

Medication at School

Each school principal will authorize at least two (2) staff members to administer oral, topical, eye, ear, and/or nasal medications. These designated staff members will participate in an in-service training. 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 dosage, 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 authorization from a parent or guardian and a signed and dated authorization form with written directions from a Licensed Healthcare Provider (LHP) with prescriptive authority. Requests will be valid for not more than the current school year. The prescribed medication must be properly labeled, unexpired and be contained in the original 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 medications 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 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:
 - i. Correct student name
 - ii. Correct medication name (same as on "authorization" form)
 - iii. Correct dosage (such as how many milligrams in a 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.
 - iv. 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 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 hand.

- g. For topical, eye, ear, and nasal medications, check request form for the correct dose to administer and administration instructions from the school nurse including the wearing of gloves.
 - h. Help the student get water, 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 the 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 a student refuses, call parent or guardian and school nurse immediately.
 - o. Do not give “PRN” (as necessary) medication more frequently than indicated by the LHP. Be sure to find out when the last dose was given. Notify parents if student asks for medication more frequently than the LHP indicates.
5. Maintain a daily record which indicates that the prescribed medication was dispensed. 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. Prescription medications should not be brought to school by the student.
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
- a. Follow the same procedures as for all other types of medications. EXCEPTION: If a school nurse is on the premises, a nasal spray that is a schedule 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 agree in writing to administer a nasal medication that is a schedule drug or controlled substance, may administer medication.
 - c. After administration of any schedule (prescribed) drug or controlled substance by nasal spray to a student, Emergency Medical Services (911) will be called as soon as practicable.
10. Field Trips
- a. If the student needs medication during a field trip, the medication will be carried on the field trip by the designated trained staff member in a fanny pack, backpack or locked box with access limited to those giving the medication. The medication should be in the original pharmacy-labeled container. Upon returning to school from the field trip, the signed log sheet and any left-over 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 of Administering Medications:

- a. If the school accepts medication in the correctly labeled container, “authorization” forms are properly filled out and signed, the designated staff member is legally obligated 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 errors be reported to the school nurse, who in turn, shall notify the school administrator, appropriate district administrator, and the student’s parent/guardian.
- b. If a medication is in half-hour or more, late in being given, the school nurse shall be notified and the medication-trained and delegated staff member shall call and notify the parent/guardian. The nurse may contact the student’s LHP.
- c. The medication error and reporting procedure need to be recorded on the back of the student’s medication log and the Medication Administration Incident Report Form.
- d. The Medication Administration Incident Report Form will be kept in the health room files by the school nurse. It shall be kept with the rest of the health room files to be destroyed after eight (8) years.

13. Liability:

- a. When district 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 client.

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:

- a. Authorization for Medication Authorization forms and medication logs, the 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:

- a. When districts are planning for disaster situations, student medication issues must be addressed. There are three elements to consider:
 - i. The school should have at least a three-day supply of medications on hand for students who take medications during the school day,
 - ii. The school nurse should question parent/guardian to identify medication that students normally take only at home and to whom the missing of three days of medication 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 LH and parent/guardian, the need for the medication can be attenuated or delayed. These situations will have to be identified

- and dealt with on an individual basis to ensure that those students needing medication receive the amount they need in situations where medication cannot be readily obtained without prior planning.
- iii. 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:

- a. Two weeks prior to the end of the year:
 - i. Notify parent/guardian to pick up any medication by noon the last day of school.
 - ii. Mail letter notification
 - iii. Medications left on the last day of school shall be counted by the school nurse and one other witness, destroyed and the number amount of medications 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.

When a LHP and a student's parent or guardian request that a student be permitted to carry his/her own medication and /or be permitted to self-administer the medication, the principal will follow established procedures set in this policy and procedure permitting under limited circumstances, student to carry and/or self-administer the medication. Except in the case of multi-dose devices (like asthma inhalers), students will only carry a one day's supply of medication at a time. *The school nurse must agree to the student carrying the medication and verify that the student can correctly administer. Violations of any conditions placed on the student permitted to carry and/or self-administer his/her own medication may result in termination of that permission, as well as the imposition of discipline when appropriate.

KETTLE FALLS SCHOOL DISTRICT NO. 212

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