

**Medication Administration Procedures**  
**Boone County Schools**  
**Student Services/Health Services**

(Revised Jan. 26, 2015)

4-page document

## **Introduction**

The goal for the use of medication in school is to assist all students to participate at their fullest independent capacity. Policies and procedures developed to implement the handling, monitoring and assisting with medication will comply with each school's effort to ensure a safe, secure and orderly school environment and with Boone County Board of Education policies. Some families have chosen natural and homeopathic remedies, including herbal and dietary supplements, over traditional FDA-approved medications. The use of these prescribed remedies must follow all school policies and procedures for use at school.

## **Procedures**

1. Parents/guardians and health care providers shall complete a Medication Administration Consent Form and/or Prescription Form for Self-Medication of Prescribed Medication before any person administers prescribed medication to a student or before a student self-medicates. Notes and phone calls will not be accepted. Consent Forms are to be kept in the binder with the Medication Assistance Records (MAR). The first dose of any new medication should be given at home and not at school.
2. Any change in prescribed medication, dosage, route or frequency requires a new authorization/consent form signed by the doctor and parent and a new prescription bottle/label from the pharmacy indicating the change. The health care provider may fax the requested medication change on letterhead or a prescription pad to the school office and this written change may be attached to the original medication administration consent form until a new authorization/consent form is completed by the doctor/parent. We are unable to accept verbal dosage changes for prescription medicines and prescribed dietary supplements from parents/guardian.
3. Medicines will be stored in a locked cabinet or drawer. Students will not have access to this area. Emergency medicines and medications approved for students to carry may be exempted from this requirement based on the individual student's needs as assessed by a school nurse. School staff will accept no more than a one week supply of prescribed medicine unless otherwise approved by the Principal or designee. In accordance with board policy #09.2241 a student may be permitted to carry a medication for individual use only if ordered, in writing, to do so by his or her health care provider. Medication requiring refrigeration shall be kept in a locked container that can be stored with food in a supervised area or a separate refrigerator.
4. Aspirin, narcotic pain relievers, (i.e. Percocet, Vicodin, Codeine, Demerol, Morphine, etc.) and benzodiazepine tranquilizers (i.e. Valium, DiaStat, Xanax, Ativan, etc.) will not be routinely accepted by school personnel. Parents/guardians requesting that these medicines be given to their child at school must be referred to the nursing staff for individual evaluation of the student's health condition. Additional documentation from the child's health care provider may be requested. Because of health safety concerns due to the correlation between aspirin administration and Reyes Syndrome in children and teenagers recovering from chickenpox or flu-like symptoms, if an aspirin-containing medication such as Excedrin, Pepto-Bismol, Alka-Seltzer, Kaopectate, Pamprin, etc. (or their generic forms) is requested to be administered at school, a doctor's order/signature is required in addition to the parent's signature on the Medication Administration Consent form. Additionally the student's temperature is to be taken and documented prior to administering. Do not administer the medication and notify the parent/guardian if the student has a temp greater than 99 degrees or has any of the health conditions noted above.

5. Parents are to make every effort to give doses of prescribed medication at home if ordered to be given once, twice or three times a day. If a mid-day dose is required this is to be noted on the Medication Administration Consent Form that is completed and signed by the parent/guardian and physician. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival. Prescribed oral medications in pill/tablet/capsule form shall be counted and the number recorded on the Medication Administration Record.
6. Field Trip Medication Administration: Prescribed medications (prescription, herbal and dietary supplements alike) ordered by a physician and non-prescription over-the-counter medications which are essential for the student to take during and/or after school hours while attending a school-sponsored event/field trip shall be given according to the instructions noted on the Medication Administration Consent Form. Medicines administered on field trips are to be documented immediately on the student's MAR by the person administering that medication. **School personnel accompanying students on field trips who require routine or emergency medication shall be trained in the administration of those medications in the event that the student is unable to self-administer their medication.**
7. Prescription medication must have a pharmacy label affixed that includes the child's name, date dispensed, name of the medication, dosage, strength, expiration date, and directions for use including frequency, route of administration, time interval of the dose, prescriber's name, and pharmacy name, address and phone number.
8. Prescribed herbal/dietary supplements and non-prescription over the counter medication must be in the original container and marked with the student's name. In addition to the completed 'Consent' form, the prescribing physician for a herbal/dietary supplement is requested to prepare a letter which includes the following:
  - confirmation that the herbal/dietary supplement is safe for the child to take;
  - documentation that the herbal/dietary supplement must be administered during the school day; and
  - instructions on how and when the herbal/dietary supplement must be administered at school.
9. A student's medicine (with the exception of topical preparations for emergency First Aid use) must be provided by the parent/guardian. No stock medications such as Tylenol, Mylanta, cough drops etc. will be kept at school for the purpose of administering to students.
10. If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and the medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.
11. School personnel authorized to give medications must be trained in accordance with KRS 158.838, KRS 156.502 and 702 KAR 1:160. Guidelines for diabetic medication administration under 702 KAR 1:160 no longer apply to training of non-licensed school personnel. These trainings are good for the current school year and must be completed annually. Medication administration to students cannot be delegated to parent or community volunteers (exception: a parent administering medicine to his or her own child).
12. Non-prescription (over the counter) medications may be accepted on an individual basis as provided by the parent/guardian when a completed Medication Administration Consent Form is submitted. The medication should be in the original container, dated upon receipt, and given no more than 3 consecutive days without an order from the physician/health care provider. Medications shall not be administered beyond its expiration date.

13. Medication is not to be released to students to take home on the bus. The parent/guardian will be notified of any unused medication remaining at school and is responsible for retrieving this. Medication not picked up by the end of the school year is to be discarded by mixing with glue (for pills) and kitty litter (for liquids) and placed in a trash receptacle or destroyed in accordance with current health standards. Prescription medication not retrieved is to be counted, with a witness present, and discarded as above. Document this on the student's MAR, including the witness' signatures.
14. 911 and the student's parent/guardian are to be called after the administration of any emergency medications (injectable epinephrine such as an Epi-Pen or Auvi-Q, Glucagon, Diastat, Versed and Clonazepam for prolonged seizures). The student may be taken home, at the parent/guardian's discretion, if they communicate this to EMS and arrive at school to accept responsibility for the student prior to EMS decision to transport to the hospital.
15. Except for medications approved for self-administration, the administration of any medication to a student must be supervised by an authorized individual and documented on the medication log. Documentation of all medicines is to be in the following format:
  - a. Medication administration at or during school hours is to be immediately documented on the Boone County Medication Administration Record (MAR) in black or blue ink only: *no pencil*. No white-out or other means of covering data entered is to be used; draw a single line through the error, note 'Void' and initial.
  - b. Each entry must be complete with the student's first and last name, grade, sex, classroom teacher when medication is due, health care provider and emergency contact information and the name of the medication with the dosage and time it is to be given. The dosage must be specified (i.e. 5 mg. not 1 pill).
  - c. Each record is an annual (whole school year) log with separate pages for daily and 'as needed' (PRN) medicines.
  - d. The original medication administration log is to be placed in the student's file as a permanent part of the student's file.
  - e. Daily medications are to be given within 30 minutes before or after the stated dose time. Document immediately that the dose has been given with the time the medication was administered and the initials of the person administering the medication; initial and sign the MAR in the bottom left corner
  - f. PRN medications are given 'as needed'. Examples include rescue inhalers for students with asthma, Tylenol, Epi-pens, Glucagon and DiaStat. After administering, document the time given and initial.
  - g. Utilize the 'Key' to document medicine that is missed due to student absence or not given due to school not being in session.
  - h. If a medicine is discontinued, write D/C and draw a line horizontally through the remaining weeks.
  - i. If a medicine is started after the first of the month, draw a line horizontally through the spaces prior to the first dose.
  - j. If a medicine dose is changed, discontinue the medicine as in 'H' above and make a new MAR with the new dose starting on the appropriate date as in 'I' above.
16. Medication errors: If an error in the administration of medication is recognized, initiate the following steps:
  1. Keep the student in the First Aid Room. If the student has already returned to class when the error is recognized, have the student accompanied to the First Aid Room.
  2. Complete a Medication Administration Incident Report form.
    - a. Assess and document the student's status
    - b. Identify the incorrect dose/type of medication taken by the student.
    - c. Immediately notify the school administrator and school nurse of the error, who will notify the parent/guardian.
    - d. Notify the student's physician/health care provider as appropriate.

- e. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
  - f. Record in detail all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, along with the student's status.
17. To safely accommodate physician-ordered titrating doses that are different than the dose written on the prescription bottle, the following conditions would need to be met prior to making that accommodation:
- A Medication Consent Form would be completed and signed by both parent and healthcare provider for each specific dose adjustment. (For example, if the dose request was for one pill at noon for one week, increasing to two pills at noon for the following week to reach the desired dose of 3 pills at noon daily thereafter. we would need a new consent for completed and signed for each of those dose adjustments);
  - A new MAR would be completed for each dose change; this way the dose on the current MAR will match the current Medication Administration Consent form;
  - A small tab (like a small post-it note) with the current dose (as noted on the Consent Form and MAR) would be completed by the nurse noting current dose due to titration. This would be affixed to the bottle in such a way that all other info on the pharmacy label would still be visible.
  - When the dosage has been titrated, the prescription bottle label would be updated to reflect the current dose, matching with the consent form.

Please contact a member of the nursing staff if you have any questions regarding administering medications at school, the procedures outlined above, if you need clarification on an order or if you are unfamiliar with a medicine.

All forms pertaining to assisting with medication at school as well as these guidelines will be reviewed as needed by the nursing staff. All suggestions regarding revisions should be directed to the school district health coordinator. Any revisions to the above will be in accordance with current education and nursing laws and will reflect safe school nursing practice.

#### **REFERENCES:**

- American Academy of Pediatrics. School Health Policy and Practice. 5<sup>th</sup> Ed. 1993.
- Boone County Board of Education. Policy #09.2241, Dispensing Medication. 07/08/2010
- National Association of School Nurses. Position Statement, Administration of Medication in the School Setting.
- Medication Administration Training Manual for Non-licensed School Personnel; Kentucky Department of Education, March 2011

#### **RELATED POLICY:**

09.2241

#### **RELATED PROCEDURES:**

09.2241 AP.21

09.2241 AP.22