

Medications in School

Training Module

Children's Healthcare of Atlanta



Revised December 2009

For complete Medication Administration information refer to the 2009 Georgia School Health Resource Manual. In order to access the 2009 Georgia School Health Resource Manual you can go to www.gasn.org, click on link to *Member Area* and then *Member Resources* or contact School Health Program Manager, Joyce Allers, RN, at 404-785-7202. This medication module can be found at www.choa.org/buildingbridges then scroll down and click on link under **Resources for School Nurses**.

I. Overview: Administration of Medications at School

Administration of medications in the school setting is an important part of the health service offered to students in Georgia schools. Offering this service allows many students to remain in school and participate fully in the educational process. The medications administered in schools may include:

- regular daily medications prescribed for children with acute or chronic health conditions
- emergency medications, such as those prescribed for allergic reactions, asthma, seizures and complications of diabetes
- medications prescribed on an “as needed” basis for pain or other mild symptoms (over-the-counter or prescription medications)

“Administration” of medication is defined as: assisting or monitoring a student in the ingestion, application, or inhalation of medication according to the directions of a legal prescriber, including handling and storage of medication on behalf of a student who applies, inhales, ingests, or injects the medication. (Definitions from the **Legal Issues in School Health Services: A Resource For School Administrators, School Attorneys, School Nurses**, Schwab, Nadine C. and Gelfman, Mary H.B. Sunrise River Press, 2001). [“Monitoring” medication administration is expanded to define: reminding the student to take a medication; visual observation of the student to insure compliance; recording that the medication was taken, and notifying the parent and healthcare provider of any side effects or the student’s refusal to take the medication. (Definitions from Igoe, Judith B. "National Guidelines for the Administration of Medications in Schools," from the Office of School Health Programs, University of Colorado Health Sciences Center, January 1990.)]

Recommended Guidelines for Schools

Igoe, Judith B. "National Guidelines for the Administration of Medications in Schools," from the Office of School Health Programs, University of Colorado Health Sciences Center, January 1990.

The practice of giving medication to students at schools varies among states and school districts. The Office of School Health at the University of Colorado Health Sciences Center in 1990 came up with the following minimum recommendations for all schools to follow:

- * Medications should be dispensed to students only with parents' written permission.
- * Medications should be given only with written authorization from a physician or other health care provider licensed to prescribe. Long-term authorizations should be renewed each year.

- * Written authorizations should include the name of the drug, the dosage, the mode of administration, the time interval between doses, the reason for its use and possible reactions.
 - * The permission and authorization forms should be part of the student's health record. Medicine logs or charts should be on file in the nurse's office.
 - * Students should receive counseling and instruction in self-care.
 - * Medication should be dispensed from an original and properly labeled container. Prescription medications should include the pharmacy name, student's name, drug name, dosage, instructions for use, date prescribed and expiration date. Over-the-counter medications should be stored in containers with a manufacturer's label identifying the medication and dosage schedules and bear the student's name.
 - * The school employee who dispenses a drug should log the student's name, medication, dosage, time and name of person giving the drug.
 - * Medication should be stored in a locked, clean container or cabinet. Medications requiring refrigeration should be kept in a secure area of the refrigerator.
 - * Any unused or expired medication should be picked up by parents and properly discarded in keeping with local health department policy. The medications should be destroyed only with parental permission.
-

Refer to the American Academy of Pediatrics **Policy Statement-- Guidance for the Administration of Medication in School**; Council on School Health; Pediatrics Vol. 124 No. 4 October 2009, pp. 1244-1251; originally published online Sep 28, 2009; <http://pediatrics.aappublications.org/cgi/reprint/124/4/1244>

According to the Georgia Student Support Services Code JE-160-4-8-.01, “the local board of education shall provide for a School Health Nurse Program and must establish policies and procedures regarding a school health nurse program in accordance with state and federal laws.” The Georgia Nurse Practice Act establishes the scope of practice for nurses and is applicable in all practice settings. (Refer to information in Chapter 1, pages 17 and 18 of the 2009 Georgia School Health Resource Manual.) Therefore school nurses practice under the jurisdiction of their nursing license. The school nurse is the one best prepared to administer medications during the school day. However, some schools currently do not have a school nurse in each building during school hours. For this reason, principals must delegate this responsibility to another school employee who is not a licensed healthcare provider. Georgia Board of Nursing Policy Statements and Decision Trees: Assignment to Unlicensed Assistive Personnel Policy Statement; Medication Administration Policy Statement; RN Assignment Tree; Scope of Practice; go to http://sos.georgia.gov/plb/rn/board_policy.htm for more information.

In Georgia schools, medication administration is understood to be a task delegated by the student's parent/guardian to the principal, and then from the principal to a school employee whom the principal feels is prepared to take on this responsibility. The student's safety should be carefully considered when these decisions are made. Pertinent considerations include the need to assess the student's condition before giving the medication and the potential for error with the particular medication. For example, insulin is an injectable medication that may need a dosage calculation, and an error of a decimal point could be life-threatening. A form developed by the American Federation of Teachers, National Education Association, National Association of School Nurses and the Council for Exceptional Children is included in the 2009 School Health Resource Manual, Chapter 6, pages 441-446. A listing of types of medications commonly given in schools and who may safely administer them can be found on page 444.

Issues the school nurse confronts related to the administration of medications according to the National Association of School Nurses: **Position Statement-- Medication Administration in the School Setting** (Revised June 2003);

www.nasn.org/Portals/0/positions/2003psmedication.pdf :

- Safe administration of the medications
- Adherence to safe nursing practice, state nurse practice acts, state laws and regulations
- Ongoing monitoring of therapeutic benefits, adverse reactions and side effects associated with the medications
- Appropriate communication with the student, family, school staff, and healthcare providers
- Proper documentation
- Use of alternative and homeopathic remedies for self-limiting conditions
- Management of both over-the-counter (OTC) medications and prescription medications
- Self administration of medications by students
- Need for delegation of medication administration to UAP (Unlicensed Assistive Personnel) within the school setting
- Ongoing attempts by legislative bodies to change any part of the policies regarding the administration of medications in schools

School districts should have medication policies and procedures in place based on the availability of professional nursing staff employed by the district and the needs of the students. This chapter includes guidelines that may be used to develop policies and procedures. The nurse and the school should also maintain appropriate records pertaining to medications (i.e. authorization forms, parental consent, medication logs, incident and error reports, and emergency medication plans).

This training module has been put together to assist school nurses who have been asked to prepare and train other school personnel to give medications to students at school. Some of this

has been reproduced from the 2009 Georgia School Health Resource Manual, Chapter 3. Other forms are included in the manual, and have not been reproduced here. The next section lists general policy guidelines on several topics. The third section includes materials that can be used for training other school personnel and ensuring safe medication administration.

II. Recommendations for Medication Administration in the School Setting

The following guidelines have been developed utilizing recommendations outlined in the National Association of School Nurses (NASN) policy statement on **Medication Administration in the School Setting** (www.nasn.org, <http://www.nasn.org/Default.aspx?tabid=230>), the American Academy of Pediatrics (AAP) position statement on the **Role of the School Nurse in Providing School Health Services** <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;121/5/1052.pdf> ; **Medical Emergencies occurring at Schools** <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;122/4/887.pdf> and the American Federation of Teachers document on **Guidelines For The Delineation Of Roles And Responsibilities For The Safe Delivery Of Specialized Healthcare In The Educational Setting** (2009 School Health Resource Manual, Chapter 6, pages 441-446). These guidelines are provided as a resource for local school districts to develop written policies and procedures.

General Guidelines

1. Medication administration in schools should be discouraged unless medically necessary for the student's health, safety and optimal learning.
2. Whenever possible, medications should be given at home, before or after school.
3. The first dose of a new medication or new dosage should be administered at home where parents can monitor potential side effects and adverse reactions.
4. School health personnel should not administer over-the-counter (OTC) medications unless prior written authorization is obtained from parent/guardian, including name of medication, dose, route, time and reasons to be administered. The parent should provide the medication in a new sealed container with dispensing instructions on the label from the manufacturer.
5. Some schools may use stock bottles of various dosages of OTC medications to avoid the storage and clutter of large numbers of bottles. The school district may want to specify that OTC medications that are given on a regular basis require an order by the healthcare provider. Non-prescription medications requested during school hours may be limited by requesting healthcare provider signature if given more for than one to two weeks.
6. All information regarding medication and health status is and should be kept confidential.
7. Unless the legal prescriber authorizes otherwise, only a licensed nurse should administer medications in the following circumstances:

- medications requiring blood pressure, radial or apical pulse before or after administration
 - medications requiring clinical nursing judgment to determine medication dosage
 - injectable medications, except those needed in an emergency
 - medications given by bladder installation.
8. Prior to initial administration of a prescription medication the school nurse should assess the student's health status and develop a medication administration plan which includes:
- student's name
 - order listing name of medication, dose, route, time of administration, and special instructions, if any
 - signed authorization by parent/guardian per school policy
 - contact numbers for parent/guardian
 - known allergies to food or medications
 - student's diagnosis, unless this would be a violation of confidentiality requested by parent/student
 - any possible side effects, adverse reactions or contraindications
 - quantity of medication to be received by the school
 - required storage conditions
 - duration of prescription to be in effect
 - designation of unlicensed school personnel, if any, who will administer the medication to the student, including back-up plans
 - parental permission to notify other designated staff members of medication administration and possible adverse effects
 - when appropriate, the location of administration, if other than school health room, office or clinic
 - plan for monitoring the effects of the medication
 - provision for medication administration in the event of field trips and other short-term special school events.
9. A policy should be written to cover the training and practice of other school personnel who will be administering medications in the school. The policy should include:
- the elements of the training program: who will teach, curriculum, competency testing and documentation
 - selection and supervision of personnel
 - types of medications that can be administered and the personnel designated for each type
 - proximity and availability of licensed school nurse for consultation
 - procedures for medication administration by unlicensed school health personnel.
10. Medications needed on field trips and other short-term school events are best carried in a second pharmacy-labeled container, containing just the dose(s) needed. A school employee who has had the district-approved training can be designated to administer the medication during the trip. **Parents can ask the pharmacist for an empty labeled container to be kept at school for this purpose, and the school nurse can prepare the second container**

and give it to the teacher. The person giving the medication should always document the dose given on the medication form upon returning to school (include time given, initials and signature).

11. Medications ordered for after-school program hours should be given by designated school personnel who have received the district-approved training for assisting with medication administration. Documentation can be done on the same forms used during the school day or on a separate form per district policy. If a separate form is used, it should contain all pertinent information and be filed with the regular forms at the end of the day or week.
12. Volunteers or students should not be asked or trained to give medications to students.

Parental Consent

1. Ideally you want to collect parent consents as soon as the school year begins. A form letter can be included with the parent handbook during registration/orientation informing parents of the school policies on medication given to students during their school day.
2. All medications should require signed parental consent before they can be administered in school. Some school districts may want to also require the healthcare provider to sign the form and list possible side effects. Other school districts accept the prescription label as the doctor's order for the medication saving duplicate work for MD and school.
3. Parental consent should be updated annually for continuing long-term medications.
4. Updated parental consent should be obtained for any changes in medication dosage and/or frequency, and the parent should request a new label from the pharmacy.
5. Parent/guardian should be informed by the principal as to who will be administering medications, what training in medication administration they have received and what credentials and/or licensing this person has. This helps the parent/guardian avoid certain expectations they may have in what the clinic personnel is expected to know or be able to do for their student.
6. The parent/guardian assumes responsibility for informing the school principal, nurse or designee of any change in the student's health and medication needs.
7. Parent/guardian should be asked for consent for school health personnel to contact and obtain needed information from the healthcare provider. The healthcare provider should be contacted whenever questions or concerns arise about specific information or training necessary to administer, monitor or evaluate effectiveness of the medication and assure the safety of the student.

8. Parents should be notified several days before the school supply of a prescription will need to be refilled. A letter may be sent home with the student, and a follow-up phone call may be necessary.

Packaging of Medications to be Administered in the School

1. Prescription medications should be packaged in one of the following ways:
 - In an original container, labeled legibly with the student's name, physician's name and contact information, medication name and strength, amount given per dose, route and time of administration, dispensing pharmacy. You must also look at the prescription filled date and the expiration date of medication to ensure that a prescription is valid. Whenever possible, the parent may ask the pharmacist to divide the required medication into two labeled containers, one for home use and one for school use.
 - Dispensed in unit-dose packs with a prescription label, as above.
2. Non-prescription medications should be packaged in a sealed container with dispensing instructions appropriate for the student's age clearly labeled on the outside. The student's name then should be written on the outside of the container.

Transportation of Medications

1. Parent/guardian or responsible adult designated by the parent should ideally deliver all medications to a designated school employee. In extenuating circumstances, as determined by the school nurse or administrator, the medication may be delivered by other persons, with advance notification by the parent. The proper documentation and authorization forms must be delivered to the designated school employee.
2. Medications should be accompanied by a completed parent authorization form and, if applicable, prescriber authorization.
3. Student transportation of prescription and/or over-the-counter medications is specifically not recommended because of the potential for bullying and sharing on the way to school. Many drugs used for ADD/ADHD are controlled substances and have a street "value," creating the potential for abuse.
4. During all school functions, including field trips, policies and procedures should be in place to protect the health of students. Students with special health care needs cannot be restricted from attending field trips, and provisions need to be made for all necessary medications, including emergency drugs, to be given in a safe manner while students are away from school.

Storage and Disposal of Medications

1. Medications should be stored in a securely locked cabinet, used exclusively for that purpose. Keep locked (unless opened to obtain medications). Medications classified as

scheduled or controlled substances should be stored according to the Controlled Substances Act, due to the potential for abuse. A complete list of these drugs can be obtained at www.dea.gov/pubs/scheduling.html on the Drug Enforcement Administration's Web site or by contacting a local pharmacist. Rules and regulations for storage of these drugs (Schedule II and IV drugs that are commonly given during school hours), include:

- drugs stored in a fixed and stationary, secure and substantially constructed locked cabinet
 - cabinet located in a room or office not accessible to the general public or students
 - keys kept in control of an authorized person at all times.
2. Access to stored medications shall be limited to personnel authorized to administer medications. Access to keys and knowledge of the location of the keys should be restricted to the maximum extent possible.
 3. Medications must be received in a pharmacy or manufacturer-labeled container. No more than a 30-day supply of the medication is recommended to be stored at school.
 4. The school nurse, or other designated person who is receiving medication from a parent/guardian, should document the quantity received. That person and the parent should agree and sign for the quantity delivered, particularly for controlled substances.
 5. Medications should be inventoried and counted per school district policy by designated school health personnel, as well as verified by a witness. All counts should be documented and signed by both designee and witness.
 6. Proper temperature and storage conditions applicable to individual prescription medications should be maintained and monitored.
 7. When refrigeration is recommended or required, medication should be separated from food items in a secure, separate container. When these medications are controlled substances, the container should be double-locked. Refrigeration temperatures should be maintained at 38 to 42°F.
 8. Medications that are out of date or have been discontinued should be picked up by the parent/guardian. All medications should be picked up at the end of each school year. Parental notifications should be sent home at these times.
 9. When medications are not picked up after parent notification, they should be destroyed and that process should be documented and witnessed. Read label for appropriate disposal instructions. Flush down the toilet only if instructed to by patient information. Otherwise, place in an impermeable and non-descriptive bag or can with used coffee grounds or kitty litter. Any preparation that includes a needle should be disposed of in an approved sharps container.

Visit the Web site of the Office of National Drug Control Policy at www.whitehousedrugpolicy.gov . For federal guidelines and video clips about proper medication disposal go to: www.whitehousedrugpolicy.gov/publications/pdf/prescrip_disposal.pdf for more information. The FDA website has information on how to dispose of unused medications. Go to: www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf for more information.

SMAR_xT DISPOSAL™ is a public awareness campaign that targets medication consumers to providing guidance on proper disposal of unused and or expired prescription and over-the-counter medications (<http://smarxtdisposal.net/index.html>). Do not flush prescription drugs down the toilet unless the drug label information or the patient information included with the medications specifically instructs you to do so.

10. All medications to be discarded must be processed so there is no access by the students and/or staff.
11. Medications needing to be disposed of may also be taken to some of your local pharmacies and/or hospitals as well for processing.

Documentation of Medication Administration (*Sample forms are included in the 2009 Georgia School Health Resource Manual CD, Chapter 13, Forms and Letters folder*).

1. Medication given should be properly documented as soon as possible after administration. This documentation should include the following:
 - student's name
 - medication name and strength
 - dosage and route
 - date and time of administration or omission, the reason for omission, such as student refusal or inability to take, absence, school holiday, reason for withholding dose, field trip, etc. (A code with a legend may be provided for ease of documentation and completeness.)
 - the signature/initials of staff member who gave the medication
 - any medication allergies clearly identified on the student's medication sheet.
2. When a form is used that has check boxes for staff members to initial each time a medication is given, each staff member who has initialed the form should provide a complete signature at the bottom of the same form.
3. All documentation should be in ink and should not be altered. Never use any type of white out. Errors should be crossed out with one line only, "error" noted, initialed and the dated, correct entry made.
4. Whenever a student refuses medication, an administrator and parent/guardian should be notified immediately, per school district policy. The refusal should be documented.

5. If a student receives medication while on a field trip, the person administering the medication should properly document this upon returning to the school.
6. The school district should develop procedures and forms for documenting and reporting medication errors. These procedures should specify persons to be notified in addition to the parent/guardian. An error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
 - to the correct student
 - within appropriate time frames
 - in the correct dosage
 - in accordance with school policy and procedure.
7. To assist non-licensed personnel in understanding the medication they may be dispensing to the student, a good practice to follow is to place with each student's MAR (medication administration record) an informational medication sheet for that specific medication. The informational sheet should contain the name of the medication (brand and generic names), possible side-effects, warnings, etc.
8. If several students have the same medications, then you can set up a separate section in the MAR book with just one copy of each of the medications for your students; saving repetitions yet still providing information for personnel administering to your students.

Safety Procedures for Medication Administration

1. A school nurse should be on duty in the school system whenever prescription medications are being administered by other designated school health personnel, and available by telephone should consultation be required.
2. Medications to be administered for p.r.n. (as needed) orders may be administered by designated unlicensed personnel after an assessment by or telephone consultation with the school nurse or parent for each dose.
3. For each school, an updated list of other school personnel who have been trained in the administration of prescription medications should be maintained and training should be updated as least annually. This is especially important for those trained to give EpiPen®, EpiPenJr. ® and/or Twinject® injections, Diastat®, and Glucagon. Each school must follow district/county policy.
4. Prior to administration of medications, the school nurse should review each medication authorization for completeness and compatibility with other medications the student may be taking.
5. Proper hygiene practices should be used. Wash hands before administering meds and avoid handling pills by “pouring” single dose in the cap of the vial, then “pouring” into

student's hand.

6. All school staff responsible for medication administration should be required to receive appropriate initial and refresher training (at least annually) provided per school district policy.
7. Minimize distractions whenever medications are being given, as distractions can be a source of errors. Other job responsibilities should be put on hold, when a designated school employee is administering medications. Students coming in for medications should line up and wait quietly until it is their turn.
8. Standard safety mechanisms, including checking the "Six Rights" (listed below), should be followed by all school employees who give medications:
 - **Right Student:**
Ask the student to say his or her name (not "Are you Suzy Smith?") and compare this to the name on the medication label. If the student is unable to state his name, another staff member who knows the student should be asked. Always assess for medication allergies prior to giving the medication.
 - **Right Medication:**
Compare authorization with label on medication container when taking the medication from the storage area, when preparing the medication for the student, and when returning it to the storage area.
 - **Right Dose:**
Compare the dose listed on the authorization form and the medication label when taking the medication from the storage area, when preparing the medication for the student, and when returning it to the storage area.
 - **Right Route:**
Administer the medication by the route (oral, nasal, inhaled, etc.) specified on the authorization form and medication label.
 - **Right Time:**
The medication should be given within 30 minutes of the time prescribed on the authorization form and medication label. For some medications, such as insulin, medication should be also timed appropriately with a meal.
 - **Right Documentation**
Each medication administered must be documented immediately as it is taken, refused or student is absent. Document per your district medication policies and procedures. You should never record medications as given prior to administration.
9. Expiration dates on medications should be checked on a monthly or bimonthly basis.
10. Only the licensed school nurse should receive an order by telephone or an order for a prescription medication change. A verbal order should be followed by a written order within three school days.

11. Medications should not be left out on counters, pre-poured in anticipation of student arrival, or pre-poured for another person to administer.
12. In accordance with standard nursing practice, the school nurse may refuse to administer (or allow to be administered) any medication which, based on his/her individual assessment and professional judgment, has the potential to be harmful, dangerous, or inappropriate, after consultation with parent/guardian and licensed prescriber. In these cases, the parent/guardian and licensed prescriber should be notified immediately by the school nurse.

Medication Errors

Even the most experienced healthcare providers can make medication errors. Following the safety guidelines listed previously will minimize the chance of mistakes. Being distracted by other duties while giving medications is probably the most likely reason why errors happen in schools. Medication errors can include: an overdose of the right medication, an underdose of the right medication, giving the wrong medication, giving a medication at the wrong time or in the wrong way or omission of a scheduled medication dose. Whenever an error in medication administration is recognized or discovered, the following steps should be taken:

1. Keep the student in the health room; if the student has already returned to class, have the student accompanied back to the office or clinic.
2. Ask the student how he is feeling; if he has any feelings of stomach upset, dizziness, itching or any other symptoms.
3. Identify the incorrect dose or type of medication taken by the student.
4. Notify parents. Immediately notify the principal or school nurse of the error. If an underdose was given, the remainder of the dose may either be omitted or administered, following medical advice received from parent, physician or school nurse.
5. If unable to reach the parent's or student's physician, notify the Georgia Poison Control Center at 1-800-222-1222 for instructions. In metro Atlanta call 1-404-616-9000. They will help you determine if further actions need to be taken. www.georgiapoisoncenter.org/
6. On the student's health record, carefully record all circumstances and actions taken, as well as the student's current status.
7. Complete an incident report per local policy (usually within 24 hours) and submitted to the designated person. Include the name of the student, parent name and phone number, as well as a specific statement of what the medication error was; who was notified and what remedial actions were taken.

Resources for emergency medications and information on any ordered medication can be found in the 2009 Georgia School Health Resource Manual.

III. Training Other School Personnel to Administer Medications in the School Setting

The principal may ask the school nurse to instruct other school district employees about the safe and proper administration of medication. The nurse should provide feedback to the principal regarding the competency of those designated to do so. Medication training does not imply delegation. Medication administration cannot be delegated by a registered nurse to an unlicensed individual. This delegation must be done by the principal, in the school setting. Information will be included in this chapter to assist the nurse in this instruction and assessment of competency.

1. All medications should be administered only by properly trained and supervised school personnel, designated by the principal, according to school district policy.
2. Student safety should be the primary concern of all employees in this area.
3. The training curriculum for medication administration should be specified by school district policy.
4. The school nurse should document the training and competency of other personnel designated by the principal to assume the responsibility for medication administration. Evaluation of competence should include at least return demonstration and skills check-off.
5. The school nurse should provide a required training review and informational update at least annually for designated school personnel.
6. The school nurse should provide written feedback to the principal on the personnel trained, including any problems seen or anticipated.

Important Considerations for Training School Employees

The outline on the following pages may be used in the training of other personnel. A skills checklist is also provided in Ch 1, pg. 56 of the 2009 SHRM for documentation of competency. Training should include the following elements:

- orientation to the policies, procedures, documentation requirements/forms; and documentation of understanding and competence
- safe medication administration practices
- guidelines for administration of medications by different routes of administration
- provision of hands-on practice whenever possible.

Suggested Outline for Training

1. Introduction: importance of the task, definitions, consents and forms, consultation with nurse, overview of medications that will be given, sources of information and references that can be used.
2. Preparation for administration: wash hands, compare label with written order, read label three times, check expiration date, check student identity, give dose, document medication administration, secure medication area
3. Safety procedures: “6 Rights”
4. Administration procedures: See list following
5. Documentation requirements and forms in your district
6. Medication errors: recognizing, reporting, documenting
7. Emergency medications (if needed); can use modules and websites listed with emergency medications in the 2009 Georgia School Health Resource Manual, pages 199-208
8. Competency Skills Checklist for Medication Administration
9. Supervision and monitoring: per local district policies
10. Allow time for questions

Important Reminders for All Staff Designated to Assist Students with Medications

1. Familiarize yourself thoroughly with the guidelines for administration of medications.
2. All drugs have the potential for causing side effects. Observe the student’s response to medication and report to parents and supervisor any changes in behavior or awareness, rashes, or anything else that possibly may be related.
3. Make sure you understand the medication order and how to measure the medicine (i.e. tsp, cc, ml). Ask your school nurse before giving the medication if you need clarification.
4. Give medication exactly as ordered by the healthcare provider and written on the authorization form. Check the authorization form for possible side effects.
5. Ask students to line up in an orderly manner if several come at once, to minimize distractions and decrease the chance for errors.
6. Encourage the student to drink a full glass of water after oral medications, unless otherwise ordered.

7. A “no-show” is not acceptable, especially for seizure medication and antibiotics. A student should be called down, if he does not come at the right time. Please check with your principal about local policy.
8. If a student develops a rash, do not give the next dose of medication until you have contacted the parent and the parent has contacted the healthcare provider.
9. Check storage requirements on the label of the medication. Most medications need to be stored in a cool, dry place; some require refrigeration. If medication needs to be stored in the refrigerator, it should be one that is not available to students. Medications should be kept in a separate container, away from food and nourishments.
10. Before giving medication, check the name of the student, the name of the medication, and the dosage three times:
 - when taking it from the storage area
 - before giving it to the student
 - when charting the dose given and returning it to the storage area.
11. When administering medications remember the:
 - **Six Rights of Medication Administration**
 - Right Student
 - Right Medication
 - Right Dose
 - Right Time
 - Right Route
 - Right Documentation
12. Never use one student’s medication for another student.
13. Avoid distractions while giving medications.
14. Document what was done on the student’s medication log immediately after administering.
15. If a medication error is made, follow procedures for notification and document the occurrence.
16. Notify parent/guardian when medicine supply is running low or when only a few doses are left.

Guidelines for Safe Medication Administration

These guidelines may be applied to any medication administered in the school setting. They can also be used as the basis for training and supervision if other school employees and/or unlicensed health personnel will be administering medication, in accordance with school district policy.

1. Wash hands before and after administering medications.

2. Compare labeled medication container with written order.
3. Read label three times—when taking it from the storage area, before giving it to the student, and before returning it to the storage area.
4. Check expiration date on label.
5. Confirm that student's identity matches the name on the medication label. Ask him to say his name; don't ask "Are you Johnny Smith?"
6. Give the prescribed dose, using the prescribed route (i.e. by mouth) and at the prescribed time.
7. Observe the student as he takes the medication. Always have water and cups available.
8. Record medications given on the medication log and initial each time a dose is given. Provide full signature once, per school policy.
9. Relock the cabinet whenever it is not open for obtaining medications.
10. Minimize distractions when medications are being given to prevent errors.
11. All medications should be assessed periodically for expiration dates and parents should be notified. Expired medications should not be sent home with students.
12. Under no circumstances should a medication be given in a different way than that written on the authorization form.
13. Correct timing is always important as some medications need to be given either with food or on an empty stomach.
14. Allergic reactions and other side effects can occur even after the student has been taking the medication for a while. If any side effects such as a rash, dizziness, cough or breathing difficulty occur, do not give another dose. Call the parents immediately. **If the student exhibits significant or increasing breathing difficulty, call 911.**

Administration Procedures (These procedures should be followed for both prescription and non-prescription medications.)

1. Oral medications

- Student should be sitting or standing.
- Clinic personnel and student should both wash hands.
- Pour the tablet from the bottle into the lid of the container, and then into the medicine cup or the student's hand. Avoid touching the tablet yourself.

- Pour liquid medicine by setting the medicine cup on a firm surface at eye level and pouring to the prescribed level, reading the fluid level carefully. Place the lid upside down on the table to avoid contamination. Wipe the bottle off with a tissue or clean cloth before replacing the cap.
- Unless contraindicated, offer a fresh cup of water to aid in swallowing.
- Make sure the student swallows the medication.
- Return medication to the cabinet or refrigerator. Lock cabinet.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.

2. **Topical medications (ointments and creams)**

- Clinic personnel and student should both wash hands.
- Gather necessary equipment including gloves or a tongue blade as needed.
- Squeeze medication from the tube, or use a tongue blade and remove ointment from jar.
- Spread a small quantity of the medication, using a tongue blade, in a thin layer on the skin or on a bandage to be placed on the skin.
- If ordered, protect the skin surface with a dressing. Use tape or gauze to secure in place.
- Remove gloves and wash hands.
- Return medication to storage cabinet.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.

3. **Eye medications**

Eye drops

- Explain procedure to student.
- Clinic personnel and student should both wash hands.
- Give student tissue for wiping off excess medicine.
- Have student tilt head back and look up.
- Measure the correct amount in the dropper.
- You can have the student keep his eyes closed and drop the medicine in the inner corner of his eye (one at a time). Then, keeping his head back, have student open his eyes slowly, and the medicine will go in.
- Or you can gently pull the lower lid down, and instill the drops in this space.
- If more than one drop is needed, try one drop at a time in each eye, then go back and give the second drop in the same way.
- Repeat the procedure if the drop falls to the cheek.
- Remove excess medicine with clean tissue, but ask student not to rub his eyes.
- Wash hands.
- Return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.

Eye ointment-same as above except:

- Gently pull lower lid down, and have student look up.
- Apply eye medicine along the inside edge of the lower eyelid.
- Have student close his eyes and avoid rubbing them.

4. **Ear drops**

- Clinic personnel and student should both wash hands.
- Have the student lie down on his side, with the ear to be treated “up.”
- Fill the medication dropper with prescribed amount of medication.
- Gently lift the ear upward and outward.
- Instill drops, holding dropper near the ear canal.
- Have student lie on that side for 1-2 minutes to allow drops to flow down the ear canal.
- Wash hands.
- Return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.

5. **Nose drops/sprays**

- Clinic personnel and student should both wash hands.
- Student may be lying on his back or sitting up, with head tilted back.
- Fill dropper with prescribed amount of medication.
- Place dropper just inside the nostril and instill correct number of drops.
- Repeat procedure in other nostril.
- Instruct student to keep head tilted back and not rub the nose for 3-5 minutes.
- Nasal sprays can be instilled with the student sitting up. Spray or squeeze the prescribed number of times, instructing the student to gently and slowly breathe in through his nose each time. Repeat on the other nostril.
- Wash hands.
- Return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.

6. **Inhalers (with spacers with and without masks- preferred, especially for younger children)**

Metered dose inhaler (MDI) with spacer (aerochamber)—Students using inhalers should have been taught to use them properly, but still should be monitored to ensure they are not missing steps.

Spacers or holding chambers are recommended for children since they increase medication delivery when using a MDI. The holding chambers are available with either a mouthpiece or a mask. Generally, younger children (under age 4) will need to use a mask. The student’s healthcare provider determines the medication dosage as well as how often to give. Dosages will vary with each student and should be stated clearly on the medication label as well as the asthma action plan.

The spacer is a hollow tube, which traps the medicine. It can hold the medicine so that the student can take more than one deep breath from it (six breaths may be required if used with a mask for

younger or special needs students). If using a spacer with a mask, the mask should fit tightly against the student's face. If using a spacer with a mouthpiece, it is best if the student takes a slow deep breath and holds his breath for up to 10 seconds to allow the medicine to reach all the parts of his lungs. When more than one puff is prescribed it is best to wait one full minute between puffs to allow maximum absorption of medication. Coughing after medication administration with a bronchodilator is normal.

- Clinic personnel and student should both wash hands.
- Have the student sit up straight or stand to use the MDI.
- Remove the caps from the spacer and inhaler.
- Shake the inhaler well (for about two seconds or 6-8 times).
- Attach the inhaler to the spacer.
- Have the student exhale slowly to empty air from the lungs.
- Have the student place the mouthpiece of the spacer in his mouth.
- Press the inhaler to spray the medicine into the spacer.
- Have the student take a slow deep breath from the spacer, hold it for a count of 10 and then exhale.
- Younger children may need to take another deep breath from the spacer, hold it and then exhale, to get all of the medication.
- If two or more "puffs" are ordered, wait one minute, then repeat the above steps from "Press the inhaler."
- Wash hands.
- Return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.

Metered dose inhaler without spacer: It is even more important to monitor use of an inhaler without a spacer, as this is a more difficult task of coordinating actuation of the inhaler with inhalation of the medicine.

- Clinic personnel and student should both wash hands.
- Remove cap from mouthpiece.
- Shake inhaler well before use (at least two seconds or 6-8 times).
- Have the student breathe out completely to empty air out of the lungs.
- Hold inhaler in upright position with mouthpiece directly in front of the mouth between the teeth (as instructed by the healthcare provider)
- Press top of inhaler firmly to release medicine. At the same time, take a slow deep breath in and hold it for a count of 10.
- Have the student exhale.
- Wait 1-2 minutes before taking a subsequent puff, if ordered.
- Wash hands.
- Return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.

With the older CFC inhalers, the open mouth technique was often accepted as proper technique because it helped the particles decelerate while the propellant evaporated. Therefore more

medication was deposited into the lungs as opposed to the closed mouth technique. Most CFC inhalers have now been transitioned to an HFA propellant. HFA propellant inhalers have been designed to decrease the amount of drug deposited into the mouth and throat and increase of particles deposited into the lungs. It is felt because of the softer plume, some of the medication may be dispensed outside the mouth with the open mouth technique. Therefore the open mouth technique may not be of increased benefit with the new HFA and the closed mouth method is preferred.

Note: There are now (new) asthma HFA brand rescue inhalers:

Ventolin® (by GlaxoSmithKline)

ProAir® (by Ivax)

Proventil® (by Schering-Plough)

Xopenex® (by Sepracor); uses a different chemical –levalbuterol

If the student needs to use their rescue inhaler more than 2 times per week for symptom relief, then the nurse should contact the parent. This is an indicator that the student's asthma is not under control. The parent should address this with the student's Primary Care Provider or Asthma Specialist.

Medication Administration Skills Checklist

Staff person trained/position _____

Instructor _____

Procedure Guidelines:	Dates			Comments Instructor Initial/Staff Initial (N/A if non-applicable)
	Demonstrate /Explain	Practice	Proficient return demonstration	
Washes hands before and after procedure.				
Gives proper dose of medication at proper time. States 6 Rights.				
Compares labeled medication container with written order.				
Reads label 3 appropriate times.				
Checks student identity with name on label properly.				
Explains procedure to student if necessary.				
Checks expiration date on label.				
Documents medications given correctly.				
Maintains security of medication area.				
Describes proper actions for medication refusal, field trip, medication error.				
States appropriate times/situations for notification of school nurse				

Procedure Guidelines:	Demonstrate / Explain	Practice	Proficient return demonstration	Comments Instructor Initial/Staff Initial (N/A if non-applicable)
Emergency Medications:				
<i>Epipen®</i>, <i>Epipen Jr.®</i>, and/or <i>Twinject®</i>:				
States symptoms of allergic reaction, location of medication and emergency plan.				
Demonstrates, with trainer, correct procedure for administration				
States follow-up procedures				
<i>Glucagon:</i>				
States signs of hypoglycemia, location of medication and emergency plan.				
Demonstrates mixing of medication in syringe				
Demonstrates proper injection technique, using correct site				
Correctly states aftercare needed				
<i>Diastat®:</i>				
States understanding of when to use this medication, location of medication and emergency plan				
Demonstrates proper positioning of student, procedure for administering medication				
Correctly states aftercare needed				

Training/ Supervision of School Personnel Administering Medications

I have provided in-service training to _____ to administer medications according to district policy and procedures. She/he has demonstrated knowledge and understanding of the policies and procedures listed above.

R.N. Signature

Date

I have been instructed in the district's medication policy and administration procedures. I understand that I am to administer medications to students according to these procedures and as delegated to me by the Principal. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in student health status, and discovery of a medication error. I understand that I may not delegate this task to any other person.

Staff Signature

Date