification:
Revised Dates: 10.01; 12.11; 02.14
Used with permission from Washington State School Directors’ Association
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: ________

Students

Legal References

RCW 28A.210.260  Administration of medication - Conditions
RCW 28A.210.270  Administration of Medication – Immunity from Liability
WAC 392-380  Life-Threatening Health Condition

Cross References

Policy 3418  Emergency Treatment
Policy 3419  Self-Administration of Asthma and Anaphylaxis Medications

Management Resources

Policy and Legal News  November 2013  Discretionary new “EpiPen” law allows districts to stock and administer their own supply of epinephrine auto injectors

Policy News  August 2012  Anaphylaxis Prevention and Response
Policy News  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 a 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:
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 then 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.
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.
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 his/her 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:
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.
   c. 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.
Medication Delegation and Training

School Nurse Delegation Decision Tree

and

Sample Forms
NCQAC Advisory Opinion 4.0: Registered Nurse Delegation in School Settings

School Registered Nurse Delegation Decision Tree

Does the school RN understand the principles of delegation and the delegation process?
Yes → No

Has the school RN performed a nursing assessment of the student's health care needs?
Yes → No

Does the school or school district policy support delegation of the task?
Yes → No

Is the student's condition stable and predictable?
Yes → No

Is the delegation of task legally supported?
Yes → No

Is the task within the demonstrated competence of the delegating school RN?
Yes → No

Has the appropriate training been provided to the UAP about the task?
Yes → No

Does the UAP have demonstrated competence to perform the task?
Yes → No

Is the UAP willing and available to perform the task?
Yes → No

Can the task be done without requiring nursing judgment?
Yes → No

Can the task be done according to exact, unchanging directions?
Yes → No

Can the task be done without requiring repeated assessments and complex nursing skills?
Yes → No

Is the school RN able to appropriately supervise performance of the task?
Yes → No

Is the school RN willing to accept the consequences of delegating the task?
Yes → No

School RN may delegate

For persons with disabilities, this document is available on request in other formats. To submit a request, call 1-800-525-0127 (TDD/TTY 711)
<table>
<thead>
<tr>
<th><strong>General Medication Administration Skills Checklist</strong></th>
<th><strong>Date Skill Verbalized / Demonstrated</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knows policy on medication</strong></td>
<td></td>
</tr>
<tr>
<td>1) All medications (prescription and over-the-counter) need a request for medication administration form signed by a licensed health care provider (LHP) and parent/guardian and approved by the school nurse before medications are given.</td>
<td></td>
</tr>
<tr>
<td>2) Medications are to be in prescription bottle or original pharmacy container.</td>
<td></td>
</tr>
<tr>
<td>3) Medications are stored in locked drawer or cabinet.</td>
<td></td>
</tr>
<tr>
<td>4) Only designated and trained staff members or school nurses may give medications at school.</td>
<td></td>
</tr>
<tr>
<td>5) Medication administration records will be maintained on each student receiving medications at school.</td>
<td></td>
</tr>
<tr>
<td><strong>Procedure as forms and medications are received by staff</strong></td>
<td></td>
</tr>
<tr>
<td>1) Medication folder contains the following:</td>
<td></td>
</tr>
<tr>
<td>a) Signed parent/guardian and LHP request forms.</td>
<td></td>
</tr>
<tr>
<td>b) District medication administration policy/procedure.</td>
<td></td>
</tr>
<tr>
<td>c) Medication administration record.</td>
<td></td>
</tr>
<tr>
<td>d) List of trained staff able to administer medication (copy of skills sheet).</td>
<td></td>
</tr>
<tr>
<td>e) Poison Control phone number</td>
<td></td>
</tr>
<tr>
<td>2) Familiarize oneself with the medication that each student is taking.</td>
<td></td>
</tr>
<tr>
<td>3) Check possible side effects for each medication (list on form).</td>
<td></td>
</tr>
<tr>
<td>4) Check and compare Medication Request Form/Record-Log and medication label to assure that the <strong>SIX RIGHTS</strong> for medication administration can be followed (everything should match and school nurse must have signed off on it):</td>
<td></td>
</tr>
<tr>
<td>a) <strong>Right</strong> student (medication form could include student’s picture)</td>
<td></td>
</tr>
<tr>
<td>b) <strong>Right</strong> medication</td>
<td></td>
</tr>
<tr>
<td>c) <strong>Right</strong> dose</td>
<td></td>
</tr>
<tr>
<td>d) <strong>Right</strong> time</td>
<td></td>
</tr>
<tr>
<td>e) <strong>Right</strong> route</td>
<td></td>
</tr>
<tr>
<td>f) <strong>Right</strong> documentation</td>
<td></td>
</tr>
<tr>
<td>5) Transfer student’s medication information on Medication Request Form to Medication Administration Record on back of form (to be done by the nurse).</td>
<td></td>
</tr>
<tr>
<td>6) Count the number of pills in bottle and record, initial, and date.</td>
<td></td>
</tr>
</tbody>
</table>
**General principles for administering medication**

1. Wash hands.

2. Check and compare Medication Request Form/Record-Log and medication label to assure that the SIX RIGHTS for medication administration are followed (everything should match):
   - a) **Right** student
   - b) **Right** medication
   - c) **Right** dose
   - d) **Right** time
   - e) **Right** route (oral, eye, ear, nasal, topical, nasal spray – please see below)
   - f) **Right** documentation

3. If the information on record does not match medication container.
   - a) Call school nurse for instructions
   - b) Parent/guardian may give medication until situation is resolved

4. **Do NOT** touch medication with your hands.

5. For any changes in medication, a new parent/guardian/LHP Medication Request Form and newly labeled bottle is needed before medication can be administered at school. If changes are requested immediately, call RN.

6. Medication may be discontinued at any time by the parent/guardians, either verbally or in writing, when approved by the RN, with input from LHP.

7. Any problems or concerns should be communicated to parent/guardians and/or school nurse.

---

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer medications as outlined above during the _________________________ school year.

______________________________________________________  ________________
Staff signature                                   Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of solid oral medication during the _________________________ school year.

______________________________________________________  ________________
Registered Nurse signature                    Date
<table>
<thead>
<tr>
<th>Oral (Solid) Medication Administration Skills Checklist</th>
<th>Date Skill Verbalized / Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Check and compare Medication Request Form/Record-Log and medication label to assure that the <strong>SIX RIGHTS</strong> for medication administration can be followed (everything should match and school nurse must have signed off on it):</td>
<td></td>
</tr>
<tr>
<td>2) <strong>Right</strong> student (medication form could include student’s picture)</td>
<td></td>
</tr>
<tr>
<td>3) <strong>Right</strong> medication</td>
<td></td>
</tr>
<tr>
<td>4) <strong>Right</strong> dose (number of pills to give)</td>
<td></td>
</tr>
<tr>
<td>5) <strong>Right</strong> time</td>
<td></td>
</tr>
<tr>
<td>6) <strong>Right</strong> route (oral)</td>
<td></td>
</tr>
<tr>
<td>7) <strong>Right</strong> documentation</td>
<td></td>
</tr>
<tr>
<td>8) Pour medication into the bottle lid and then into the disposable medicine cup holding the cup over a counter.</td>
<td></td>
</tr>
<tr>
<td>9) Provide the student with water or other substance that allows for easy swallowing.</td>
<td></td>
</tr>
<tr>
<td>10) Verify the student has swallowed the medication.</td>
<td></td>
</tr>
<tr>
<td>11) Document on the Medication Administration Record/Log that you have administered the medication.</td>
<td></td>
</tr>
<tr>
<td>12) Replace the medication in locked storage area.</td>
<td></td>
</tr>
<tr>
<td>13) Observe the student for any medication reaction as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer solid oral medication as outlined above during the ________________ school year.

______________________________________________________  ___________________
Staff signature                                   Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of solid oral medication during the ________________ school year.

______________________________________________________  ___________________
Registered Nurse signature                    Date
### Oral (Liquid) Medication Administration Skills Checklist

<table>
<thead>
<tr>
<th>1) Follow the Six Rights of Medication Administration; <strong>Right</strong> student, <strong>Right</strong> medication, <strong>Right</strong> dose, <strong>Right</strong> time, <strong>Right</strong> route and <strong>Right</strong> documentation.</th>
<th>Date Skill Verbalized / Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Wash hands.</td>
<td></td>
</tr>
<tr>
<td>3) Have the container at eye level when measuring.</td>
<td></td>
</tr>
<tr>
<td>4) Holding the bottle so that the label is in the palm of the hand, pour the liquid into a plastic marked cup or other receptacle such as a medicine spoon or syringe. Pay attention to the markings on the container to make sure the dose is accurate.</td>
<td></td>
</tr>
<tr>
<td>5) Verify the student has swallowed the medication.</td>
<td></td>
</tr>
<tr>
<td>6) Document on the Medication Request Form/Record-Log that you have administered the medication.</td>
<td></td>
</tr>
<tr>
<td>7) Replace the medication in locked storage area.</td>
<td></td>
</tr>
<tr>
<td>8) Observe the student for any medication reaction as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer solid oral medication as outlined above during the _________________________ school year.

______________________________________________________  ___________________
Staff signature                                   Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of solid oral medication during the ___________________ school year.

______________________________________________________  ___________________
Registered Nurse signature                    Date
<table>
<thead>
<tr>
<th>Eye Drops or Ointment Skills Checklist</th>
<th>Date Skill Verbalized / Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Follow the Six Rights of Medication Administration; <strong>Right</strong> student, <strong>Right</strong> medication, <strong>Right</strong> dose, <strong>Right</strong> time, <strong>Right</strong> route and <strong>Right</strong> documentation. Know which eye is to be treated. Initials may be used to specify the eye that requires treatment, O.D. = right eye; O.S. = left eye; O.U. = both eyes.</td>
<td></td>
</tr>
<tr>
<td>2) Wash hands.</td>
<td></td>
</tr>
<tr>
<td>3) Put on gloves.</td>
<td></td>
</tr>
<tr>
<td>4) Stabilize the head by having the student tilt their head back or have them lie down.</td>
<td></td>
</tr>
<tr>
<td>5) Have the student look upward.</td>
<td></td>
</tr>
<tr>
<td>6) Gently pull the lower lid away from the eye to form a “pocket.”</td>
<td></td>
</tr>
<tr>
<td>7) Place drop(s) into pocket area allowing the drop(s) to fall into the pocket. Do not place medicine directly on the eye itself. <strong>Make sure the bottle tip does not touch the eye or eyelid.</strong></td>
<td></td>
</tr>
<tr>
<td>8) If an ointment is used, apply a thin strip into the “pocket” without touching the eye or eyelid.</td>
<td></td>
</tr>
<tr>
<td>9) Have the student close their eye(s) for a few moments.</td>
<td></td>
</tr>
<tr>
<td>10) Dab away excess with tissue.</td>
<td></td>
</tr>
<tr>
<td>11) Remove gloves and wash hands.</td>
<td></td>
</tr>
<tr>
<td>12) Document on the Medication Request Form/Record-Log that you have administered the medication.</td>
<td></td>
</tr>
<tr>
<td>13) Replace medication in locked storage area.</td>
<td></td>
</tr>
<tr>
<td>14) Observe the student for any medication reaction as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer eye medication as outlined above during the _________________ school year.

______________________________  ___________________
Staff signature                                   Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of eye medication.

______________________________  ___________________
Registered Nurse signature                    Date
### Ear Drops Skills Checklist

<table>
<thead>
<tr>
<th></th>
<th>Date Skill Verbalized / Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Follow the Six Rights of Medication Administration: <strong>Right</strong> student, <strong>Right</strong> medication, <strong>Right</strong> dose, <strong>Right</strong> time, <strong>Right</strong> route and <strong>Right</strong> documentation.</td>
<td></td>
</tr>
<tr>
<td>2) Wash hands.</td>
<td></td>
</tr>
<tr>
<td>3) Put on gloves.</td>
<td></td>
</tr>
<tr>
<td>4) Loosen lid on medication and squeeze rubber stopper to fill the dropper.</td>
<td></td>
</tr>
<tr>
<td>5) Stabilize the student’s head by tilting it toward the opposite shoulder and turn head to the side or have them lie down on their side.</td>
<td></td>
</tr>
<tr>
<td>6) Gently pull the top of the ear (cartilage) back and up and hold.</td>
<td></td>
</tr>
<tr>
<td>7) Place the prescribed number of drops into the ear canal without touching the dropper to the ear.</td>
<td></td>
</tr>
<tr>
<td>8) Have the student remain in the same position for a few minutes to avoid leakage.</td>
<td></td>
</tr>
<tr>
<td>9) Remove gloves and wash hands.</td>
<td></td>
</tr>
<tr>
<td>10) Document on the Medication Request Form/Record-Log that you have administered the medication.</td>
<td></td>
</tr>
<tr>
<td>11) Replace medication in locked storage area.</td>
<td></td>
</tr>
<tr>
<td>12) Observe the student for any medication reaction as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer eye medication as outlined above during the ________________ school year.

____________________________  ___________________
Staff signature                                   Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of eye medication.

____________________________  ___________________
Registered Nurse signature                    Date

---

68
<table>
<thead>
<tr>
<th><strong>Topical Ointment, Paste, Salve, Cream Skills Checklist</strong></th>
<th><strong>Date Skill Verbalized / Demonstrated</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1)</strong> Follow the Six Rights of Medication Administration; <strong>Right</strong> student, <strong>Right</strong> medication, <strong>Right</strong> dose, <strong>Right</strong> time, <strong>Right</strong> route and <strong>Right</strong> documentation.</td>
<td></td>
</tr>
<tr>
<td><strong>2)</strong> Wash hands.</td>
<td></td>
</tr>
<tr>
<td><strong>3)</strong> Put on gloves.</td>
<td></td>
</tr>
<tr>
<td><strong>4)</strong> Loosen cap on the medication and squeeze a small amount directly onto cotton tipped applicator (Q-tip®).</td>
<td></td>
</tr>
<tr>
<td><strong>5)</strong> Apply ointment directly to the area or give applicator to student for them to apply.</td>
<td></td>
</tr>
<tr>
<td><strong>6)</strong> Cover area, if indicated.</td>
<td></td>
</tr>
<tr>
<td><strong>7)</strong> Remove gloves and wash hands.</td>
<td></td>
</tr>
<tr>
<td><strong>8)</strong> Document on the Medication Request Form/Record-Log that you have administered the medication.</td>
<td></td>
</tr>
<tr>
<td><strong>9)</strong> Replace medication in locked storage area.</td>
<td></td>
</tr>
<tr>
<td><strong>10)</strong> Observe the student for any medication reaction as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

I have voluntarily received training and was able to ask questions about the above information. I understand my responsibility and voluntarily agree to administer topical medication as outlined above during the ____________ school year.

__________________________________________________________________________  ____________
**Staff signature**                                                                 **Date**

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of topical medication.

__________________________________________________________________________  ____________
**Registered Nurse signature**                                                      **Date**
Transdermal Patch Skills Checklist

A transdermal skin patch is impregnated with medication which, when applied to the skin, releases a continuous and controlled dosage over a specified time period.

<table>
<thead>
<tr>
<th>Transdermal Patches Skills Checklist</th>
<th>Date Skill Verbalized / Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow the Six Rights of Medication Administration; <strong>Right</strong> student, <strong>Right</strong> medication, <strong>Right</strong> dose, <strong>Right</strong> time, <strong>Right</strong> route and <strong>Right</strong> documentation.</td>
<td></td>
</tr>
<tr>
<td>Gloves should be worn to apply/remove transdermal patches.</td>
<td></td>
</tr>
<tr>
<td>Remove the old patch, if present.</td>
<td></td>
</tr>
<tr>
<td>Wash client’s skin with soap and water (both new site and removal site).</td>
<td></td>
</tr>
<tr>
<td>Rotate application sites to avoid skin irritation.</td>
<td></td>
</tr>
<tr>
<td>Peel backing off the patch press on skin and apply pressure to assure skin adherence.</td>
<td></td>
</tr>
<tr>
<td>Include the site of application with documentation.</td>
<td></td>
</tr>
</tbody>
</table>

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer medication by transdermal patch as outlined above during the ____________ school year.

______________________________________________________  ___________________
Staff signature                                   Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of medication by transdermal patch

______________________________________________________  ___________________
Registered Nurse signature      Date
<table>
<thead>
<tr>
<th>Nasal Spray Skills Checklist</th>
<th>Date Skill Verbalized / Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Follow the Six Rights of Medication Administration; <strong>Right</strong> student, <strong>Right</strong> medication, <strong>Right</strong> dose, <strong>Right</strong> time, <strong>Right</strong> route and <strong>Right</strong> documentation.</td>
<td></td>
</tr>
<tr>
<td>2) Have the student blow their nose.</td>
<td></td>
</tr>
<tr>
<td>3) Have the student block one nostril with a finger.</td>
<td></td>
</tr>
<tr>
<td>4) Insert the nozzle of the inhaler into the other nostril.</td>
<td></td>
</tr>
<tr>
<td>5) Aim inhaler so that the spray is directed upward and outward away from mid-line.</td>
<td></td>
</tr>
<tr>
<td>6) Instruct the student to exhale.</td>
<td></td>
</tr>
<tr>
<td>7) Squeeze the inhaler quickly and firmly, then instruct the student to inhale.</td>
<td></td>
</tr>
<tr>
<td>8) Repeat as directed for the other nostril.</td>
<td></td>
</tr>
<tr>
<td>9) Document on the Medication Request Form/Record-Log that you have administered the medication.</td>
<td></td>
</tr>
<tr>
<td>10) Replace medication in locked storage area.</td>
<td></td>
</tr>
<tr>
<td>11) Observe the student for any medication reaction as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer nasal spray medication as outlined above during the ____________ school year.

______________________________________________________  ___________________
Staff signature                                  Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of nasal spray medication.

______________________________________________________  ___________________
Registered Nurse signature                    Date
Midazolam Delivery Procedure

Basic Intranasal Midazolam Delivery Materials:

1. Syringe and needle/needleless device to draw up the medication
2. Atomizer
3. Midazolam of appropriate concentration for nasal medication delivery
   • High concentration - Low volume
   • 5 mg/ml generic midazolam or
   • Compounded in pharmacy to 25 mg/ml (revise all dose volume calculations)

Procedure:

1. Aspirate the proper volume of midazolam required to treat the patient (0.2 to 0.3 mg/kg for seizures, 0.5 mg/kg for sedation) – (an extra 0.1 ml of medication should be drawn up to account for the dead space within the atomizer at the end of the procedure.)

2. Twist off/remove the syringe from the needle/needleless device

3. Attach the atomizer tip via Luer lock mechanism – it twists into place.
   • Slip Luer is also effective as long as the tip is firmly seated on the syringe tip and you hold it against the patients nose while delivering

4. Using your free hand to hold the crown of the head stable, place the tip of the atomizer snugly against the nostril aiming slightly up and outward towards the top of the ear on the same side.

5. Briskly compress the syringe plunger to deliver half of the medication into the nostril.

6. Move the device over to the opposite nostril and administer the remaining medication into that nostril.
## Skills Checklist for Intranasal Midazolam Administration

<table>
<thead>
<tr>
<th>Intranasal Midazolam Administration Skills Needed by the Trainee</th>
<th>Instruction Provided</th>
<th>Return Demonstration Stated Understanding</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>States understanding that the student’s individual seizure health care plan and current medication authorization for Intranasal Midazolam must be followed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>States correct name of the medication.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>States correct dose of the medication (may read this from the current medication authorization).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>States when to administer the medication (may read this from the current medication authorization).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies supplies: syringe, needle, nasal atomizer tip (these may come in a sealed package), and medication vial.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Proper technique for Intranasal Midazolam administration:**
1. Obtain supplies.
2. Remove plastic cap from the needle (vial adapter) and set it aside.
3. Pull back on the syringe plunger until it fills with air to the 1ml or 2ml mark (depending on dose to be given).
4. Pop the protective plastic cap off the bottle.
5. Tip the vial upside down.
6. Insert the needle (vial adapter) into the medication vial and push air from the syringe into the vial.
7. Pull the plunger back and draw up the correct amount of medication for the child into the syringe.
8. Twist to remove the needle (vial adapter).
9. Twist to attach the nasal atomizer onto the syringe.
10. Assist the child to lay down on their back.
11. Using a free hand to hold the crown of the head stable, place tip of the atomizer snugly inside the nostril. Aim slightly up and out toward the top of the ear on that same side.
12. Quickly compress the syringe plunger to deliver **HALF** of the medication into the nostril.
13. Move the device to the opposite nostril and give the rest of the medication into that nostril following, steps 11 and 12.
14. Throw the syringe and atomizer away.
15. Note time the medication was administered and inform EMS when they arrive. Give EMS the medication vial.
| States possible side effects of administering Intranasal Midazolam (may read this from the current medication authorization). | | | |

I have had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer intranasal Midazolam at school and school sponsored events as outlined above.

_____________________________________________________   ________________________
Faculty/staff name and signature     Date

The above faculty/staff has received the above training and demonstrated sufficient understanding and skill in administration of intranasal Midazolam at school and school sponsored events.

_____________________________________________________   ________________________
Registered nurse name and signature    Date
Metered Dose Inhalers (MDI) Skills Checklist

HFA (hydrofluoroalkane) Inhalers

A metered dose inhaler is a pressurized canister of medicine that is sprayed through a mouthpiece. You can help a student follow these simple steps to properly use their MDI.

<table>
<thead>
<tr>
<th>MDI / HFA Skills Checklist</th>
<th>Date Skill Verbalized / Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Follow the Six Rights of Medication Administration; Right student, Right medication,</td>
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<tr>
<td>Right dose, Right time, Right route and Right documentation.</td>
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<tr>
<td>2) Wash hands.</td>
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<tr>
<td>3) Shake the inhaler several times. Prime inhaler if necessary.</td>
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<tr>
<td>4) Check that canister is firmly positioned in plastic holder (attach spacer if required).</td>
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<tr>
<td>5) Have student slightly tilt their head backward.</td>
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</tr>
<tr>
<td>6) Have student breathe out (exhale) completely.</td>
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</tr>
<tr>
<td>7) Have student place the mouthpiece between the teeth and close lips around it.</td>
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</tr>
<tr>
<td>8) Squeeze the inhaler to discharge the medicine and have student begin to inhale immediately.</td>
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</tr>
<tr>
<td>9) Instruct student to breathe in slowly and deeply for 3-5 seconds. Once inhaled, have student remove the inhaler from their mouth, hold their breath for 5-10 seconds and then exhale.</td>
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</tr>
<tr>
<td>10) Rest for a minute, then repeat this sequence for each prescribed “puff.”</td>
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</tr>
<tr>
<td>11) Document on the Medication Request Form/Record-Log that you have administered the medication.</td>
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</tr>
<tr>
<td>12) Replace medication in locked storage area.</td>
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<tr>
<td>13) Observe the student for any medication reaction as appropriate.</td>
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</tr>
</tbody>
</table>

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer MDI medication as outlined above during the ____________ school year.

______________________________________________________  ___________________
Staff signature                                  Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of MDI medication.

______________________________________________________  ___________________
Registered Nurse signature      Date
<table>
<thead>
<tr>
<th><strong>Medication by Nebulizer Skills Checklist</strong></th>
<th><strong>Date Skill Verbalized / Demonstrated</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow the Six Rights of Medication Administration; <strong>Right student</strong>, <strong>Right medication</strong>, <strong>Right dose</strong>, <strong>Right time</strong>, <strong>Right route</strong> and <strong>Right documentation</strong>.</td>
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<tr>
<td>Wash hands</td>
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<tr>
<td>Position the student in a comfortably seated position.</td>
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<tr>
<td>Place nebulizer on table or counter &amp; plug into electrical outlet with ON/OFF switch in OFF position.</td>
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<tr>
<td>Place medication in the medicine chamber, following all medication administration steps. Securely close the lid to the medicine chamber.</td>
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<tr>
<td>Attach a mouthpiece or facemask to the medicine chamber with an adapter.</td>
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<tr>
<td>Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.</td>
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<tr>
<td>Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.</td>
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<tr>
<td>If mask is used place the mask over the student’s mouth and nose, securing it comfortably with the elastic strap that is attached.</td>
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</tr>
<tr>
<td>If a mouthpiece is used, have the student place the lips around the mouthpiece to make a seal.</td>
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<tr>
<td>Instruct the student to breathe in and out through the mouth slowly and completely.</td>
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</tr>
<tr>
<td>Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated.</td>
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</tr>
<tr>
<td>Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber.</td>
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</tr>
<tr>
<td>Document the procedure accurately.</td>
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<tr>
<td>If symptoms have improved, the student may go back to class.</td>
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</tr>
<tr>
<td>If the equipment is not to be sent home for cleaning before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask and lid with soap and water; rinse thoroughly. Soak for 30 minutes in a solution of 3 parts water to 1 part white vinegar; rinse thoroughly. Lay all pieces on a towel, cover with a paper towel and air dry. Store in a clean plastic bag.</td>
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</tbody>
</table>

Continued
I have voluntarily received training and had an opportunity to ask questions about the above information.
I understand my responsibility and voluntarily agree to administer medication by nebulizer as outlined above
during the _______________ school year.

______________________________________________________  ___________________
 Staff signature                                  Date

This staff member has received the above training and demonstrated sufficient understanding and skill in
administration medication via nebulizer.

______________________________________________________  ___________________
 Registered Nurse signature      Date
Procedure: How to Administer an EpiPen®

- Identify someone to call 9-1-1.
- Flip open cap at top of carrier tube.
- Remove EpiPen® from carrier tube and remove the blue safety release.
- Form a fist around the unit with the orange tip pointing downward.
- Swing and **firmly push** orange tip against outer thigh until click is heard. (Auto-injector may be given through clothing.)

- **Hold in place for 10 seconds.** The injection is now complete.
- Remove pen from thigh and massage injection site for 10 seconds.
- Place used auto-injector into carrier tube and give to EMS when they arrive.
- Document administration of EpiPen® in Medication Request Form/Record-Log.

**Auvi Q®** is a new type of automatic epinephrine injection system. Administration is basically the same. The shape is different and there are battery operated voice prompts to walk the administrator through the steps of administration.

Note: Always refer to the package insert for additional information on administration.

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer epinephrine injections as outlined above during the ________________school year.

_________________________   _________________________
**Staff signature**                               **Date**

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of epinephrine.

_________________________   _________________________
**Registered Nurse signature**                               **Date**
EpiPen® Skills Checklist

Locate student’s Emergency Care Plan (ECP)

Locate student’s epinephrine auto injector (as noted on ECP).

Review signs and symptoms of life-threatening anaphylaxis/allergic reaction and criteria for administration of epinephrine auto injector on ECP.

If administration of epinephrine auto injector is indicated, direct another adult to implement school emergency procedures* (including calling EMS) or send two students to office for assistance at site. (*Review district/school plan).

Follow the Six “Rights:”
1. Right student—ask student’s full name and compare with epinephrine auto injector label.
2. Right drug—check epinephrine auto injector label for correct student.
3. Right amount—check both ECP directions and epinephrine auto injector label.
4. Right time—review criteria in ECP.
5. Right method of administration—follow procedure in ECP.
6. Right documentation of administration.

Perform injection procedure. When using EpiPen®:
1. Pull off gray safety cap.
2. Place black tip on upper outer thigh.
3. Using a quick motion press hard into upper outer thigh.
4. Hold in place and count to 10.
5. Remove EpiPen® and hold safely away from student and staff.
6. Massage the injection area for 10 seconds.
7. Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use, then screw the cap of the storage tube back on completely and send with student to ER.

Reassure and calm student.

Record time epinephrine auto injector was given on the ECP; initial, and send a copy of ECP with ambulance.

Continue to observe student for breathing difficulties or further deterioration of consciousness and breathing.

Repeat epinephrine auto injector if indicated by student condition per instructions on the student’s ECP.

Administer CPR if no signs of life, i.e., no breathing, gagging, coughing, or chest movement.

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer epinephrine as outlined above during the ______________ school year.

______________________________  ___________________
Staff signature                     Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of epinephrine via auto-injector.

______________________________  ___________________
Registered Nurse signature     Date
Administering Medication per Gastrostomy Button
Bolus Method

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Training Date</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>State name and purpose of procedure.</td>
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</tbody>
</table>

**PREPARATION.**

Review student’s individual health plan (IHP) for specific instructions.

Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.

Assemble materials outlined in the IHP, including the medication.

Prepare the medication as ordered.

Explain the procedure to the student.

Position student sitting or lying on right side with head elevated at a 30° angle.

**ADMINISTRATION:**

During entire procedure ensure student’s privacy.

Wash hands and put on gloves.

Check the area around the G-tube for signs of swelling or redness. Notify RN if indicated.

Remove the plug or cap on the tube.
ADMINISTRATION CONTINUED:

With the plunger removed from the syringe, connect the syringe to the G-tube, allow bubbles to escape.

Flush the tubing with water as directed.

Administer the medication into the tubing.

Flush the tubing again with clear water as directed.

Remove the syringe, put the cap or plug back on the G-tube and secure as needed.

Clean the equipment with soapy water, rinse and allow to air dry.

Store the medication and equipment as directed.

Remove gloves and wash hands.

Document medication administration and any observations.

Check the student’s IHP for specific follow-up procedures.

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer medication as outlined above during the _________________ school year.

______________________________  __________________________
Staff signature                   Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration medication by G-tube.

______________________________  __________________________
Registered Nurse signature     Date
Administering Medications BY G-Tube

First, Check ... The Correct Form of Medication for MIC-KEY*

Use

- Medication should be in liquid form when possible. If the liquid is thick, thin it with water so it doesn't clog the tube as indicated.
- If medication is only available in a pill or capsule, ask your specialist or pharmacist if it's one you can crush and mix with water. (Not all pills and tablets can be taken this way.)
- If you can do this, crush the medication finely, and make sure it is well dispersed in the water.
- Do not mix medication with formula unless your specialist tells you to do this.

To Administer

- You'll generally use a bag and extension set, attaching the extension set's medication port to the bag instead of to its feeding port.
- For small amounts of medication, you may be able to eliminate the need for extension tubing by using a syringe:
  - Dilute the medication with water in a Luer slip syringe.
  - Inject directly into the MIC-KEY* feeding port.
  - When finished, flush the port with at least 10 ml of water as directed.

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand my responsibility and voluntarily agree to administer medication as outlined above during the _______________ school year.

______________________________________________________  ___________________
Staff signature                                  Date

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of medication by G-tube.

______________________________________________________  ___________________
Registered Nurse signature      Date

Adapted from Medication Management in Iowa Public Schools
Medication Administration Delegation

Employee ________________________   Registered School Nurse ________________________

☐ Review District medication delegation and administration policy and OSPI guidelines

☐ Review medication administration forms:
  Medication Authorization
  Medication Administration Record/Log
  Medication Error Report
  Receipt of Medication
  Field Trip Medication Administration Record/Log

☐ Review Medication Administration Procedure

Demonstrate medication administration (per procedure):
☐ Epinephrine auto injector
☐ Inhaler
☐ Nebulizer
☐ Oral medication
☐ Eye drops or ointment
☐ Ear drops
☐ Nasal spray
☐ Topical ointment or cream
☐ Transdermal patch
☐ Gastrostomy tube medication
☐ Review Confidentiality Statement (on reverse)

Other specific medications:

Initial Delegation Date:

I hereby delegate the administration of the above medications at school during the ________ school year to:

____________________________________________________

RN signature _______________________________________

I accept the responsibility to give medications at school in conformity with the above directives. I accept the responsibility to safeguard health information confidentiality.

Employee signature __________________________

Shared with permission from Royal School District
Confidentiality of Student Health Information

In the course of my employment or association with _______ School District, I understand that printed, electronic, and oral communications concerning ALL student health information are confidential. Such information can be accessed directly only by certain designated individuals and only for legitimate health purposes. Any keys to any files and any computer password assigned to me for whom I am responsible will be kept confidential. I understand that release of any student health information in printed, verbal, electronic, or any other form by unauthorized personnel is a violation of school district standards for school employees and contracted service providers.

I understand that improper release of student health information in printed, verbal, electronic, or any other form is a violation of district policy for both employees, contracted service providers, and volunteers is cause for disciplinary action and can result in termination of employment and in some cases, civil liability.

If I have any questions concerning the confidentiality of student health information, I will consult my immediate supervisor, the school nurse, or the school principal.

I have read, understand, and accept the above statements.

Signature of School Staff Member                                                                   Date
Medication Supervision Documentation

The purpose of this document is to provide a tool for documentation of the Registered Nurse’s supervision of medication delegation. The nurse might also use Medication Administration Training and Delegation Check Lists for documentation of supervision.

Key: N/O = Not observed  S = Satisfactory  U = Unsatisfactory  T = Additional training provided

<table>
<thead>
<tr>
<th>Observation</th>
<th>N/O</th>
<th>S</th>
<th>U</th>
<th>Training</th>
<th>RN Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff who have received delegation are listed in the Medication Notebook or other easily accessible location.</td>
<td></td>
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<tr>
<td>Staff observed interacting with students.</td>
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<tr>
<td>All persons administering medications have received training and delegation.</td>
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<tr>
<td>Medication request forms are signed by LHP* and parent/guardian.</td>
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<tr>
<td>Medications are stored safely as required by state law.</td>
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<tr>
<td>Medications are in properly labeled containers.</td>
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<tr>
<td>Medication labels match LHP’s orders on request forms.</td>
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<tr>
<td>Reviews instructions prior to giving the medication.</td>
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<tr>
<td>Medication is administered at the correct time.</td>
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<tr>
<td>Name is verified during administration.</td>
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<tr>
<td>Staff observes as student takes medication.</td>
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<tr>
<td>Medication administration is recorded on appropriate form.</td>
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<tr>
<td>Documents date and if necessary, amount of medication received.</td>
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<tr>
<td>Staff communicates any questions or concerns with RN.</td>
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<tr>
<td>Poison Center number is in medication notebook. (1 800 222-1222)</td>
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</table>

Name of staff member observed___________________________________________ Date_____________________

Additional comments ______________________________________________________________________
________________________________________________________________________________________

Delegating Registered Nurse_______________________________________________________________
## Rescinding Delegation – Registered Nurse

<table>
<thead>
<tr>
<th>SCHOOL/DISTRICT NAME</th>
<th>STUDENT NAME (if applicable)</th>
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<tbody>
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</table>

### REASON FOR RESCINDING (Check all that apply)

- [ ] School year/nurse contract ended
- [ ] Staff not competent
- [ ] Other (specify) _______________________
- [ ] Student no longer at school
- [ ] Staff not willing
- [ ] Student’s condition changed
- [ ] Student safety compromised
- [ ] Staff no longer working with student
- [ ] Student/parent/guardian requested
- [ ] Task not performed correctly
- [ ] Frequent staff turnover

### TASK RESCINDED

<table>
<thead>
<tr>
<th>STAFF MEMBER NAMES</th>
<th>ALL TASKS</th>
<th>MEDICATIONS</th>
<th>ORAL</th>
<th>TOPICAL</th>
<th>DROPS</th>
<th>NASAL SPRAY</th>
<th>OTHER / SPECIFY</th>
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</table>

[ ] PRINCIPAL / SUPERINTENDENT NOTIFIED

<table>
<thead>
<tr>
<th>NAME OF PRINCIPAL / SUPERINTENDENT NOTIFIED</th>
<th>DATE</th>
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</table>

### ALTERNATIVE PLAN FOR CONTINUING THE TASK

<table>
<thead>
<tr>
<th>RN SIGNATURE</th>
<th>DATE</th>
</tr>
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<tbody>
<tr>
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</table>
General Practice

Sample Forms
Authorization to Administer Medication at School

Please note: This form must be completed and signed by the parent/guardian and the student's Licensed Healthcare Provider, with prescriptive authority. This form is for both prescription and nonprescription medication. Complete a separate form for each medication. All medication must be transported to and from the school by a responsible adult.

PARENT/GUARDIAN REQUEST

STUDENT NAME ________________________________ SCHOOL ____________________________

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to dispense medication to the above identified student in accordance with the prescription or LHP's instructions for the period commencing: START DATE ____________ TERMINATION DATE ____________ or END of SCHOOL YEAR-including summer school activities: Yes______ No______

In the event of half-day school schedule, I want my child to take his/her medication at school: Yes_____ No _____

Date _______________ Parent/guardian Signature ____________________________

Home Phone ____________________________ Work Phone ____________________________

LICENSED HEALTHCARE PROVIDER REQUEST

MEDICATION (Name, Dosage) ____________________________________________________________

ADMINISTRATION SCHEDULE ______ __________________________________________________

REASON FOR MEDICATION ______ ____________________________________________________

FURTHER INSTRUCTIONS (possible reactions, etc.): This section must be completed if medication is to be dispensed for more than 15 days. __________________________________________________________

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing: START DATE ____________ TERMINATION DATE ____________ or END of SCHOOL YEAR-including summer school activities Yes______ No ______, as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

Date ____________________________ Licensed Healthcare Provider Signature ____________________________

Office Phone ____________________________ Name (please print) ____________________________
## MEDICATION ADMINISTRATION RECORD

This record must be retained for eight (8) years

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>BIRTHDATE</th>
<th>GRADE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF MEDICATION</th>
<th>DOSAGE</th>
<th>TIME</th>
</tr>
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</table>

<table>
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<tr>
<th>DATE</th>
<th>TIME</th>
<th>PILLS LEFT</th>
<th>INITIALS</th>
<th>COMMENTS</th>
<th>DATE</th>
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<th>COMMENTS</th>
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INITIALS ______ SIGNATURE ______________________

INITIALS ______ SIGNATURE ______________________

INITIALS ______ SIGNATURE ______________________

INITIALS ______ SIGNATURE ______________________
PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

<table>
<thead>
<tr>
<th>District</th>
<th>School</th>
<th>Fax</th>
<th>Phone</th>
</tr>
</thead>
</table>

Student ___________________________ Birthdate ___________ Grade ___________

PARENT/GUARDIAN SECTION * SECCION DE PADRE/GUARDIAN

I request that the school nurse, or designated staff member, administer the medication prescribed below, in accordance with the healthcare provider instructions and give permission for the medication and care plan information to be shared with school staff on a “need to know” basis. Yo pido que la enferma o personal designado, le administre el medicamento recetado de acuerdo con las instrucciones del medico y entiendo que cualquier información de este formulario será comunicada al personal escolar que necesite estar informado.

Yes ☐ No ☐

Sí ☐ No ☐

Parent/Guardian Signature Date Home phone / Emergency phone
Firma de Padre/Guardian Fecha Teléfono de Casa Teléfono de Emergencia

HEALTH CARE PROVIDER SECTION

Diagnosis for which medication is to be given during school hours: ________________________________

Signs or symptoms for which medication should be administered ______________________________________

Name of medication (1 per form): Dosage: Method of administration: Time of day to be given:

If given prn, specify length of time between doses: _____________________________________________

Other directions for use:

__________________________________________________________________________________________

Possible side effects: __________________________ Emergency action: __________ 911

Duration of Order (must choose one)

☐ Medication is ordered for duration of current school year (which may include summer school)

☐ Medication to be given from __________ / __________ / __________ to __________ / __________ / __________.

________________________________________________

HCP Signature Date

________________________________________________

HCP Printed Name Phone
RECEIPT FOR MEDICATION

School: _________________________________ Child’s name: _________________________________

Medication: _____________________________ mg/Tab/Cap/cc: _________________________________

Number of tablets or capsules: ____________ Liquid: ___________ cc Inhaler: ______________________

Designated staff member: _________________________________ Date: ______________________

Signature

Parent/guardian: _____________________________________ Date: ______________________

Signature

RN: _____________________________________ Date: ______________________

Signature

Student file copy
Parent given copy
MEDICATION INVENTORY RECORD
(Controlled Substance)

Student__________________________________DOB________________Grade________

School____________________________________________________________________

Medication_______________________________________Strength___________________

<table>
<thead>
<tr>
<th>Date</th>
<th># Pills Received</th>
<th># Pills Removed</th>
<th>COUNT</th>
<th>Counted by:</th>
<th>Witnessed by:</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
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</table>

SIGNATURE | INIT | SIGNATURE | INIT
-----------|------|-----------|------
Medication Administration Record with Receipt and Count Logs

Student Name: _____________________________________ Date of Birth: _______________ Grade: _______________

Medication Name: ______________________________ Dosage: _______________ Route: _________________________

Directions (# taken; time taken; time between doses; length of time to take): ___________________________________________________________

Medication Appearance: __________________________________ Date medication administration starts: _________________

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Aug |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Sept |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Oct |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Nov |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Dec |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Jan |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Feb |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Mar |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Apr |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| May |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| June |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| July |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

SIGNATURE CODE

Initials: __________ Signature: ___________________________

Initials: __________ Signature: ___________________________

Initials: __________ Signature: ___________________________

Initials: __________ Signature: ___________________________

CODES

WE: Weekend F: Field Trip
H: Holiday D: Early Dismissal
A: Absent W: Dose Withheld
N: None available O: No Show
L: Late Start Other: Explain on back
### Medication Received - Signed IN/OUT - Medication Returned

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication Name and Dosage</th>
<th>Amount Received (# pills/devices)</th>
<th>Amount Given (# pills/devices)</th>
<th>Employee Signature</th>
<th>Parent/Guardian or Employee Signature</th>
<th>Code for reason</th>
</tr>
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### CODES FOR EXCHANGE OF MEDICATION
- **I**: Medication received into school
- **E**: End of school year and medication returned to parent/guardian
- **F**: Field Trip - medication given to teacher for administration
- **C**: Change in medication dosage
- **D**: Medication discontinued and returned to parent/guardian
- **N**: New medication to be given at school

### Medication Count for Controlled (Narcotic) Medications

<table>
<thead>
<tr>
<th>Date</th>
<th># of Meds</th>
<th>Difference</th>
<th>Two initial/sign</th>
<th>Date</th>
<th># of Meds</th>
<th>Difference</th>
<th>Two initial/sign</th>
<th>Date</th>
<th># of Meds</th>
<th>Difference</th>
<th>Two initial/sign</th>
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</table>

Initial __________________ Signature ___________________________      Initial __________________ Signature ___________________________
EMERGENCY MEDICATION ADMINISTRATION RECORD

Review Emergency Care Plan

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Medication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to be given</td>
<td>Year</td>
<td>School</td>
</tr>
</tbody>
</table>

Uses Spacer: Yes ☐ No ☐ Expiration Date: ________________
Can Self Administer: Yes ☐ No ☐ Medication kept: With Student ☐ Office ☐ Both ☐

PERSON GIVING MEDICATION: Initial in appropriate box below, note time it was given and sign full name and initials below

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
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<tbody>
<tr>
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<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</td>
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<td>AUG</td>
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<td>JUNE</td>
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<td>JULY</td>
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</tbody>
</table>

FULL NAME & INITIAL OF PERSONS GIVING THE MEDICATION:

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
Discontinuation of Medication Administration at School

Student_____________________________________________Grade____________________________________

Medication________________________________Health Condition_____________________________________

My student no longer needs this medication to be given at school. If this medication was needed to treat a potentially life threatening condition, I understand that I must provide the signature of the prescribing licensed health care provider below to verify that the medication is no longer needed. Without this signature, my student may be at risk for exclusion per RCW 28A.210.320.

Mi estudiante ya no necesita este medicamento para ser impartido en la escuela. Si era necesario este medicamento para tratar una potencialmente vida amenazante, entiendo que yo debo proporcionar la firma de nuestro proveedor de cuidado de la salud abajo para verificar que esta medicación ya no es necesario. Sin esta firma, puede ser mi estudiante está en riesgo de exclusión por RCW 28A.210.320.

Additionally, I will notify the school nurse if my student’s health care needs change in the future. Además, notificaré a la enfermera la escuela si la salud de mi estudiante cambia en el futuro.

Parent/guardian signature________________________________________ Date__________________________

To be Completed by the Licensed Health Care Provider

I confirm that __________________________________________ no longer needs the following medication at school:

Name of medication ___________________________________________________________________________

Reason medication is being discontinued___________________________________________________________

LHP signature______________________________________________ Date______________________________

LHP printed name___________________________________________ Phone____________________________

Please return to your school nurse.
Lo regresa a la enfermera de la escuela.

(Insert Phone # here)
Número de teléfono

(Insert Fax # here)
Parent Letter
Leftover Medications

Date: _____________________________________________

Student: _____________________________________________

Medication: _____________________________________________

Dear Parent:

The end of the school year is fast approaching. We want to insure that your student’s leftover medication is safely returned to your home. Please make arrangements to pick-up the medication at school. Any medication left in the building after ________________, will be destroyed.

If your child needs to take medication during school hours next school year, please have your health care provider complete the attached medication authorization form before school starts in the fall. Note that both a parent signature and a licensed health care provider signature are required. Bring the completed medication authorization and the medication in a properly labeled container when school begins in the fall.

Thank you for your help. Enjoy the summer.

School Nurse
(Phone)
Medicamentos que su hijo(a) tenga en la escuela

Fecha: ________________________________________________________
Estudiante: ___________________________________________________
Medicamento: _________________________________________________

Estimados Padres/Tutor de Familia:

Estamos haciendo planes para cerrar el año escolar. Esto incluye ver que los medicamentos extras que su hijo(a) puede tener en la escuela les llegue a casa de una manera segura. Por favor agá arreglos con la escuela para levantar los medicamentos antes de fin de año escolar______________________________.

Si su hijo(a) necesita tomar medicamentos durante el día el próximo año escolar, por favor pida a su doctor de cuidado médico llenar el formulario incluido y regréselo antes del primer día de clases. La enfermera de la escuela se pondrá en contacto con usted en el verano para hablar sobre estos medicamentos y las formas, o si usted ya regreso las formas, la enfermera puede llamar solamente para hacerle una pregunta breve.

Entonces en la semana antes de que comience la escuela, traiga por favor los medicamentos de su hijo(a) (etiquetado por el farmacéutico) a la escuela dirigida a la enfermera de la escuela.

Gracias por su cooperación.

NAME
Enfermera Escolar
Distrito Escolar DISTRICT NAME
Medication Administration and Early Dismissal

Date: ________________________________

RE: ________________________________

Dear Parent(s):

Please specify below, how you want us to handle lunch-time medications on early dismissal days. The students are generally dismissed early on these days and they may or may not have lunch at school.

Please return this note as soon as possible.

For questions, please contact: ________________________________

Thank you.

School Nurse: ________________________________

☐ Yes, please give my child his/her medication before leaving school on early dismissal days.

☐ No, I do not want medication given to my child before leaving school on early dismissal days.

___________________________________________________
Parent Signature

Adapted and reprinted with permission of the White River School District. 7/97
Carta a los padres
Los Medicamentos y Salida Temprana

Fecha:____________________________________________________

Respecto a:________________________________________________

Estimado padre (s):
Por favor, indique a continuación cómo quiere que manejemos los medicamentos del mediodía en los días de salida temprana. Los estudiantes son generalmente despedidos al mediodía en estos días y no comen en la escuela.

Por favor devuelva esta nota tan pronto como sea posible.
Si tiene preguntas, por favor póngase en contacto con

Gracias.

Enfermera Escolar:______________________________________________

☐ Sí, por favor, darle a mi hijo/a su medicamento antes de salir de la escuela en los días de salida temprana.

☐ No, no quiero que el medicamento se le dé a mi hijo/a antes de irse de la escuela en los días de salida temprana.

__________________________________________________________________
Firma del Padre
Medication Administration Incident Report

Student name: _____________________________________________________________ Date of birth: ____________________________

School name:  ___________________________________________________________________________ Age: ____________________

Date/time of error:  _________________________________________________________________________________________________

Name of person administering medication: _ _____________________________________________________________________________

Name of medication: ______________________________ Dosage: _____________ Route:  ______________________________________

Time(s) to be given:  ________________________________________________________________________________________________

Circle all that apply to this medication error:

Wrong student  Wrong time   Wrong dose
Wrong route  Wrong medication  Wrong documentation

Describe the error (should be completed by the person making the error. If wrong medication given, include the name and dosage of what was given):
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Action taken/intervention: __ __________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Persons notified at time of error:
________________________________________________________________ Date/time of notification  _____________________________
________________________________________________________________ Date/time of notification  _____________________________
________________________________________________________________ Date/time of notification  _____________________________

Student's Health Care Provider notified:  ________________________________ Date/time of notification:  ___________________________
(if applicable)

Name of person completing incident report:   _____________________________________________________________________________  (please print)

Signature (person completing incident report:  ________________________________________________ Date:   ______________________

Follow-up care/information (if applicable)  _______________________________________________________________________________
________________________________________________________________________________________________________________
# Student Skills Checklist for Self-Administration of Emergency Medication

## School Nurse Assessment

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Building:</th>
<th>Date:</th>
<th>Medication:</th>
</tr>
</thead>
</table>

## Skills Checklist

### A. AUTHORIZATION FOR MEDICATION

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1</td>
<td>Authorization For Administration of Medication at School on file</td>
<td></td>
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<tr>
<td>2</td>
<td>Licensed health care provider has instructed student in responsible &amp; correct use (as indicated on oral medication form)</td>
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<tr>
<td>3</td>
<td>Student demonstration to licensed health care provider or designee of skills necessary to self-administer (as indicated on oral medication form)</td>
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<tr>
<td>4</td>
<td>Licensed health care provider has indicated need to carry medication</td>
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<tr>
<td>5</td>
<td>Parent has provided a current asthma health history form</td>
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### B. SELF-ADMINISTRATION OF MEDICATION

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1</td>
<td>Student capable of identifying individual medications</td>
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<tr>
<td>2</td>
<td>Student able to describe health condition for which the medication is use</td>
</tr>
<tr>
<td>2</td>
<td>Student knowledgeable of purpose of individual medications</td>
</tr>
<tr>
<td>3</td>
<td>Student able to identify/associate specific symptoms with need for meds</td>
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<tr>
<td>4</td>
<td>Student knows medication dosage ordered by LHP</td>
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<td>5</td>
<td>Student knowledgeable about method of medication administration</td>
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<tr>
<td>6</td>
<td>Student able to state side effects or adverse reactions to this medication</td>
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<tr>
<td>7</td>
<td>Student knows how to access assistance in emergency</td>
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<tr>
<td>8</td>
<td>Student is able to identify safety issues:</td>
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<td>- Need to consistently bring the medication to school and all school-related activities No sharing of medications</td>
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<td>- Need for safe storage</td>
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<td>- Consistent placement of medication</td>
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<td>- Location of backup medication if provided</td>
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### C. STUDENT DEMONSTRATION OF SELF-ADMINISTRATION

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<tbody>
<tr>
<td>1</td>
<td>Student demonstration of correct self-administration technique</td>
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<tr>
<td>2</td>
<td>Student is capable of self-administration for the coming school year</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>School Nurse:</th>
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</table>
STUDENT AGREEMENT TO SELF-CARRY/SELF-ADMINISTER MEDICATION

A school district may grant authorization for students to self-administer medication for asthma or anaphylaxis if the following conditions are met:

- They have a current medical authorization from their health care provider,
- Have demonstrated to the health care provider and the registered nurse at the school the skill needed to use the medication,
- The HCP develops a written treatment plan in effect for the student, and
- This authorization allows the student to possess and use the medication during, to and from the school and school sponsored events.

Directions: School nurse conferences with student. Both should initial each of the following stipulations.

- Student wants to self-administer the medication
- Demonstrates the maturity and understanding of responsibility of self-administration
- Identifies the signs and symptoms of asthma or anaphylaxis
- Demonstrates how to use the medication to treat his/her symptoms
- Demonstrates correct technique to use medications
- Identifies side effects of medications
- Understands what and to whom to report

I understand that there are rules and responsibilities in self-administering my medication for asthma or anaphylaxis prevention.

- I will keep my inhaler and/or epinephrine with me at all times.
- I will notify a responsible adult when the inhaler is used and immediately when I use the epinephrine.
- I will not share medication with any other student.
- I will not leave it unattended where another person could access it.
- I will not use it for any other purpose than to treat my medical signs and symptoms.
- I understand that this is a privilege that can be changed if I do not follow the rules.

______________________________  ______________________________
Student signature                  School Nurse signature

Date: ____________________________  Date: ____________________________

Completed document filed with student health record
MEDICAL AUTHORIZATION FOR ASTHMA MANAGEMENT AT SCHOOL

Click here to enter text. School District Fax# Click here to enter text.

Student: Birth Date: Grade:

I request that the school nurse, or designated staff member, administer the medication prescribed below, in accordance with the healthcare provider instructions. I understand that this information will be shared with school staff on a "need to know" basis. Yo pido que la enfermera o personal designado, le administre el medicamento recetado de acuerdo con las instrucciones del médico. Yo entiendo que cualquier información de este formulario será comunicada al personal escolar que necesite estar informado.

I give permission for my child to carry this medication. ☐ Yes/sí ☐ No

Doy permiso para que mi hijo/ha pueda llevar el medicamento. ☐ Yes/sí ☐ No

I give permission for my child to self-administer this medication. ☐ Yes/sí ☐ No

Doy permiso para que mi hijo/ha pueda administrarse su propio medicamento. ☐ Yes/sí ☐ No

I give permission for the nurse to initiate a 504 plan. (See Parent and Student Rights Attached) ☐ Yes/sí ☐ No

Doy permiso para que la enfermera inicialice un plan de cuidado de emergencia/plan 504. ☐ Yes/sí ☐ No

--- LICENSED HEALTH CARE PROVIDER TO COMPLETE SECTION BELOW ---

Asthma Severity ☐ Intermittent ☐ Persistent: ☐ Mild ☐ Moderate ☐ Severe

Usual Symptoms

Student’s Asthma Triggers

Home Controller Medications

Any severe allergy? ☐ No ☐ Yes To What?

QUICK RELIEF MEDICATION ORDERS SPACER ☐ Yes ☐ No

☐ Albuterol (ProAir®, Ventolin®, Proventil®)

☐ Levalbuterol (Xopenex®)

Medication side effects: restlessness, irritability, nervousness, rarely tremor, increased or irregular heart rate

YELLOW ZONE: Asthma symptoms (cough, wheeze, chest tightness, difficulty breathing)

☐ Give _______ puffs quick-relief inhaler ☐ If symptoms persist, repeat after 5 - 10 minutes

If no improvement after repeated dose follow Red Zone instructions below but give no more than _______ additional puffs of the inhaler

☐ May administer quick relief inhaler every _______ hours PRN

☐ Until symptoms resolve, restrict strenuous physical activity

RED ZONE: Severe symptoms (very short of breath, ribs visible during breathing, trouble walking or talking, color poor)

CALL 911 and School Nurse if available and do not leave student unattended

☐ Give 4 to _______ puffs quick-relief inhaler ☐ If symptoms persist, repeat after 5 - 10 minutes

☐ Give Epi auto-injector 0.3 mg ☐ Give Epi Jr. auto-injector 0.15 mg ☐ NO Epinephrine

EXERCISE PRETREATMENT ☐ Yes ☐ No (If yes, check all that apply)

☐ Give 2 to _______ puffs quick-relief inhaler 15-30 minutes prior to ☐ PE ☐ Recess ☐ Sports

☐ Consistently OR ☐ PRN

☐ Pretreatment should not be given more often than every _______ hours

☐ May repeat _______ puffs of quick-relief inhaler if symptoms occur during activity

Medication order is valid for duration of current school year (which includes summer school)

This student may carry this emergency medication at school. ☐ Yes ☐ No

This student is trained and capable of self-administering this emergency medication. ☐ Yes ☐ No

Licensed Health Care Provider Signature Printed LHCP Name

Date Health care provider phone Health care provider FAX

May, 2014
**SEVERE ALLERGY REACTION/504 PLAN & MEDICATION ORDERS**

**Student has severe allergy to:**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Birthdate</th>
<th>Weight</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Grade</th>
<th>School</th>
<th>Bus #</th>
<th>Walk</th>
<th>Drive</th>
</tr>
</thead>
</table>

**Allergy History:**

- [ ] History of anaphylaxis/severe reaction
- [ ] Skin testing indicates allergy
- [ ] Date of Last Reaction:
- [ ] Student has Asthma

**Other Allergies:**

- [ ] EpiPen auto-injector (EAI) location: [ ] OFFICE [ ] BACKPACK [ ] ON PERSON [ ] OTHER: 
- [ ] Inhaler(s) location: [ ] OFFICE [ ] BACKPACK [ ] ON PERSON [ ] OTHER: 

**Anaphylaxis** (Severe allergic reaction) is an excessive reaction by the body to combat a foreign substance that has been eaten, injected, inhaled or absorbed through the skin. It is an intense and life-threatening medical emergency. Do not hesitate to give EAI and call 911.

**USUAL SYMPTOMS of an allergic reaction:** (Students usual s/s are in bold, italics, and/or underlined)

- **MOUTH**—Itching, tingling, or swelling of the lips, tongue, or mouth
- **SKIN**—Hives, itchy rash, and/or swelling about the face or extremities
- **THROAT**—Sense of tightness in the throat, hoarseness and hacking cough
- **GUT**—Nausea, stomach ache, abdominal cramps, vomiting and/or diarrhea
- **LUNG**—Shortness of breath, repetitive coughing, and/or wheezing
- **HEART**—“Threaded” pulse, “passing out,” fainting, blueness, pale
- **GENERAL**—Panic, sudden fatigue, chills, fear of impending doom

---

**This Section To Be Completed By A Licensed Healthcare Provider (LHP):**

If a student has symptoms or you suspect exposure (is stung, eats food he/she is allergic to, or exposed to something allergic to):

1. Give EpiPen Auto injector (EAI) [ ] 0.3 mg [ ] Jr. 0.16 mg
   - [ ] May repeat EAI (if available) in 10-15 minutes if symptoms are not relieved or symptoms return and EMS has not arrived.
   - Document time medications were given below and alert EMS when they arrive.

   **EAI #1** | **EAI #2** | **Antihistamine** | **Inhaler**

2. Stay with student.

3. CALL 911 — Advise EMS that student has been given EpiPen

4. Notify parents and school nurse.

5. After EAI given, give Benadryl® or antihistamine __________________________ (mg/ml/cc)

6. If student has history of Asthma and is having wheezing, shortness of breath, chest tightness with allergic reaction,
   - After EAI, administer:
     - [ ] Albuterol 2 puffs (Pro-approx., Ventolin HFA®, Proventil®)
     - [ ] Albuterol/Levalbuterol unit dose SVN (per nebulizer)
     - [ ] Levalbuterol 2 puffs (Xopenex®)
     - [ ] Other __________________________

7. A student given an EAI must be monitored by medical personnel or a parent and may NOT remain at school.

**SIDE EFFECTS of medication(s):**

- EAI: increased heart rate, __________________________  Antihistamine: sleepy, __________________________
- Albuterol/Levalbuterol: Increased heart rate, shakiness.

- [ ] Student may carry & self-administer EAI +/or antihistamine
- [ ] Student has demonstrated EAI use in LHP’s office

- [ ] Student may carry & self-administer Inhaler
- [ ] Student has demonstrated Inhaler use in LHP’s office

---

**PLEASE COMPLETE THIS SECTION IF THE STUDENT HAS A SEVERE FOOD ALLERGY** — (required by USDA Food Guidelines)

- [ ] Check here if student will EAT school provided meals during the entire school year. If so, one of the following must be completed.

1. Foods to omit: __________________________
   - Suggested general substitutions: __________________________

2. [ ] Check here if standard substitutions offered in our district are acceptable.
   - (Contact district Food Services Manager for details.)
   - Note: Meals from home provide the safest food option at school.

---

**LHP Signature:** __________________________

**LHP Print Name:** __________________________

**Start date:** __________________________

**End date:** __________________________

- [ ] Last day of school
- [ ] Other:

**Date:** __________________________

**Telephone #:** __________________________

**Fax #:** __________________________

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*Rev 5/7/14*
Care Plan for Severe Allergy – Part 2 – Parent

Student Name: ____________________________

Brief Medical History

Food Allergy Accommodations
- Foods and alternative snacks will be approved or provided by parent/guardian. □ Yes □ No
- Parent/guardian should be notified of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- Student is responsible for making his/her own food decisions. □ Yes □ No
- When eating student requires: □ Specified eating location; Where? ________________ □ No restrictions

Bus Concerns – Transportation should be alerted to student’s allergy.
- This student carries Epinephrine auto-injector (EAI) on the bus? □ Yes □ No
- EAI can be found in □ Backpack □ Waist pack □ On Person □ Other (specify) __________
- Student will sit at front of the bus? □ Yes □ No

Field Trip Procedures – EAI must accompany student during any off-campus activities.
- The student must remain with the teacher or parent/guardian during the entire field trip? □ Yes □ No
- Staff members on trip must be trained regarding EAI use and this health care plan (plan must be taken).

I wish to meet with the building 504 team to discuss additional accommodations □ Yes □ No

EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>Mother/Guardian</th>
<th>Father/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

ADDITIONAL EMERGENCY CONTACTS

1. Relationship: Phone: ____________________________
2. Relationship: Phone: ____________________________

- My child may carry and is trained to self-administer his/her own EAI. □ Yes □ No
- My child may carry and use his/her asthma inhaler. □ Yes □ No
- Provide extra for office? □ Yes □ No
- Provide extra for office? □ Yes □ No

- I request this medication to be given as ordered by the licensed health professional (LHP) (i.e., doctor, nurse practitioner, PAC).
- I give health services staff permission to communicate with the LHP/medical office staff about this plan and medication.
- I understand that any medication will not necessarily be given by a school nurse but may be given by trained and monitored school staff.
- I release school staff from any liability in the administration of this medication at school.
- I understand this is a life-threatening plan and can only be discontinued, in writing, by the prescribing LHP.
- Medical/medication information may be shared with school staff working with my child and 911 staff, if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the LHP.
- I understand that my child is encouraged to wear a medical ID bracelet identifying the medical condition.
- I request and authorize my child to carry and/or self-administer their medication. □ Yes □ No
- This permission to possess and self-administer any medication may be revoked by the principal/school nurse if it is determined that the student cannot safely and effectively self-administer.

Parent/Guardian Signature: ____________________________ Date: ____________________________

For School Registered Nurse’s Use Only

This student has demonstrated to the nurse, the skill to use the medication and any device necessary to administer the medication ordered whether self-administered or not. This plan has been reviewed/approved by a registered nurse.

Device(s) if any, to be used: ____________________________ Expiration date(s): ____________________________

Registered Nurse Signature: ____________________________ Phone: ____________________________ Date: ____________________________

A copy of the Health Care Plan will be kept in the substitute folder and given to all staff members involved with the student.

Page 2 of 2
Rev 6/7/14
Standing Order for the Administration of School Supplied Stock Epinephrine Auto-Injectors for Potentially Life-Threatening Allergic Reactions (Anaphylaxis) in Individuals Pursuant to RCW 28A.210.383

ISSUED TO:

NAME OF SCHOOL DISTRICT OR SCHOOL

STREET ADDRESS

CITY, ZIP CODE

Stock epinephrine can be administered in the school setting following district policy and procedure for the following two situations:

1. **STANDING ORDER FOR STUDENTS WITHOUT A CURRENT EPINEPHRINE ORDER:**
   If a student does not have a prescription for epinephrine on file in the school, then only a school nurse may administer the school supply of stock epinephrine per auto-injector in the event of a previously unknown life-threatening allergic reaction. Unlicensed school staff should immediately call 911.

2. **STANDING ORDER FOR STUDENTS WITH CURRENT EPINEPHRINE ORDER:**
   For a student who has a prescription for epinephrine on file in the school, the care plan including the students licensed healthcare provider’s medication orders must be followed. In this situation ANY school nurse or designated school staff/Unlicensed Assistive Personnel (UAP) working within the Washington State school system may administer epinephrine using the school supply of stock epinephrine auto-injector in the event the student’s prescribed epinephrine auto-injector is not available. (The school’s supply of stock epinephrine does not negate parent/guardian responsibility to provide emergency medication).

**STANDING ORDER PROTOCOL**

**Emergency Treatment Procedures:** The following Standing Order Protocol will be utilized to manage anaphylactic reactions. In the event of a serious adverse allergic reaction, including anaphylaxis, demonstrated by a student presenting with:

- sudden onset of diffuse and progressive hives,
- respiratory distress,
- oral swelling,
- abdominal cramping,
- nausea/vomiting and or
- hypotension

OR

- if previously diagnosed student reports exposure to an allergen, the following shall be done:

**Epinephrine Administration:**

1. **Administer Epinephrine USP, 1 mg/mL, (1:1000) per auto-injector, intramuscularly into the antero-lateral aspect of the thigh (through clothing if necessary) according to the manufacturer’s recommendation.**

   The school nurse will ask or estimate the student’s body weight and administer:

   - **0.15 mg** epinephrine per auto-injector for body weight **less than 66 lbs** (30 kg) or
   - **0.3 mg** epinephrine per auto-injector for body weight **greater than 66 lbs** (30 kg).
The time of injection and the anatomical site of the injection will be noted and reported to emergency services personnel.

2. **The School Nurse and UAP** will administer **Epinephrine by auto-injector** to students with diagnosed anaphylaxis:
   a. per established Medication Authorization/Medication Orders and
   b. follow the established student health plans
   c. following district procedures for students with life threatening conditions.

3. **Activate Emergency Medical Services (EMS) by calling 911**, and then contact student's parent/guardian.

4. **Monitoring:**
   a. Closely monitor the student until EMS arrives.
   b. Perform CPR and maintain airway, if necessary.
   c. Keep the student in a supine or recovery position unless he/she is having difficulty breathing or is vomiting.
   d. If having difficulty breathing the student's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness.
   e. The school nurse (if present) will monitor vital signs every 5 – 10 minutes until EMS arrives.

5. **Frequency of Epinephrine Administration:** If within 5-20 minutes symptoms persist or are worsening, **repeat the same dose** of epinephrine as with first dose.
   a. **If EMS is not on site, 911 is to be called and updated.**

6. **Emergency services personnel:**
   a. Shall be advised of
      • symptoms that required the use of epinephrine, dose of epinephrine,
      • anatomical site of the injection, time administered,
      • any change in the symptoms or condition of the student.
   b. The used epinephrine auto-injector(s) will be given to the emergency services personnel.

7. **Referral:** The student must be referred to a licensed health care provider for medical evaluation, even if symptoms resolve completely.
   a. Symptoms may recur after the Epinephrine wears off, as much as 24 hours later.
   b. The student without a previous prescription for Epinephrine on file must present a medication and/or treatment order from a licensed health care provider on or before their return date to school. **RCW 28A.210.320 Children with life-threatening health conditions-Medication or treatment orders-Rules.**

8. **Documentation:**
   a. The school nurse or UAP will complete a written report detailing the name of the student, all of his/her observations, physical assessments, interventions (together with the results of such interventions), the number and dosage of epinephrine administrations, the anatomical injection sites, and times for each.
   b. The completed written report shall be signed and submitted to the health care provider signing this order and the student's primary care health care provider, if known, within 48 hours.
   c. A copy of the report shall be kept with the student's health file.

9. **Notification:** As soon as practical, the school shall notify the student's licensed health care provider (if known) and the prescribing LHP who signed this order, of the anaphylactic reaction.

*Note: Epinephrine Auto-Injectors are available in 0.3mg dose and 0.15mg dose. Using two 0.15 doses to obtain 0.3mg dose is permissible.*

**In every case** when epinephrine is administered, emergency medical services (EMS) must be activated!
EXPIRATION AND DISPOSAL OF UNUSED AUTO-INJECTORS:

1. The school nurse shall check the expiration date located on the undesignated epinephrine auto-injectors monthly and obtain a new prescription for a replacement auto-injector prior to that expiration date.
2. School Staff shall dispose of an expired unused epinephrine auto-injector in a manner consistent with current school medication policies.
3. All stock epinephrine auto injectors will be receipted when received by a school.
   a. Any Epinephrine used for a student from the stock supply, will be documented as to date of administration and disposal procedures per district standards.

This Standing Order is to be in effect for the ________________________ school year.

______________________________________________________
Licenses Healthcare Provider Contact Number

_____________________________________________________
Licenses Healthcare Provider License Number

Fax Number

LICENSED HEALTHCARE PROVIDER: ________________________________   DATE: ________________________________

NAME
________________________________________________________________________________________

STREET ADDRESS
________________________________________________________________________________________

CITY, ZIP CODE
________________________________________________________________________________________

PHONE NUMBER
________________________________________________________________________________________

DEA NUMBER
_______________________________________________________________________________________

ISSUED TO:

NAME OF SCHOOL DISTRICT OR SCHOOL
_______________________________________________________________________________________

NAME OF DISTRICT OR SCHOOL REPRESENTATIVE
_______________________________________________________________________________________

STREET ADDRESS
_______________________________________________________________________________________

CITY, ZIP CODE
_______________________________________________________________________________________

<table>
<thead>
<tr>
<th>#</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.15 mg (&lt;66 lbs) Epinephrine Auto-Injector(s)</td>
</tr>
<tr>
<td>2</td>
<td>0.30 mg (&gt;66 lbs) Epinephrine Auto-Injector(s)</td>
</tr>
</tbody>
</table>

INSTRUCTIONS:
To be administered, as needed, to a student exhibiting symptoms of anaphylaxis in accordance with the “Standing Order for the Administration of School Supplied Stock Epinephrine Auto-Injectors for Potentially Life-Threatening Allergic Reactions (Anaphylaxis) in Individuals Pursuant to RCW 28A.210.383.”

________________________________________________________________________________________

Substitution Permitted

Dispense as Written
AUTHORIZATION FOR ADMINISTRATION OF OXYGEN
This authorization will expire at the end of the school year which includes summer school or earlier as indicated by the health care provider below.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

STUDENT ___________________________________________ BIRTH DATE __________________ GRADE ____________

Parent Section

I request that the school nurse, or designated staff member, administer the oxygen prescribed below, in accordance with the healthcare provider instructions. I understand that this information will be shared with school staff on a “need to know” basis.

Signature/Firma  Date/Fecha  Phone #1  Números de teléfonos  Phone #2

THIS PORTION TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Diagnosis for which the oxygen is prescribed:

Delivery method:

O2 concentration and flow rate:

When to be administered:

Possible hazards, risks or other special instructions for safe administration:

Special equipment required:

Possible side effects of O2 therapy:

Emergency procedure:

Additional information:

This authorization is valid: ☐ For the current school year; or ☐ From __________ To __________

I authorize the above named student to be administered oxygen at school as directed.

Date ___________________ SIGNATURE Health Care Provider ___________________ PRINT Health Care Provider ___________________

Phone ________________________________________ FAX # ___________________
Field Trip Medication Administration Skills Checklist

<table>
<thead>
<tr>
<th>Knows Policies for Safe Medication Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ All medications (prescription and over-the-counter) need a LHP/parent signed request form before medications are given.</td>
</tr>
<tr>
<td>☐ Medications are to be in prescription bottle or original container</td>
</tr>
<tr>
<td>☐ Medications are to be kept in a secure/locked area, e.g., car trunk, school bus cargo space, or fanny pack.</td>
</tr>
<tr>
<td>☐ Copy of LHP Authorization for Medication at School to accompany medication.</td>
</tr>
<tr>
<td>☐ Only designated and trained school staff may give medications.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Familiar with information about the medication.</td>
</tr>
<tr>
<td>☐ Understands side effects and what to do if problems occur.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knows How To Give Medication Safely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Describes steps of safe administration, including:</td>
</tr>
<tr>
<td>1. Right student (ask student his/her name);</td>
</tr>
<tr>
<td>2. Right medication (check the medication, the Medication Authorization Form, and the Documentation Form for consistency);</td>
</tr>
<tr>
<td>3. Right time to give medication;</td>
</tr>
<tr>
<td>4. Ask the student if they have already received medication, or when he/she last received it;</td>
</tr>
<tr>
<td>5. Avoid touching pill;</td>
</tr>
<tr>
<td>6. Offer student water or some liquid;</td>
</tr>
<tr>
<td>7. Watch the student swallow the pill;</td>
</tr>
<tr>
<td>8. Place lid on medicine bottle and place medication in locked or secure area;</td>
</tr>
<tr>
<td>9. Record that you gave the medication on the Documentation Form. If medication was wasted or destroyed, have a witness cosign with you and give reason on the Documentation Form.</td>
</tr>
<tr>
<td>10. If any questions regarding medication, page or call school nurse.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Reviews students Emergency Care Plan (ECP) with school nurse.</td>
</tr>
<tr>
<td>☐ Demonstrates (to nurse) proper use and storage of inhaler and/or epipen.</td>
</tr>
<tr>
<td>☐ Understands steps of safe medication procedure outlined above.</td>
</tr>
<tr>
<td>☐ Knows to follow ECP guidelines.</td>
</tr>
<tr>
<td>☐ Will notify school nurse of any concerns or questions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff person/Trainee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Trainer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reviewed ___________________________ Initials of Trainer and Trainee ___________________________
Field Trip Medication Record

Student's name: ___________________________ Age: ___________________________

Teacher: ___________________________ Grade: ___________________________

Medication name: ___________________________ Dosage: ___________________________

Time to be given: ___________________________ Date: ___________________________

Person giving medication: ______________________________________________________

(Signature)

Supervising school nurse: ______________________________________________________

(Signature)

Date and time medication was given:

(Date) (Time) (Initial)

(Date) (Time) (Initial)

(Date) (Time) (Initial)

(Date) (Time) (Initial)

Problems with medication administration: _______________________________________

Please return this paper to the health room after the field trip. This document will become a legal record of the student’s medication documentation. The nurse or designee must verify all medication returned to the health room.

Amount of medication returned: _________________________________________________

Person returning the medication: _______________________________________________

(Signature and date)

School Nurse: _______________________________________________

(Signature and date)
OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Equity and Civil Rights Director at (360) 725-6162 or P.O. Box 47200, Olympia, WA 98504-7200.

Download this material in PDF form at:
www.k12.wa.us/healthservices/pubdocs/GuidelinesforMedicationAdministrationinSchools.pdf. This material is available in alternative format upon request. Contact the Resource Center at (888) 595-3276, TTY (360) 664-3631. Please refer to this document number for quicker service: 15-0085.

Randy I. Dorn • State Superintendent
Office of Superintendent of Public Instruction
Old Capitol Building • P.O. Box 47200
Olympia, WA 98504-7200