State of Alaska

Medication Administration
A Guide for Training Unlicensed School Staff

Know the 6 Rights of Medication Administration:

- ✓ *Right Patient*
- ✓ *Right Medication*
- ✓ *Right Time*
- ✓ *Right Dose*
- ✓ *Right Route*
- ✓ *Right Documentation*

Be Safe with NO mistakes!

STATE of ALASKA
Department of Health and Social Services

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INTRODUCTION/PURPOSE

Medication administration to students is one of the most common health services provided in schools. Medication non-adherence at school has been linked to a variety of poor educational, social/emotional and physical outcomes.[1] Over the past few decades, the prevalence of chronic diseases has dramatically increased among children, from one in eight children to one in four, including conditions like asthma, diabetes, obesity, and learning and behavioral disabilities.[2] Many students with chronic health conditions need access to medications at school in order to enhance their overall health, stabilize their condition as well as promote and support their academic achievement.

School districts should meet the need for required medications during the school day in the interest of facilitating attendance. Policies and procedures should be established that focus on safe and efficient medication administration that are consistent with federal and state laws, nursing practice standards and established safe practices in accordance with evidence-based information.[1, 3]

Districts employing or contracting registered professional nurses should assign the nurse the responsibility for implementing a system of safe administration of medication.[3] In the absence of the nurse, this system may include delegation and/or training of medication administration by the registered nurse to unlicensed assistive personnel (UAP), also known as a "school setting provider", according to Alaska Board of Nursing Regulations. In this document a UAP or school setting provider is termed "trained unlicensed school staff."

This training curriculum was approved by the Alaska Board of Nursing on October 25, 2012.

DEFINITIONS[1, 4, 5, 6]

Administration – assisting a student in the ingestion, application, inhalation, injection, insertion or self-management of medication according to the directions of a licensed prescriber or parent(s). A licensed prescriber, the prescriber's agent (RN/LPN) and persons who have successfully completed a medication administration course approved by the Alaska Board of Nursing may administer medications.

Authorization – medication instructions by the prescriber and/or parent/guardian to administer medication.

Delegation - The act of transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation. (National Council of State Boards of Nursing 2005) The National Association of School Nurses further defines delegation in the school setting as "a complex process in which the authority to perform a selected nursing task in transferred to a competent unlicensed individual (UAP) in a specific situation."

Dispense – the preparation and delivery of a prescription drug by a pharmacist, physician, dentist, podiatrist, or other person licensed or registered to distribute prescription medication in a suitable container appropriately labeled for subsequent administration to, or use by, a student.

Individualized Healthcare Plan (IHP) - This document is a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals. It should be…

- Written for each student with a healthcare need that affects or has the potential to affect the student's safe and optimal school attendance and academic performance.

- Developed by the school nurse in collaboration with the student, family, educators, and healthcare providers.
- Based on and developed using the nursing process.
- Include an emergency care plan (ECP), if needed.
- Implemented then evaluated at least yearly to determine need for revision and evidence of desired student outcomes.

Licensed prescriber – physician, dentist, podiatrist, advanced practice nurse, and physician's assistant licensed to prescribe in Alaska.

Medication – A substance developed to prevent, diagnose, cure or relieve disease. Medications include prescription or non-prescription substances or preparations:

- Tablets and capsules – oral medications to be swallowed;
- Suspensions – undissolved medicine in liquid – must be shaken before administration;
- Syrups and elixirs – sweetened liquid that contains dissolved medication;
- Inhalants – liquid medication in watery form that is applied under pressure as a spray or added to sterile water and given as medicated steam; and
- Topical – creams, ointments, eye drops and eye ointments, ear drops.

Long-term medication – prescription preparation utilized for the treatment of chronic illness including both daily and as needed (PRN) medications (needed for longer than 15 days unless otherwise specified by the school district).

Non-prescription medication – over-the-counter preparations obtained without a prescription

Short-term medication – prescription preparation utilized for the treatment of short term illnesses including infectious diseases or other conditions (needed for less than 15 days unless otherwise specified by the school district).

Monitoring – reminding the student to take medication; visual observation of the student to ensure compliance; recording medication administration; and notifying the parent and licensed prescriber of any side effects or refusal to take the medicine.

Policy – a written document that provides general guidelines for decision-making.

Registered professional nurse (school nurse) – a registered nurse, licensed to practice professional nursing in Alaska and employed in the school setting.

Self-administration – student self-management of medication. Student demonstrates ability to safely manage own medication to designated monitoring health personnel.

Standing Orders – written protocol for using a medication applying to the general use of that medication, as opposed to an order for a medication written for a specific individual (e.g., epinephrine in anaphylaxis).

Student – individual enrolled in an Alaska public or private school, age 3 through age 21 years.

Supervision – the Alaska Board of Nursing adopted the National Council of State Boards of Nursing's definition, which is "Supervision is the provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a nursing task delegated to nursing assistive personnel." NOTE: nursing assistive personnel are also known as unlicensed assistive personnel; the term 'trained staff' is used for the same purpose in Delegation Decision Tree documents.

- *Direct Supervision* is the presence of the licensed nurse working with other nurses and/or nursing assistive personnel to observe and direct the assistant's activities. The proximity of this supervision is such that immediate intervention is possible if problems occur.
- *Indirect Supervision* occurs when the licensed nurse is not present and supervision is provided by other than direct observation of the nurses and/or nursing assistive personnel. The absence of proximity of the licensed nurse requires processes being in place for the direction, guidance and support, and monitoring of the Licensed Practical Nurse or nursing assistive personnel activities.

Trained Unlicensed School Staff – school employee who has successfully completed a medication course, periodic re-evaluations (every 90 days) and retraining (at least annually). Trained unlicensed school staff is recognized by the Alaska Board of Nursing as a school setting provider or unlicensed assistive personnel (UAP) and as such, is legally authorized to administer medications at school.

Unlicensed Assistive Personnel - as defined in AS 08.68.805,persons, such as orderlies, assistants, attendants, technicians, members of a nursing client's immediate family, or the guardian of a nursing client, who are not licensed to practice practical nursing, registered nursing, medicine or any other health occupation that requires a license in this state." 'School setting provider' is included in this definition and is defined in 12 AAC 44.965 as "a person, who is employed at a school that provides educational services to students age 21 or younger. School setting providers are identified as "trained unlicensed school staff" in this document.

GUIDELINE DETERMINANTS

Federal Requirements

Individuals with Disabilities Education Act (IDEA), **Section 504 of the Rehabilitation Act** and the **Americans with Disabilities Act (ADA)** require schools receiving federal funding to provide reasonable accommodations and to allow for safe inclusion of these students in school programs. This "required related service" includes medication administration. Not all students needing medications during the school day fall under this requirement (eg. short term needs) but specific policies for administration of medication should be applied consistently with all students.[1, 3]

Family Educational Rights and Privacy Act (FERPA) specifies when student health information may be shared and when it may not. FERPA protects the confidentiality of student health information. Student health information must be kept private except for situations "where disclosure serves a compelling purpose", is required by law or when parental permission is obtained.[7]

Occupational Safety & Health Administration's (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030) prescribes safeguards to protect workers against the health hazards caused by bloodborne pathogens. The school's required Exposure Control Plan identifies the safeguards for handling blood and

body fluids. These safeguards include identification and training of staff that are most at risk for exposure, utilization of Universal Precautions for all blood and body fluids, personal protective equipment (PPE) to prevent exposure, engineering controls in managing contaminated sharps, and proper disposal of regulated waste.[8]

State Requirements

Alaska Board of Nursing Statutes and Regulations is the legal document regulating the practice of every licensed registered nurse (RN) and licensed practical nurse (LPN) in Alaska. The Alaska Board of Nursing has the ultimate legal authority to interpret the laws relating to the practice of nursing. The regulations 12 AAC 44.950 through 12 AAC 44.975 specifically address the standards for delegation of nursing duties to other persons, including unlicensed assistive personnel (UAP). In 12 AAC 44.965(b) (3), registered nurses are authorized to delegate the administration of medication to UAP in the school known as a "school setting provider." The school setting provider is "a person who is employed at a school that provides educational services to students age 21 or younger." The person to whom the administration of medication is delegated must successfully complete a training course in administration of medication that is approved by the board. On April 2, 2012, the Alaska Board of Nursing further clarified the delegation practices in schools by the adoption of the *Medication Administration in the School Setting Delegation Decision Tree*. The decision tree outlines the steps school nurses should follow in planning for a student who requires a medication in school. The school nurse is responsible for developing and revising the Individualized Healthcare Plan (IHP) for the student and following the steps of the decision tree for both delegable and non-delegable medications. The decision tree is included in this document (Appendix A) and is located in the advisory opinions on the Alaska Board of Nursing website. The current version of the Alaska Board of Nursing Statutes and Regulations is also available at this website. Further guidelines for utilization of the decision tree are available in the *Medication Administration in the School Setting Delegation Decision Tree Guidelines* located on the Division of Public Health's School Nursing/School Health program website.[9]

Alaska Statute 14.30.141 *Self-Administration and Documentation of Medication* requires a public school to permit the self-administration of medication by a pupil for asthma or anaphylaxis if the parent and healthcare provider authorize it in writing. The student who is permitted to self-administer medication under this law is permitted to carry and to store an inhaler and/or autoinjectable epinephrine with the school nurse or other designated school official.[10]

Alaska Statute 14.12.115 *Indemnification*, requires the school board to insure or indemnify and protect school district employees against financial loss and expense, including reasonable legal fees and costs arising out of any claim, demand, suit or judgment for alleged negligence or wrongful act resulting in death or bodily injury to any person as long as the employee acts within the scope of their duties and the policies and procedures of the school district.[11]

Alaska Statute 09.65.090 *Civil Liability for Emergency Aid*, states that a person who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person who reasonably appears to the person rendering the aid to be in immediate need of emergency aid in order to avoid serious harm or death, is not liable for civil damages as a result of an act or omission in rendering emergency aid.[12]

Local Requirements

School district staff, including school nurses and other staff trained to administer medications in schools, must follow their own school district policies and procedures. The following are recommendations for development of school district medication administration policies and procedures.

- Create a confidential, timely and accurate record of the administration.
- Identify the licensed health professional (school nurse) or staff responsible for supervision of medications ensuring safe keeping, accessibility, documentation and a system of accountability for students who carry and self-administer their medications.
- Establish procedures for security and storage that includes:
  - ✓ All prescription medications should be in the original containers appropriately labeled by the pharmacist or physician.
  - ✓ Storage should be secure and in accordance with manufacturer's directions.
  - ✓ Controlled substances must be double-locked.
  - ✓ The school nurse or trained UAP should be available and have access to the medications at all times during the school day.
  - ✓ All medications should be returned to the parents at the end of the school year or disposed of according to existing standards.
- Use a systematic review of documentation for quality assurance, to reduce medication errors, and to verify controlled substance counts.
- Establish and follow effective communication systems that support the student health care plan and the prescriber's instructions.
- For prescription medications, require a written medication form, signed by the authorized prescriber and parent that includes:
  - ✓ Name of the student
  - ✓ Drug
  - ✓ Dose
  - ✓ Time it is to be taken
  - ✓ Route to be given
  - ✓ Diagnosis or reason medication is needed
- For over-the-counter (OTC) medications, if permitted, require written parental permission. Limit the duration of OTC medications administered at school. Use of OTC medications over an extended time period warrants an authorized prescriber's oversight and authorization.
- Protect student health information confidentiality according to the Family Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).
- Train, delegate and supervise appropriate unlicensed school staff members that have the knowledge and skills to administer or assist with administration of medications as assessed by the school nurse in compliance with Alaska Board of Nursing regulations.
- Permit responsible students to carry and self-administer emergency epinephrine and inhaler medications as outlined in AS 14.30.141 *Self-administration and documentation of medication*.
- Provide and encourage parents to provide life-saving medications in the health office for students who carry and self-administer emergency medications as back up in the event the medication cannot be located when the student is in need of it.
- Make provisions for secured and immediate access to emergency medications at school at all times including before and after school hours and for school sponsored activities.[3]

Best practice determinants

The American Academy of Pediatrics (AAP) has prepared a position statement outlining medication administration recommendations for schools in *Guidance for the Administration of Medication in School*, 2009.

The National Association of School Nurses (NASN) pertinent position statements include:

- *Delegation, Nursing Delegation to Unlicensed Assistive Personnel in the School Setting*
- *Individualized Healthcare Plans, The Role of the School Nurse*
- *Medication Administration in Schools*
- *School-Sponsored Trips, The Role of the School Nurse*
- *Unlicensed Assistive Personnel – Their Role on the School Health sServices Team*

ROLES AND RESPONSIBILITIES

1. School Administrator/Nursing Services Supervisor
   - Assist in development of medication administration policy and procedures
   - Provide administrator support for compliance with district medication administration procedures;
   - Assist nurse in educating staff and parent(s)/guardian(s) about the district's commitment to a safe policy related to medication in school; and
   - Be aware of liability issues related to medication administration at school, including insurance coverage, personnel covered, etc.
2. Registered Professional Nurse
   - Understand recommended updates and revisions, and continually evaluate district policy and procedures related to medication administration;
   - Determine who can safely provide medication administration;
   - Provide guidance for special circumstances, i.e., field trips, verbal orders, etc.;
   - Provide a standardized training course for all personnel who will administer medications with retrainings at least annually;
   - Maintain a record of trainings, including course attendance, written tests, and performance evaluations demonstrating 100% mastery of course content;
   - Periodically (every 90 days) monitor performance through observation of procedures, review of documentation, handling of medications, etc.,
   - Review and take appropriate action regarding any reported medication error;
   - Take corrective action when individual to whom medication administration is delegated does not meet standard performance after consultation and retraining;
   - Educate students regarding the appropriate use of medications, including the resolution of minor health problems without the use of medication; and
   - Share policies, procedures, and forms with authorized prescribers.
3. Trained Unlicensed School Staff
   - Participate in district training related to medication policy and procedures;
   - Administer medications strictly following the procedure as taught;
   - Obtain medication information from the student's individual medical administration record;
   - Know the specific instructions for each medication administered;
   - Provide accurate documentation of medications administered;

- Call for consultation with delegating nurse when there is a question, or when a parent/guardian does not comply with policy;
- Respect student confidentiality;
- Report errors in a timely manner; and
- Provide a safe storage and handling of medications as outlined in district policy.

4. Parent(s)/Guardian(s)
   - Cooperate with the district's policy regarding medication administration to:
     - Provide authorization or prescription from student's health care provider;
     - Provide written request from parent/guardian to administer medication;
     - Provide the school with the medication as outlined in the policy;
     - Communicate any changes in student's health status, medication regime, change of health care provider, etc; and
     - Sign authorization for school to communicate with student's health care provider, if needed.
5. All school personnel
   - Understand and follow school district policy and procedures related to medications; and
   - Understand and follow school district policy regarding self-administration of medications.
6. Prescriber
   - Write a complete order including name of medication, dosage, time, frequency, and length of treatment; and
   - Collaborate and communicate medications instructions and pertinent information to the parent, student, and school staff, as necessary.[6]

TRAINING MATERIALS NEEDED

- Samples of different pills and tablets;
- Samples of different types of topical medications (ear, eye, skin);
- Samples of different types of liquid medications;
- Sample of different inhaled medications (inhaler, disc);
- Samples of different types of medication administration dosage containers (oral syringe, medicine spoons, medicine cups);
- Samples of medication administration authorization forms and medication administration record;
- Medication error report form.

PROTOCOLS/PROCEDURES

Guidelines for Training Unlicensed School Personnel in Medication Administration

I. Curriculum Overview

Purpose: the purpose of this training is to teach school personnel basic knowledge of medication administration in the school setting.

Goal: Safe administration of oral, ophthalmic, otic, intranasal, topical and inhalant medications. The methods of administration to be delegated should be determined by the school nurse based on health care provider orders and school district policy.

Objectives: The individuals trained will:

1. Describe their role in the delivery of medication;
2. State the general purpose of medication administration;
3. List any needed equipment and supplies;
4. Demonstrate proper administration of oral, topical, eye, ear, and inhalant medications, including proper hand washing;
5. Demonstrate appropriate and accurate documentation of medication administration;
6. Demonstrate appropriate action if unusual circumstances occur, i.e., medication error, adverse reaction, student refusal, etc; and
7. Know how and when to seek consultation from supervising nurse.

Discussion of the participant's responsibility – review the role of the unlicensed school staff

Discussion of the evaluation criteria – pre/post test (post-test passing score= 90% or better), return demonstration and 100% evaluation of mastery, ongoing monitoring with evaluation every 90 days for school nurse delegated medications per Alaska Board of Nursing requirements

Administer pre/post-test (see Appendix B for sample pre/post-test)

NOTE: When delegating a medication to unlicensed school staff once the training is complete, the school nurse is required by Alaska Board of Nursing regulations to develop a nursing delegation plan that describes the frequency and methods of evaluation of the performance of the delegated duty by the unlicensed school staff person. A sample Delegation Plan is found in Appendix L.

II. Legal Requirements

Review of the legal requirements for:

- Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) – discuss student access to needed medications in schools
- Family Educational Rights and Privacy Act (FERPA) – discuss confidentiality (see handout, Appendix K)
- Occupational Safety & Health Administration's (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030)- review of Universal Precautions (hand washing, glove use and removal, cleaning and disposing of body fluids including sharps) (see handout in Appendix J)
- Alaska Statutes and Regulations – discuss the Alaska Board of Nursing Delegation Decision Tree (see Appendix A), Self-administration of medication statute, and statutes providing liability protections for staff
- Local school district policy

III. Medication Administration Procedure

PURPOSE OF MEDICATIONS – medications are given to prevent or treat an illness or disease and/or to reduce symptoms related to illness or injury. Medications may also be given to replace a substance the body is lacking (e.g., insulin, thyroid medication). In school, medications are given to promote and support academic success by enhancing the student's overall health or stabilizing their chronic condition.[1, 13]

GENERAL RULES [3, 13, 14, 15, 16]

Safety checks: Important safety checks will help to assure safe medication administration in the school setting. These safety checks include:

- ✓ The medication is in a child resistant container.
- ✓ The presence of the original prescription label or over the counter medication manufacturer's label with the name and strength of the medication and physician's directions for use (phone or written).
- ✓ Name of child on container is correct for both first and last names.
- ✓ Current date on prescription / expiration label covers period when medication is to be given.
- ✓ Name and phone number of licensed health professional who ordered medication is on the container or on file.
- ✓ Instructions are clear for dose, route, and time to give medication.
- ✓ The five rights of medication administration are followed.
- ✓ The same person should give medications every day, if possible.
- ✓ Assure privacy and confidentiality of the student.
- ✓ Give this task your full attention.
- ✓ Assure the work area is clear and well lit.
- ✓ Prepare the medications for one student at a time.

NOTE: Common abbreviations and measurements found on prescription labels are found in Appendix H.

Five rights of medication administration

1. The right child / student

- ✓ Confirm that the student to receive the medication is the correct student.
- ✓ Ask name if student unknown to you.
- ✓ If non-verbal, confirm identify with teacher or paraprofessional.
- ✓ If photograph provided on the medication administration record, confirm student identity.

2. The right medication / drug

- ✓ Confirm that the medication to be given is the medication ordered by the health care provider, is the medication the parents/legal guardians have given permission to be administered at school, and is the medication in the prescription labeled bottle or over-the-counter manufacturer labeled container.
- ✓ Check the medication label three times when administering the medication: 1) when removing it from secured storage, 2) when preparing the medication for administration, 3) when returning the medication to secured storage.

3. The right dose

- ✓ Confirm the amount of medication prescribed is the dose of medication to be given to the student.
- ✓ Give exactly the right amount of medication prescribed and authorized, e.g., 5ml or 5cc = one teaspoon.

4. The right time

- ✓ Confirm that the student is getting the medication at the time prescribed. **NOTE:** The licensed professional registered nurse may reasonably work within a time frame or window of 30-45 minutes of the prescribed time for medication administration based on priorities and nursing judgment without creating an error of omission. Any window of time granted to trained unlicensed school staff to which medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.
- ✓ If an over-the-counter, PRN (as needed) medication, check with the parent when the medication was last given at home.
- ✓ Confirm that the medication has not already been given for the current scheduled time.

5. The right route of administration

- ✓ Confirm that medication orally is given orally. **NOTE:** when drops are prescribed, it's essential that eye drops are administered in the eyes, ear drops are administered in the ears, and nasal drops /sprays are administered in the nose.

Often a 6th right of medication administration is added.

6. **The right documentation**

- ✓ Each time a medication is administered it must be documented in the student medication administration record as indicated by the nursing protocol and procedure manual. When delegated to trained unlicensed school staff, this must be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.

CLASSIFICATIONS OF MEDICATIONS [3, 9, 13, 15, 17]

Prescription Medication

Written authorization from a health care provider must accompany any long term prescription medication to be administered at school. Health professionals with prescriptive authority include:

- Physicians, MD or DO (Doctor of Osteopathy)
- Podiatrists, DPM
- Dentists, DDS or DMD
- Optometrist OD
- Advanced Nurse Practitioner
- Physician Assistant who has a collaborative practice plan with a physician

The authorization form should be dated and include:

a. Student name and birth date
b. Medication
c. Dosage
d. Route of administration
e. Reason the medication is prescribed
f. Time(s) to be administered
g. Duration of administration, i.e. entire year, 1 month, etc.

A sample prescription long term authorization form is located in Appendix D; a sample short term prescription authorization form is found in Appendix E.

The authorization should be retained until superseded by a new order, until the health care provider determines that the medication is no longer required, or at the end of the school year, whichever is shorter. The request should be documented in the student's permanent health record.

Prescription medication should be brought to school in a container/package dispensed by the pharmacist with the following information clearly stated on the label:

a. Name of student
b. Medication
c. Dosage
d. Route of administration
e. Frequency of administration
f. Health care provider

g. Prescription number
h. Date issued

- *Nonprescription or Over-the-Counter (OTC) Medication*
  Some schools districts require that a written authorization from a health care provider accompany nonprescription over-the-counter (OTC) medications, as well as prescription medications, in order to ensure continuity of care and to prevent unintended medication interactions. Other school districts do not have that requirement, as some health care providers may be unwilling to "authorize" OTC medications in the schools since they have no control over which medications are actually purchased for use. The school nurse and unlicensed trained school staff should follow school district policies and procedures for OTC medications which should, in the least, entail a written request signed by the parent/legal guardian (see sample form in Appendix F) and include:
  a. The name of the medication
  b. The medication dose
  c. The time for administration of the medication
  d. The reason for the medication
  e. A statement relieving the school of any responsibility for the benefits or consequences of the medication when it is "parent/legal guardian prescribed" and acknowledging that the school bears no responsibility for ensuring the medication is administered except when the student requests the medication. In this instance, documentation of medication administration by the licensed professional registered nurse or trained school staff delegated to administer OTC medication when requested must be completed.

  OTC medication should be brought to school in the original manufacturer container/package with all labels intact. Deviations from label directions should require a written health care provider order. The school must reserve the right to limit the duration of parent/legal guardian prescribed medications and to require a health care provider authorization for continued use.

  The school should retain the request until superseded by a new order, until the health care provider determines that the medication is no longer required, or at the end of the school year, whichever is shorter. The request should be documented in the student's permanent health record.

  For the school nurse, one time verbal parental permission for specific OTC medications (e.g., acetaminophen and ibuprofen), if permitted, should be addressed in the school district's standing protocols. The verbal authorization should be documented in the student's record and followed by a written authorization the next working day. Under no circumstances, should unlicensed staff take verbal orders from a health care provider. As per Alaska State Board of Nursing Regulations 12 AAC 44.965(e), the nurse must first assess the student to determine whether on-site student assessment will be required before the ongoing administration of each dose of any as needed (PRN) medication. OTC medications given on a PRN basis may not be delegated to unlicensed school staff when the student's medical condition is unstable, requiring ongoing assessment and adjustment of dosage or time of administration by a registered nurse.

- *Controlled Substances*
  Pharmaceutical controlled substances are drugs that have a legitimate medical purpose, coupled with a potential for abuse and psychological and physical dependence. They include opiates, stimulants, depressants, hallucinogens, and anabolic steroids. The safe and effective use of controlled substances by students at school has increased dramatically because of their accepted use in treatment of illness

and disability enabling many sick and disabled children to attend school. Unlicensed school staff are not authorized to give this class of medication on an as-needed basis (12 AAC 44.965[e]). Only routine doses of controlled substances (e.g. Ritalin) are delegable by the school nurse to an unlicensed school staff.

- *Homeopathic and herbal preparations*
  Alternative medications, such as herbal or homeopathic medications, are not tested by the US Food and Drug Administration for safety or effectiveness. Lack of safety information for these medications limits their appropriate use at school. A school nurse may not administer to a student a nutritional supplement that: a) contains one or more herbs; or (b) was compounded for the student rather than commercially manufactured. A nurse may administer a non-herbal nutritional supplement only with a written health care provider order and under the criteria listed in Alaska Board of Nursing Regulations 12 AAC 44.965. Unlicensed school staff should not administer any herbal or non-herbal preparations as these may not be delegated by a registered nurse (12 AAC 44.945[b]).

STUDENT SELF-ADMINISTRATION OF MEDICATION [3, 10]

A student, with authorization from the health care provider and parent/guardian, may carry and self-administer an asthma inhaler and/or autoinjectable epinephrine medication as per AS 14.30.141. School districts should have policies and procedures in place that address self-possession and administration of these medications and others, if allowed (e.g. insulin for students with diabetes). Some schools also require a self-administration agreement to verify student understanding of their responsibilities related to appropriate self-carry and self-administration. The school nurse must evaluate the competency and reliability of the student in self-administration.

The student's school health record should indicate when a student is able to self-administer a medication and to what extent. The record, in accordance with school policy, should indicate if the student might keep the medication with them to take as they need or if the medication should be stored at the nurse's office to assure oversight by the school nurse or trained personnel. In the latter case, the medication would be retrieved and the student observed taking the medication. Medications carried by students should be either on the person of the student (e.g., in a designated waist pack) or in possession of a supervising adult who will return the medication pack to the student as needed or when the student moves on to a new location. Medications should never be left unattended.

For elementary-aged students, it is recommended that the self-administration of a dose of medication be reported to school personnel as soon as the self-administered dose is given for documentation and determination of the need for additional assistance.

ROUTES OF ADMINISTRATION [6, 9, 13, 14, 15, 16, 18, 19, 20, 21, 22]

Unlicensed school staff may administer medications via the following routes: *oral, intranasal, ophthalmic (eye), otic (ear), topical* and *inhaled*. It is recommended that, with the exception of an emergency situation, a licensed professional nurse administer rectal and injectable medications.

General Steps for Medication Administration

Regardless of route or type of medication given, the following general steps for should be followed:

1. Wash hands. Use disposable gloves if indicated.
2. Gather the necessary supplies.
3. Verify the authorization with the prescription label.

4. Review the five “rights”, checking the label for the name, medication, dose, time and route when picking up the container from the secured storage area.
5. Check the expiration date. The school nurse should be alerted if it is expired and it should not be given.
6. Read the label for instructions and follow the directions (e.g., shake well).
7. Review the five “rights”, checking the label for the name, medication, dose, time, and route when preparing the medication.
8. Prepare the medication without touching the inside of the medicine cup or contaminating the inside of the lid. Do not give the medication if it is contaminated.
9. Do not cut or crush an unscored pill without the approval of the pharmacist or health care provider.
10. Do not leave the medication unattended.
11. Review the five “rights”, checking the label for the name, medication, dose, time, and route when returning the medication to the secured storage area.
12. Identify the student by asking his/her name and what medication he/she is to receive. Check the student’s picture on the health record, if available.
13. Explain the procedure to the student.
14. Give the student the correct authorized medication in the correct dose *via the route* specified. Medications should be given within 30-45 minutes of the scheduled time as instructed in the student’s delegation plan.
15. Verify the student received the medication. Observe the student for unusual reactions.
16. Dispose of used equipment. Remove and discard gloves, if worn. Wash your hands.
17. Document immediately per school procedure, the student’s name, medication, dose, time, route, person administering the medication, and any unusual observations.
18. Report unusual reactions immediately following school procedure.
19. Summarize the student’s compliance with and apparent benefit (or lack of benefit) from taking this medication at school. Give this information to the school nurse, student’s parent/guardian and/or healthcare provider as indicated in the Individualized Healthcare Plan (IHP).

Administering Oral Medication

- Syrup, elixir, solutions, suspensions and tablets
- Sublingual, put under tongue to be dissolved completely
- Buccal, place between cheek and gums to be dissolved

1. For tablet or capsule, hold the lid or medicine cup in your hand, putting the correct dose in the lid or medicine cup. (Do not pour out tablets or capsules into your hand)
    a. If individually wrapped, remove or tear off the number needed, remove from the package and place into a medicine cup at the time the student takes the medication.
    b. Provide a glass of water unless directed not to do so.
2. For liquid medication, pour into a medicine cup from the side of the bottle opposite the label.
    a. Pour the liquid into a graduated medicine cup at eye level.
    b. Measure the dosage at the bottom of the disc (meniscus).
    c. Wipe any medication from the outside of the container.
3. Give the medication to the student and observe them taking it verifying the student swallowed it.

Administering Ophthalmic (Eye) Medication

1. Wash your hands and put on gloves.
2. Remove any secretions, wiping once from the inner to the outer eye with a cotton ball or tissue. Use a new clean cotton ball or tissue for each eye.

3. Position the student lying down or sitting with head tilted back with eyes looking up. Approach the eye from outside the field of vision.
4. Instruct the student to look up and, using your index finger, gently pull the lower eyelid down to form a pocket.
5. For drops, if using a dropper, loosen the lid and squeeze to fill the dropper.
    a. Gently squeeze the dropper or eye drop bottle to instill the correct number of drops (wait one minute between drops) into the pocket holding the dropper about ½ inch above the pocket. Placement into the pocket instead of directly into the eye is more comfortable for the student. Brace your hand on the student's nose or cheek to prevent shaking.
    b. Do not touch the eye with the dropper or tip of the bottle.
    c. Slowly release the lower lid and instruct the student to allow the eyes to close gently. Blinking and squeezing the eyes shut may force the medicine off the eye. Ask the student to close his/her eyes for a few minutes.
    d. Press gently for one minute against the inner corner of the eyelids by the nose to block off the tear drainage system so the medicine does not drain away from the eye.
6. For ointment, gently squeeze a 1-2 cm thin strip of ointment along the pocket from the inner to the outer eye.
    a. Slowly release the lower lid and instruct the student to close the eyelid and move the eye around to distribute the ointment.
    b. Remove excess ointment from inner to outer eye with a new clean cotton ball or tissue. If treating both eyes, use a new clean cotton ball or tissue for each eye.
    c. Inform the student that their vision may be blurred temporarily.
7. Remove gloves, discard, and wash hands.

Administering Otic (Ear) Medication

1. Warm medication to room temperature by holding the bottle in your hands for a few minutes. This will prevent dizziness from cold drops.
2. Position the student lying down or sitting with their head turned with the affected ear up.
3. Cleanse entry to ear canal with clean cotton ball as needed.
4. If a dropper is supplied, loosen the dropper lid and squeeze to fill the dropper to the desired amount.
    a. Hold the dropper tip down at all times to avoid the medicine from flowing back into the bulb where germs can enter
5. Straighten the ear canal
    a. Infant to children age 3 – pull down and back on the earlobe.
    b. Older children/adults – pull up and back on the earlobe.
6. Rest your dominant hand on the student's head to stabilize the area.
7. Administer correct number of drops aimed toward the walls of the canal rather than directly into the eardrum taking care not to touch the ear with the dropper.
8. Place the cap or dropper in the medicine bottle right away. Do not rinse or wipe it off.
9. Unless instructed otherwise, insert a small piece of cotton loosely into the external canal.
10. Ask the student to maintain the position for at least one minute to give the medicine time to coat the ear. Wait at least one minute before putting drops in the second ear, if ordered.

Administering Intranasal (Nose) Medication

1. Instruct the student to gently blow their nose into a tissue and have them discard the tissue. Clean tissues should be kept at hand so that residue can be wiped away and for the student to use to cover their mouth and nose if a sneeze is stimulated.

2. For drops, position the student lying down or sitting with head tilted back. Press gently on the tip of the nose to open the nares and insert the dropper just inside the nostril to administer the correct number of drops. Have the student remain in this position for a few minutes to assure that the medication reaches the upper nasal passages.
3. For nasal spray, position student with head upright and insert the nozzle part way into the nose. Spray as directed while closing off other nostril by pressing on it with a finger.
4. Do not touch the dropper or tip of bottle to the nostril.
5. The student may wish to expectorate solution that drains into the mouth.

Administering Topical Skin Medication

Topical medications are those that are administered externally onto the body rather than ingested or injected. Medicines administered to the eye, ear and nose are considered topical medications but were addressed separately above. In this section, topical medications applied to the skin are reviewed; these include lotions, creams, ointments, powders, and solutions (liquids). Topical medicines are often used to deliver medication directly onto the areas of skin that are irritated, inflamed, itching, or infected.

1. Wash your hands and apply gloves.
2. Unless otherwise instructed, cleanse the affected area with soap and warm water, rinse and pat dry with paper towel or allow the skin to air dry.
3. Place the prescribed amount of topical medication onto the gloved hand, gauze, cotton tipped applicator or a tongue depressor to apply to the affected area.
4. Cover the affected area with a bandage or dressing, if directed.
5. Remove gloves, discard, and wash hands.

Administering Inhaled Medication

Follow the individual student plan which may include self-administration and self-management with the student carrying the medication for immediate availability. Inhalant medication varies depending on the type of inhaler. Follow the specific instructions per the inhaler type. The following are general instructions for a metered dose inhaler (MDI):

1. Position the student standing or sitting up straight.
2. Remove the mouthpiece cap and shake the inhaler.
3. Prime the inhaler to release one dose of medication into the air if the MDI is new or has not been used in several days to ensure adequate dosing.
4. Instruct the student to exhale fully.
5. If using a spacer or chamber, insert the MDI mouthpiece into the device and have the student put the chamber mouthpiece in their mouth. Use of a spacer or holding chamber is preferred for younger students.
6. If not using a spacer or chamber, instruct the student to place the mouthpiece into his/her mouth (between the teeth) and close their lips around it.
7. Instruct the student to keep his/her tongue out of the way.
8. Instruct the student to begin to inhale slowly, and then activate the inhaler.
9. Instruct the student to continue to inhale slowly for 3-5 seconds, filling their lungs.
10. Instruct the student to hold their breath for 10 seconds, as able, and then slowly breathe out.
11. Wait at least one minute, if a second dose is to be given, and repeat the previous steps.
12. Replace the cap on the medication. Rinse the spacer mouthpiece with warm water shaking off the excess moisture or follow the manufacturer's guidelines. Allow to air dry completely before storing in a sealed plastic bag.
13. Use the short-acting bronchodilator inhaler before using inhalers containing anti-inflammatories or corticosteroids, if ordered.

14. Have the student rinse their mouth after corticosteroid inhaler use.
15. Monitor the student for changes in respiration.

DOCUMENTATION [6, 13, 15, 17, 23]

Documentation is the 6th right of medication administration. The individual student medication administration record is used to document the administration of all medications, both routine and as needed. The record (log) should identify:

- ✓ Student's name
- ✓ Prescribing health care provider name and credentials, if prescription
- ✓ Pharmacy and prescription number
- ✓ Medication and dosage
- ✓ Route of administration
- ✓ Time of administration
- ✓ Full signature of licensed professional registered nurse responsible for administration
- ✓ Full signature of unlicensed school staff, if administration is delegated
- ✓ Section for comments and narrative notes

Other information should be included in the student's medication administration plan (as part of the Individualized Healthcare Plan) developed by the school nurse, in collaboration with the parent or guardian:

- ✓ The medication order from the licensed prescriber
- ✓ Signed authorization of the parent or guardian
- ✓ Diagnosis, unless a violation of confidentiality or the parent or guardian requests that it not be documented
- ✓ With parental permission, other persons, including teachers, to be notified of medication administration and possible side effects
- ✓ Initial nursing assessment
- ✓ Any known student allergies
- ✓ Potential side effects , adverse reactions, or contraindications
- ✓ Required storage conditions
- ✓ Duration of administration
- ✓ If appropriate, location where the medication is to be administered
- ✓ A plan for monitoring the effects of the medication
- ✓ Designation of unlicensed school staff who will administer the mediation to the student in the absence of the nurse and plans for back up
- ✓ Plans for provision of the medication on field trips and for school sponsored activities
- ✓ Plans, if any, for teaching self-administration of the medication

Regardless of the system used the purpose of documentation, from a legal perspective, is to always accurately and completely record the care given to the individuals, as well as their response to that care.

Each time a medication has been administered, documentation must occur electronically or in ink, by the person administering it, immediately on an individual student record (log) according to school district policies and procedures. Documentation must be complete and legible. If the medication is given more than once by the same person, he/she may initial the record subsequent to signing a full signature.

It is essential that the licensed registered nurse or delegated trained school staff be able to unequivocally match the student name, medication, dosage, administration time and route to the student's medication record to avoid medication errors.

Any changes in medication, including dosage and/or time of administration should be accompanied by:

- ✓ New health care provider (if prescription) and parent/legal guardian authorization forms with signatures
- ✓ New container/package appropriately labeled by the pharmacist.
- ✓ An additional assessment provided by the licensed professional registered nurse

Medication administration records should be filed with the individual student health record when completed and retained for one year. Substantive medication information may be included in the student cumulative health record by the nurse.

MEDICATION ERRORS [13, 15, 23]

A medication error is a deviation from the standard of care for the student concerning correct medication delivery and includes the following:

- Omitted doses
- Incorrect doses
- Incorrect time of administration
- Incorrect student
- Improper injection techniques
- Incorrect route of administration

Incorrect documentation can also occur. Ink should be used for all written documentation. When a documentation mistake occurs, a single line should be drawn through the erroneous entry to identify it as erroneous and the correct information entered and initialed. Correction tape, "white out" or an eraser should NOT be used.

If a medication error occurs, observe the student for any untoward effects. ***Always check the level of consciousness and breathing of the student first. If breathing problems, seizures, or difficulty arousing the student, call 911.***

Poison Control is another resource that can provide emergent information when a medication mistake has been made. Call Poison Control when a medication is given to the wrong child or an overdose of medication is suspected. 1-800-222-1222.

School district policy and procedure dictates who is to be notified and what order, including the licensed prescriber if there is a question of potential harm to the student. The medication error should be documented through the use of a medication incident reporting form. A sample one is found in Appendix G.

PROPER STORAGE AND HANDLING [3, 6, 13, 14, 15]

All medications should be brought to the school and stored in the original pharmacy or manufacturer labeled container. All medications maintained in the school setting (other than emergency medications and those approved for self-administration by specific students) should be kept in a locked and secured cabinet or drawer used exclusively for medications, in a room that can be locked. Medications requiring refrigeration should be kept in a secured refrigerator inaccessible to students or staff and should never be stored with food. Topical medications should be stored separately from internal medications.

Controlled medications (e.g. Ritalin) must be counted upon receipt, be stored in a double-locked cabinet or drawer and inventoried at least weekly. A record of the drug count should be maintained in a log or on the student's medication record. Self-administration of controlled substances should never be permitted in the school setting. Any count discrepancies should be reported to the school nurse to enable further investigation.

Expiration dates on any medications should be checked on a routine basis and not be used after the expiration date.

Access to stored medications should be limited to the building principal and persons authorized to administer medications and to self-medicating students. Students who are self-medicating must not have access to other student's medications. Access to keys must be restricted to the extent possible.

Needles, lancets, syringes, and other medical sharps should be sealed in puncture proof container labeled BIOHAZARD and properly disposed of.

Ideally, no more than a 30 day supply of prescribed medication should be stored at school. Medications no longer being used should be returned to the parent/ guardian and the return documented. With parent/guardian consent, medications may be destroyed by the school nurse, witnessed by another individual, and appropriately documented. All medications should be returned or destroyed at the end of the school year. Care should be taken not to flush any drugs into the water system unnecessarily. Resources include:

- Federal Drug Administration: Where and How to Dispose of Unused Medications

COMMON SIDE EFFECTS AND ALLERGIC REACTIONS [13, 16, 24, 25, 26, 27, 28]

The unlicensed school staff should be vigilant for any change (physical or behavioral) in the student's condition especially during the first few days after a new medication has been introduced. Some medications may require time for them to obtain optimal blood levels before actually seeing their side effects. This can be particularly true with drugs affecting behavior such as anti-depressants or psychotropics. It is the responsibility of the unlicensed school staff to observe and report any changes in physical or behavioral well-being to the school nurse and/or parent. The observations should be documented on the student record including to whom and when they were reported.

Signs and Symptoms of an allergic reaction and/or ANAPHYLAXIS (severe, life-threatening allergic reaction)

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hive, itchy rash, swelling of face or extremities
- *Gut: Nausea, abdominal cramps, vomiting, diarrhea
- * Throat: Tightening of the throat, hoarseness, hacking cough
- *Lung: Shortness of breath, repetitive coughing, wheezing
- *Heart: Thready pulse, low BP, fainting, pale, blueness
- *Neuro: Disorientation, dizziness, loss of consciousness

*Potentially life-threatening

***WHAT TO DO*:**

If potentially life-threatening symptoms*

- ✓ CALL 911. State that an allergic reaction is occurring. Stay with the student.
- ✓ Give epinephrine, if trained in administration and epinephrine is available. If epinephrine is prescribed for that student, follow the student Allergy/Anaphylaxis Plan. Further epinephrine may be necessary if symptoms persist or recur.
- ✓ Call parents/guardians to notify of reaction and need for emergency care.
- ✓ Treat for shock. Prepare to administer CPR.
- ✓ Notify school nurse and health care provider.

If mild symptoms only

- ✓ Stay with the student and monitor for progressive symptoms (see above).
- ✓ Contact the school nurse, health care provider and parent.
- ✓ An antihistamine may be necessary.

Medications commonly administered in the school setting

Antibiotics (examples: Amoxicillin, Cephalexin)
Purpose: To treat certain infections caused by bacteria such as pneumonia and bone, ear, skin, and urinary tract infections.
Side effects: Allergic reaction, rash, diarrhea, upset stomach, vomiting.

Asthma:

Short-acting bronchodilator inhalers (examples: Albuterol, Ventolin, Proventil, Maxair, ProAir HFA, Xopenex HFA)
Purpose: To relax tight airways and treat coughing, wheezing and shortness of breath for 3-6 hours
Side effects: Tremor, nausea, tachycardia, palpitations, nervousness, increased blood pressure, dizziness, headache, irritated throat, and epistaxis; Maxair - arrhythmia, hypotension, hyperactivity, diarrhea, dry mouth, anorexia, bad taste, abdominal pain, rash, edema.

Long-acting bronchodilator inhalers (examples: Foradil aerolizer, Serevent Diskus)
Purpose: To relax tight airways over time. DO NOT USE TO TREAT SUDDEN EPISODES OF COUGHING, WHEEZING, OR SHORTNESS OF BREATH. Do not use more frequently that every 12 hours.
Side effects: Palpitations, fast heart rate, elevated blood pressure, tremor, nervousness, and headache. Throat and upper airway irritation, nausea, dizziness, nervousness, dry mouth, stomach upset, tiredness, trouble sleeping, hoarseness.

Anticholinergic inhalers (examples: Atrovent HFA, Combivent, Spiriva HandiHaler)
Purpose: To use in combination with short-acting bronchodilators to open large airways and reduce mucus. DO NOT USE TO TREAT SUDDEN EPISODES OF COUGHING, WHEEZING, OR SHORTNESS OF BREATH.
Side effects: Dry mouth, cough, headache, nausea, dizziness, rash, itching, difficulty breathing, nervousness, tremor, palpitations, fast heart rate, elevated blood pressure, heartburn, throat irritation, nosebleeds.

Inhaled Anti-Inflammatories (examples: AeroBid, Alvesco, Asmanex, Asmacort, Flovent Diskus or HFA, Intal, Plumicort Flexhaler, QVAR)
Purpose: To reduce and prevent airway inflammation. DO NOT USE TO TREAT SUDDEN EPISODES OF COUGHING, WHEEZING, OR SHORTNESS OF BREATH.
Side effects: Dry or irritated throat and mouth, cough, difficult or painful speech, hoarseness, a bad taste in the mouth, headache, voice changes.

Combination medications (examples: Advair Diskus or HFA, Symbicort)
Purpose: Contain both long-acting bronchodilator and inhaled corticosteroid. DO NOT USE TO TREAT SUDDEN EPISODES OF COUGHING, WHEEZING, OR SHORTNESS OF BREATH. Do not use more frequently than every 12 hours.
Side effects: Upper respiratory tract infections, headaches, nausea, vomiting, diarrhea, mouth or throat candidiasis, musculoskeletal pain.

Corticosteroids (examples: Prednisone, Prednisolone)
Purpose: Oral anti-inflammatory
Side effects: Dry mouth, tremors, vomiting, diarrhea, nervousness, insomnia, headache, and increased heart rate, dizziness, extreme changes in mood, changes in personality, bulging eyes, acne, thin/fragile skin, red or purple blotches or lines under the skin, slowed healing of cuts and bruises, increased hair growth, changes in the way fat is spread around the body, extreme tiredness, weak muscles, irregular or absent menstrual periods, decreased sexual desire, heartburn, increased sweating, retention of sodium (salt) and fluid, weight gain, high blood pressure, loss of potassium, puffiness of the face (moon face), glaucoma, cataracts, ulcers in the stomach and duodenum, worsening of diabetes, rounding of the upper back ("buffalo hump") retardation of growth in children, convulsions.

<u>Allergy:</u>
Antihistamines (examples: Dimetane, Chlor-Trimeton, Periactin, Dimetapp, Dramamine, Benadryl, Claritin, Phenergan, Pyribenzamine, etc.)
Purpose: To decrease allergic response
Side effects: Drowsiness, confusion, nervousness, dry mouth/nose/throat, dizziness, nausea, vomiting, loss of appetite, constipation, increased chest congestion, headache, muscle weakness, excitement (especially in children).

<u>Mental Health</u> (many of these drugs are Schedule II controlled substances)
Adderall (Amphetamine Sulfate)
Purpose: Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy
Side effects: Loss of appetite, weight loss, insomnia, headache, dry mouth, and nausea.

Clonidine
Purpose: ADHD, other mental health disorders and hypertensive
Side effects: Constipation, dry mouth, fatigue, drowsiness, weakness, headache, nervousness, nausea, vomiting.

Dexedrine (Dextroamphetamine Sulfate)
Purpose: ADHD, narcolepsy, obesity (short-term)
Side effects: Agitation/irritability, insomnia, dry mouth, headache, nausea, weight loss.

Dextrostat
Purpose: ADHD and narcolepsy
Side effects: Loss of appetite, insomnia, headache, dry mouth, nausea.

Ritalin, Concerta (methylphenidate)
Purpose: ADHD and narcolepsy
Side effects: Joint pain, nervousness, insomnia, reduced appetite, nausea, abdominal discomfort, headache, dizziness, rapid heart palpitations.

Serotonin reuptake inhibitors (Zoloft, Paxil, Prozac, Celexa, Lexapro)
Purpose: Major depressive disorder, obsessive-compulsive disorder
Side effects: Nausea, headache, insomnia, diarrhea or constipation, dry mouth, tremors or tics, anxiety, mania, depression worsening, increased blood pressure and pulse, rash, heavy sweating, confusion, seizures. Monitor for suicidal ideation, mood/behavior change, serotonin syndrome.

Atypical anti-depressants (Wellbutrin, Remeron, Trazodone)
Purpose: Major depressive disorder, ADHD
Side effects: Anxiety, restlessness or agitation, drowsiness or fatigue, dry mouth, nausea or anorexia, dizziness or blurred vision, suicidality, headache, psychosis, hallucinations or paranoia, sweating. Monitor for suicidality, depression worsening, severe hypertension.

Over-the-counter (reminder: over-the counter-drugs are not completely safe)
Ibuprofen (examples: Advil, Nuprin)
Purpose: Non-steroidal anti-inflammatory to treat mild pain
Side effects: Stomach upset/irritation, nausea/vomiting, constipation, and diarrhea.

Acetaminophen (example: Tylenol)
Purpose: Mild pain relief and reduce fever.
Side effects: Liver damage.

Emergency Medications (NOTE: these medications are injectable or an as-needed controlled substance and are not addressed in this training curriculum)
Epinephrine autoinjector (example: Epi Pen, Twinject)
Purpose: Used in an emergency to treat or prevent anaphylaxis. May be self-administered.
Side effects: Upset stomach, vomiting, sweating, dizziness, nervousness, weakness, pale skin, headache, shaking hands that you cannot control.

Glucagon
Purpose: Used in an emergency in which a person with diabetes is hypoglycemic and unresponsive.
Side effects: Nausea, vomiting, rash, itching.

Rectal diazepam (Diastat)
Purpose: Used in emergency situations to stop cluster seizures (episodes of increased seizure activity) in people who are taking other medications to treat epilepsy (seizures). Diazepam is in a class of medications called benzodiazepines. It works by calming abnormal over-activity in the brain.
Side effects: Drowsiness, dizziness, headache, pain, stomach pain, nervousness, flushing, diarrhea, unsteadiness, abnormal 'high' mood, lack of coordination, runny nose, problems falling asleep or staying asleep.

Resources for drug information:
Sources of information regarding specific drug information, adverse reactions, interactions, and toxicity can be obtained by the utilizing reputable online resources and reference books (see Resource Section) and/or by contacting the pharmacist, school nurse or health care provider. Medication manufacturers provide a medication insert when filling the prescription that also contains information about prescription medication.

WHEN TO CONTACT THE SCHOOL NURSE [13, 16]

When something is out of the ordinary and there are concerns about whether or not to administer medication or concerns about a reaction a student may have, the school nurse should be contacted. If the school nurse is not able to be reached in a timely manner, the student's parent/guardian or health care provider should be contacted. Contact when:

- New medication is received at school or there is a change in the dose
- Medication label cannot be read clearly or the medication is not supplied in the original container
- Medication does not appear to be correct – not the same as usual
- Medication has expired or supply is depleting
- Student refuses to take the medication
- The student has unusual symptoms after taking the medication, including an allergic reaction or vomiting
- A medication error has occurred

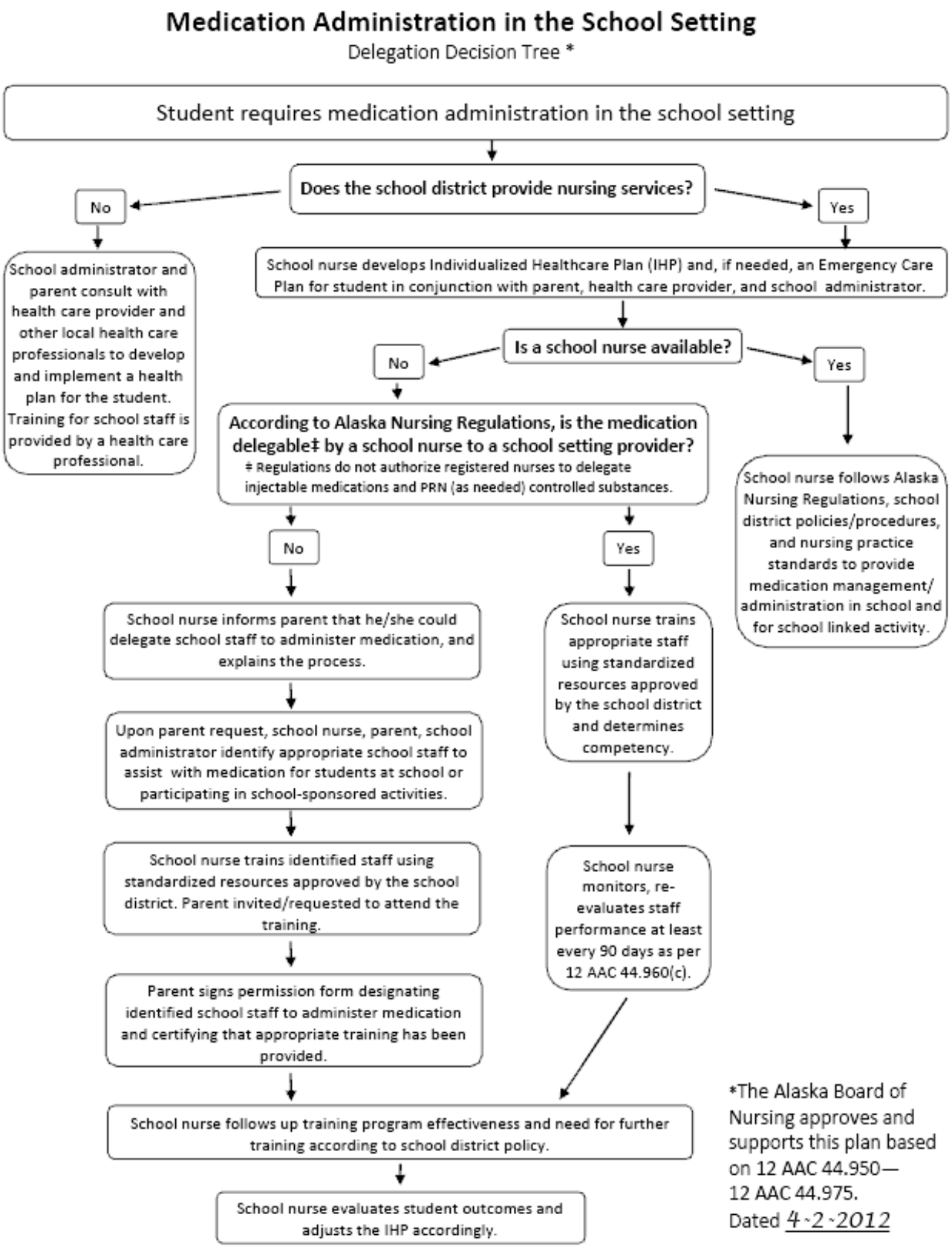
LIMITATIONS [9, 13]

- Injectable medications may not be delegated by a registered nurse to unlicensed school staff. Unlicensed school staff may be trained in administering injectable emergency and diabetes medications, such as epinephrine and glucagon, when authorized by the parent and trained by a registered nurse. Injectable medications are addressed in a separate training document.
- Rectal medications administered in the school setting are often provided in an emergency situation on a PRN (as needed) basis, as in rectal seizure medications. Rectal seizure medications are controlled substances that may not be delegated by a registered nurse to unlicensed school staff. Unlicensed school staff may be trained in administering rectal seizure medications, such as diazepam rectal gel, when authorized by the parent and trained by a registered nurse. Rectal medications are not addressed in these guidelines.
- PRN (as needed) medications may not be delegated to unlicensed school staff when the student's medical condition is unstable, requiring ongoing assessment and adjustment of dosage or time of administration by a registered nurse.
- Medications should not be crushed or cut if they are unscored unless there is specific approval of the health care provider.
- Each delegation is student specific. Trained school staff may only administer medications to the student for whom the medication is prescribed and the staff is trained. Trained school staff may not delegate medication administration to other persons or give medication from another student's container. Documentation for medication administration is student specific.
- A student may refuse to take a medication and cannot be forced to do so. The school nurse and/or parent should be notified.
- Verbal orders from parents or health care providers should not be received by school staff other than a registered nurse. The parental authorization and/or health care provider order should be in writing.

RETURN DEMONSTRATION AND POST-TEST [6]

Review the trained unlicensed school staff responsibilities a second time. Complete the evaluation of mastery form and the post test. Mastery is 100% accuracy on return demonstration. The trainee must pass the post test with a score of 90% or better. Inform the trained staff that an evaluation of their continued competency for all school nurse delegated medication administration tasks will occur every 90 days per Alaska Board of Nursing Regulations. See Appendix B for a sample pre- and post-test. In Appendix C, a sample evaluation of mastery checklist is provided that contains continued competency documentation.

Appendix A Medication Administration Delegation Decision Tree



Appendix B *SAMPLE* Medication Administration Pre- and Post-Test

True/False

1. T F Medication administration at school requires a parent(s)/guardian(s) written request.
2. T F Medications may be brought to school in any container as long as the parent has labeled it.
3. T F Medications may be stored in an unlocked cabinet in a locked school.
4. T F Record medication administration prior to giving the medication.
5. T F You should report immediately if a student refuses to take a scheduled medication.
6. T F Prescription medications are the same as over-the-counter medications.
7. T F Proper handwashing is very important in fighting the spread of germs.
8. T F It is okay to put tablets and capsules into the student's hand if you are careful.
9. T F Unwrap individually wrapped medications when you are ready to give the medication.
10. T F Measure liquid medications at eye level to assure proper dosage.
11. T F You may apply topical medications such as ointments, creams, and lotions using your fingers if you wash your hands first.
12. T F If you are unsure about how to administer a medication, check with the school nurse before giving it.
13. T F You should report any change noticed in the student's condition.
14. T F A student, with authorization from the health care provider and parent/guardian, may carry and self-administer an asthma inhaler and/or autoinjectable epinephrine medication.
15. T F Drug legislation is designed to ensure the public's safety and to regulate the manufacture and sale of safe drugs.
16. T F A legal prescriber includes a physician (MD or DO), podiatrist, dentist, nurse practitioner or physician assistant (who works in collaboration with a physician).

17. Drugs are classified as:
    a. Over-the-counter (OTC)
    b. Controlled substances
    c. Prescription medication
    d. All of the above

18. The first action you should take when you are unclear about administering a medication is:
    a. Check with the student
    b. Check with the prescriber
    c. Do not administer the medication
    d. Use your judgment
19. The record of medication administration includes:
    a. Name of the student
    b. Date
    c. Time medication is given
    d. All of the above
20. The student does not come for medication at the right time. You should:
    a. Check with the classroom teacher, attendance office, or principal
    b. Call the student's parents
    c. Notify your supervising school nurse immediately
    d. Call the physician
21. A student vomits after taking a medication. You need to report:

a. Student's name and age
b. Medication and dosage
c. Time interval between medication administration and vomiting
d. All of the above

22. You make an error in giving a medication. You should immediately:
    a. Report the error following school policy guidelines
    b. Fill out an incident report
    c. Induce vomiting
    d. Notify the student's parent/guardian and physician
23. To prevent the spread of germs, wash hands:
    a. 1, 2, 5
    b. 3, 4, 6
    c. All of these
    d. None of these

    1. Before giving each student's medication
    2. After giving each student's medication
    3. At the beginning of the day
    4. After using the restroom
    5. Between giving each student's medication
    6. After removing gloves
24. Each time you give a medication, you should:
    a. Perform proper handwashing techniques
    b. Check the "five rights"
    c. Fill out the medication log
    d. All of the above
25. A student is taking two liquid medications. You should do all **except**:
    a. Measure the liquid using a medicine cup
    b. Mix two liquid medications in the same cup
    c. Hold the bottle with the label facing your palm
    d. Measure the dosage at the bottom of the disc (meniscus)
26. Administration of eye drops includes:
    a. Approach the student from inside his field of vision
    b. Touch the eye with the dropper
    c. After administration, ask the student to close his eyes for a few minutes
    d. Blot excess from the outside of the eye to the inside
27. When administering ear drops:
    a. Store the medication at room temperature
    b. Wait at least one minute before putting drops in the second ear
    c. Washing your hands is not necessary since chances of spreading germs are minimal
    d. All but c
28. Qualified school personnel may administer medication by injection:
    a. In situations where no previous training has occurred
    b. In emergency situations such as allergic reactions
    c. Both a and b
    d. None of the above
29. Monitoring student self-administration by inhaler does **not** include:
    a. Exhale immediately after inhalation for medication to settle
    b. Reminding the student to take medication
    c. Shaking the inhaler for two seconds
    d. Waiting at least one minute before the second inhalation
30. Alternative medications, such as herbal or homeopathic medications are:
    a. Not tested by the US Food and Drug Administration for safety or effectiveness

b. Not delegable to unlicensed school staff by a registered nurse in Alaska
c. Not authorized for administration by a school nurse if they contain one or more herbs or are not commercially prepared
d. All of the above

31. The role of the trained school staff person to administer medication include all **except**:
    a. Responsibility in following medication administration procedures
    b. Obtain medication information from the student's individual medication record
    c. No accountability for errors
    d. Know the specific instructions for each medication administered
32. The best definition of medication is:
    a. A synthetic and artificial substance prepared in labs from chemicals
    b. A substance to prevent, diagnose, cure or relieve disease
    c. The generic name is designated and patented by the manufacturer
    d. A substance which is unlikely to produce adverse effects
33. Reliable sources of medication information include all of the following **except**:
    a. Phenology textbooks
    b. Drug reference books
    c. School nurse or nurse supervisor
    d. Pharmacist
34. List the "five rights" of medication administration, and write a brief explanation of each one (10 points)

35. Documentation – list the eight critical items to document for each medication administered: this includes items on a medication record and any additional items that should be documented. (2 points)

_____Total score Possible score – 45 points Score 40 point = 90% mastery

Comments:

Pre- and Post-Test Key

1. T
2. F
3. F
4. F
5. T
6. F
7. T
8. F
9. T
10. T
11. F
12. T
13. T
14. T
15. T
16. T
17. D
18. C
19. D
20. A
21. D
22. A
23. C
24. D
25. B
26. C
27. B
28. B
29. A
30. D
31. C
32. B
33. A

34. Right student – properly identify the student
    Right time – administer medication at the prescribed time
    Right medicine – administration of the correct medication
    Right dose – administration of the right amount of medication
    Right route – use the prescribed method of medication administration
    (Award one point for each "right" and each description for a total of 10 points)

35. Documentation – medication record should include the following:
    Student name, time, medication, dose, route, prescriber, pharmacy and prescription number, date, person administering, and any unusual observations or circumstances.
    (Award 0.2 point for each item for a total of 2 points)

_____Total score Possible score – 45 points Score 40 point = 90% mastery

Adapted from *Medication Administration in Missouri Schools Guidelines for Training School Personnel*, Missouri Department Health and Senior Services, April 2005 and *Administering Medications to Students in Iowa Schools: A Guide*, Iowa Department of Education, June 1995 edition.

Appendix C *SAMPLE* Medication Administration Evaluation of Mastery

Trainee Name_____ School Nurse _____

Evaluation of Mastery – Medication Administration	Initial Exp/ Demo Date	Every 90 days Date	Every 90 days Date	Every 90 days Date
General Medication Administration				
A. States name and purpose of task and location of supplies				
B. Identifies supplies needed.				
C. Preparation: 1. Reviews Universal Precautions.				
2. Locates supplies in secured storage area. Locates student medication administration record. Verifies authorization.				
3. Reviews five "rights" of medication when removing medication from secured storage area, when preparing medication and when returning medication to secured storage area.				
4. Checks expiration date and reads label and medication record for instructions.				
5. Prepares medication without contamination.				
D. Procedure: 1. Demonstrates proper handwashing. Puts on disposable gloves, if indicated. Oversees student washing hands if also handling medication.				
2. Demonstrates proper identification of student. Asks for student first and last name and what medication he/she is to receive. Checks student identity with name and photo (if available) on medication record and with medication label.				
3. Explains procedure to student and positions him/her properly for procedure.				
4. Administers the medication to the correct student				
5. Administers the correct medication.				
6. Administers the correct dose.				
7. Administers at the correct time.				
8. Administers by the correct route.				
9. Verifies student received the medication and observes the student for unusual reactions.				
10. Disposes of used equipment. Appropriately removes and discards gloves, if worn. Washes hands.				
11. Documents immediately and appropriately per school procedure.				
12. States reporting measures if unusual reactions were to occur.				

Evaluation of Mastery – Medication Administration	Initial Exp/ Demo Date	Every 90 days Date	Every 90 days Date	Every 90 days Date
Administering Oral Medication				
1. Demonstrates putting correct dose in the medication cup.				
a. If individually wrapped, tears off number needed, removes from package at time student takes the medication. Provides glass of water unless directed not to do so.				
b. If liquid, pours from the side of the bottle opposite the label into graduated medicine cup at eye level, measuring at bottom of meniscus. Wipes any medication from the outside of container.				
Administering Ophthalmic (Eye) Medication				
1. Cleanses eye with clean cotton ball or tissue wiping once from the inside to the outside. Uses new cotton ball or tissue for each eye.				
2. Positions the student lying down or sitting with head tilted back and eyes looking up.				
3. Approaches eye from outside field of vision.				
4. Uses index finger to gently pull lower eyelid down to expose conjunctiva sac (pocket).				
5. For eye drops: a. Gently squeezes the dropper or eye drop bottle to instill the correct number of drops into the conjunctiva sac.				
b. Does not touch the eye with the dropper or tip of bottle.				
c. Slowly releases the lower lid and instructs the student to keep eye closed for a few minutes.				
d. Presses gently for one minute against inner corner of eyelid to block tear drainage system so medicine does not drain away from the eye.				
6. For eye ointment: a. Gently squeezes 1-2 cm thin strip of ointment along conjunctiva sac from inner to outer eye.				
b. Slowly releases lower lid and instructs the student to close the eyelid and move the eye around to distribute the ointment.				
c. Removes excess ointment from inner to outer eye with a new cotton ball or tissue for each eye treated.				
d. Informs the student that their vision may be blurred temporarily.				
Administering Otic (Ear) Medication				
1. Warms medication to room temperature by holding bottle in hands for a few minutes.				

Evaluation of Mastery – Medication Administration	Initial Exp/ Demo Date	Every 90 days Date	Every 90 days Date	Every 90 days Date
2. Positions student lying down or sitting up with their head turned with the affected ear up.				
3. Cleanses entry to ear canal with clean cotton ball as needed.				
4. If a dropper is supplied, squeezes to fill the dropper to the desired amount.				
5. Straightens the ear canal by pulling outer ear gently down and back (ages 3 and under) or up and back (older children and adults).				
6. Administers the correct number of drops aimed toward the wall of the canal without touching the ear with the dropper.				
7. Loosely places a cotton ball in the external canal, unless instructed otherwise.				
8. Asks the student to maintain the position for at least one minute. If treating both ears, wait**s** at least one minute between ears.				
Administering Intranasal (Nose) Medication				
1. Instructs the student to gently blow their nose into a tissue and discard it.				
2. For drops, positions the student lying down or sitting up with head tilted back. Presses gently on the tip of the nose to open the nares and inserts the dropper just inside the nostril to administer the correct number of drops. Asks the student to maintain position for a few minutes to assure medication reaches upper nasal passages.				
3. For nasal spray, positions the student with head upright and inserts the nozzle part way into the nostril. Sprays as directed while closing off other nostril by pressing on it with a finger.				
4. Does not touch the dropper or tip of bottle to the nostril.				
5. Asks the student if they wish to expectorate any solution that has drained into their mouth.				
Administering Topical Skin Medication				
1. Cleanses the affected area with soap and warm water, unless other instructed. Rinses and allows area to dry or pats dry with paper towel.				
2. Applies prescribed amount of topical medication to affected area with gloved hand, gauze, cotton tipped applicator or tongue depressor.				
3. Covers the affected area with a bandage or dressing as directed.				

Evaluation of Mastery – Medication Administration	Initial Exp/ Demo Date	Every 90 days Date	Every 90 days Date	Every 90 days Date
Administering Inhaled Medication (MDI)				
1. Positions student standing or sitting up straight.				
2. Removes the cap and shakes the inhaler gently back and forth.				
3. Primes the inhaler to release one dose of medication into the air if the MDI is new or has not been used for several days to ensure adequate dosing.				
4. Instructs the student to exhale fully.				
5. If using a spacer or chamber, inserts the MDI mouthpiece into the device and has the student place the chamber mouthpiece into their mouth.				
6. If not using a spacer or chamber, instructs the student to place the MDI mouthpiece into his/her mouth between the teeth and close their lips around it.				
7. Instructs the student to keep their tongue out of the way.				
8. Instructs the student to begin to inhale slowly then activate the inhaler.				
9. Instructs the student to continue to inhale slowly for 3-5 seconds, filling their lungs.				
10. Instructs the student to hold their breath for 10 seconds, as able, and then slowly breathe out.				
11. Waits at least one minute if a second dose is given, repeating the previous steps.				
12. Replaces the cap, rinses the spacer (or follows manufacturer's guidelines, if available), and allows to dry before storing in sealed plastic bag.				
13. Instructs the student to rinse their mouth after corticosteroid inhaler use.				

MASTERY IS 100% ACCURACY ON RETURN DEMONSTRATION.

Initials in the space(s) above indicate:
I have been trained to and accept responsibility for performing tasks initialed above in accordance with each student's Individualized Healthcare Plan when the school nurse is not available. I understand I need to maintain my skills and that the school nurse will regularly assess my performance to identify any needs for review or repetition of the training I have received to perform this/these skills. I have had the opportunity to ask questions and received satisfactory answers.

I am currently certified in ☐ First Aid ☐ CPR

☐ I have received advanced training in Bloodborne Pathogens.

Trainee Signature: _____Initials: _____DATE_____

I have assessed the Trainee's skills to determine the success of the training I provided. Based on this assessment, it is reasonable and prudent for the Trainee to perform medication administration if I am not available. This is in effect for the current school year with reassessments every 90 days.

School Nurse Signature: _____Initials: _____DATE_____

Appendix D SAMPLE Medication Authorization Form – Prescription Long Term

Student

STUDENT _____ **GRADE** _____

SCHOOL _____ **BIRTHDATE** _____

ALLERGIES (MEDICATIONS) _____

: I request that the prescription medication listed below be given to my child named above.

- I understand that only current medications will be given at school.
- I understand that in the absence of the school nurse, other trained school staff may administer medication.
- I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements.
- I give permission for the school nurse to contact the health care provider regarding this treatment.
- **I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.**
- ***I understand that this medication will be destroyed unless picked up by the end of the last student school day of this year per federal DEA requirements.***

Parent/Guardian Signature _____ ***Date*** _____

Home phone _____ ***Work/Emergency Phone*** _____

Other medications your child is taking _____

: This medication is required during school hours to improve or maintain the health of this student. The nurse may contact me regarding this medication. The above named child should receive prescribed medication for the following condition: _____

- **Medication** _____
- **Prescribed daily dosage** _____
- **Time and dosage given at school** _____
- **Beginning date of medication** _____ **Ending Date** _____
- **Possible side effects** _____
- **Special instructions for administration** _____

Healthcare Provider Signature _____ ***Date*** _____

Printed Name _____ ***Phone*** _____

Healthcare Provider Address _____

Healthcare Provider Email _____

School Nurse Signature _____ ***Date*** _____

Phone _____ ***Fax*** _____ ***Email*** _____

Adapted from Anchorage School District form August 2012

SAMPLE **Medication Authorization Form – Prescription Long Term** **(page 2 of 2)**

STUDENT _____ **GRADE** _____ **BIRTHDATE**_____

SCHOOL _____

Date, amt of incoming med	Date, amt of incoming med

Initial	Signature

Date, Amount of Med, Count Verified (initials)				
Month	**Week 1**	**Week 2**	**Week 3**	**Week 4**
Aug				
Sept				
Oct				
Nov				
Dec				

Date, Amount of Med, Count Verified (initials)				
Month	**Week 1**	**Week 2**	**Week 3**	**Week 4**
Jan				
Feb				
Mar				
Apr				
May				

MEDICATION_____ **DOSE** _____ **/ TIME** _____

Month_____		Month_____		Month_____		Month_____		Month_____		Month_____		Month_____		Month_____		Month_____		Month_____	
Day	**Time/Init.**	**Day**	**Time/Init.**	**Day**	**Time/Init.**	**Day**	**Time/Init.**	**Day**	**Time/Init.**	**Day**	**Time/Init.**	**Day**	**Time/Init.**	**Day**	**Time/Init.**	**Day**	**Time/Init.**	**Day**	**Time/Init.**
1		1		1		1		1		1		1		1		1		1	
2		2		2		2		2		2		2		2		2		2	
3		3		3		3		3		3		3		3		3		3	
4		4		4		4		4		4		4		4		4		4	
5		5		5		5		5		5		5		5		5		5	
6		6		6		6		6		6		6		6		6		6	
7		7		7		7		7		7		7		7		7		7	
8		8		8		8		8		8		8		8		8		8	
9		9		9		9		9		9		9		9		9		9	
10		10		10		10		10		10		10		10		10		10	
11		11		11		11		11		11		11		11		11		11	
12		12		12		12		12		12		12		12		12		12	
13		13		13		13		13		13		13		13		13		13	
14		14		14		14		14		14		14		14		14		14	
15		15		15		15		15		15		15		15		15		15	
16		16		16		16		16		16		16		16		16		16	
17		17		17		17		17		17		17		17		17		17	
18		18		18		18		18		18		18		18		18		18	
19		19		19		19		19		19		19		19		19		19	
20		20		20		20		20		20		20		20		20		20	
21		21		21		21		21		21		21		21		21		21	
22		22		22		22		22		22		22		22		22		22	
23		23		23		23		23		23		23		23		23		23	
24		24		24		24		24		24		24		24		24		24	
25		25		25		25		25		25		25		25		25		25	
26		26		26		26		26		26		26		26		26		26	
27		27		27		27		27		27		27		27		27		27	
28		28		28		28		28		28		28		28		28		28	
29		29		29		29		29		29		29		29		29		29	
30		30		30		30		30		30		30		30		30		30	
31		31		31		31		31		31		31		31		31		31	

Appendix E SAMPLE Medication Authorization – Prescription Short Term

Student

STUDENT _____ **GRADE** _____

SCHOOL _____ **BIRTHDATE** _____

ALLERGIES (MEDICATIONS) _____

Note: **Prescription Medication must be in the original container indicating the following information: student name, dosage, healthcare provider, pharmacy, date issued, and prescription number.**

PARENT STATEMENT:

- I request that the following prescription medication be given to my child named above for not more than 15 school days.
- For this condition_____
- I understand that only current medications will be given at school.
- I understand that in the absence of the school nurse, other trained school staff will administer the medication.
- I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner, in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements.
- I give permission for the school nurse to contact the health care provider regarding this treatment.
- **I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.**
- ***I understand that this medication will be destroyed unless picked up by the end of the last student school day of the year.***

Medication _____ **Dose** _____ **Route**_____**Time to be given**_____
Prescription # _____**Pharmacy** _____**Begin Date**_____**End Date**_____
Healthcare Provider _____ **Phone/Contact Info** _____
Storage instructions_____
Special instructions for administration_____
Possible Side Effects _____

As parent/guardian of the above named student, I request the _____ School District to give medication to my child.

X_____
Parent/Guardian Signature

Date _____ **Phone** _____

_____
School Nurse Signature

Phone _____ **Fax** _____

DATE	TIME	INITIALS
Name/Initials		
Name/Initials		
Name/Initials		

Adapted from Anchorage School District form August 2012

Appendix F *SAMPLE* Medication Authorization Form – Non-prescription

STUDENT _____ **GRADE** _____
SCHOOL _____ **BIRTHDATE** _____
ALLERGIES (MEDICATIONS) _____

As parent/guardian of the above named student, I request the School District to give medicine for the following condition(s). This medication request must be deemed necessary to maintain or improve health and participation in the school program. Each request will be assessed for the most appropriate intervention and **will be given at the standard dosage recommended by manufacturer**. ***(Check all that apply***)

CONDITION: **Headache** **Cramps** **Dental** **Other:** _____

MEDICINE: **Acetaminophen** **Ibuprofen** **Naproxen** **Midol/Premsyn/Pamprin** **Other**_____

Dose: _____ **Frequency:** _____**(if less than manufacturer's recommended dose)**
Specify Time: _____ **or As Needed:** _____**Side Effects**_____
Special Instructions for Administration_____

I understand that the school is not legally obligated to administer medication to my child. Therefore, I agree to defend and hold harmless, the school district and its employees from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. I understand that in the absence of the school nurse, other trained school staff will administer the medication. **I will notify the nurse if I give this medication to my child before arrival at school while this request is in effect to prevent overmedicating. I also affirm that my child has taken this medicine at least two times in the past without any adverse side effects.** I agree to supply medication for my student in its original packaging (small bottles only, please). I understand that the medicine will be destroyed unless picked up by the end of the last student school day of this year. Medicines will not be kept by the school over the summer break per DEA regulations.
Parent/Legal Guardian Signature: _____ **Printed Parent Name:** _____
Date: _____

OVER THE COUNTER MEDICATION ADMINISTRATION RECORD

DATE~TIME~MED~INITIALS	DATE~TIME~MED~INITIALS	DATE~TIME~MED~INITIALS	DATE~TIME~MED~INITIALS

Initials_____ **Name** _____ **Initials**_____ **Name** _____

Initials_____ **Name** _____ **Initials**_____ **Name** _____

School Nurse Signature_____***Date***_____
Phone _____ **Fax** _____**Email** _____

Adapted from Anchorage School District form August 2012

Appendix G *SAMPLE* Medication Error Reporting Form

Student: _____ **DOB:** _____
School: _____**Grade:** _____ **Date of Error:** _____
Medication: _____ **Dosage:** _____ **Time Due:** _____

Reason for report: *(check all that apply)*

- ☐ Missed medication
- ☐ Medication not given as prescribed: describe: _____
- ☐ Wrong time: ☐ Late = >45 past due ☐ Early = > 45 before time due
- ☐ Wrong student
- ☐ Wrong route
- ☐ Other: _____

Provide detailed report of how the error occurred:

_____
_____

List any Witness(s):

_____
_____

Describe how this can be avoided in future/corrected:

_____
_____

Action Taken/Intervention:

Building Nurse: _____ Notified : ☐ Yes ☐ No
Notification Time: _____ Notification Date: _____

Parent/Guardian Notified: ☐ Yes ☐ No Time & Date: _____
Name: _____ Phone: _____

Student's HCP Notified (if needed): ☐ Yes ☐ No Time & Date: _____

Nursing Supervisor/Coordinator Notified: ☐ Yes ☐ No Time & Date: _____

Printed Name of Reporter:
_____*Signature* _____Date:_____

Building Principal Signature: _____Date: _____

Disposition & Follow-Up:

_____
_____
_____

Adapted from Anchorage School District form August 2012

Appendix H Common Metric Measurements

It is important to have some knowledge of the metric system when working with medications.

Most capsules and tablets are in milligrams (mg) or grams (gm).

- 1000 mg = 1 gram
- 500 mg = 0.5 gram
- 250mg = 0.25 gram

Liquid Measurement (Volume of Drug)

- 1 mL = 1cc
- 2 ½ mL – ½ teaspoon (tsp)
- 5 mL – 1 teaspoon (tsp)
- 15mL – 3 teaspoon (tsp)
- 30 mL – 1 fluid ounce
- 60 mL – 2 fluid ounces

Abbreviations Commonly Used in Prescriptions

- am – morning
- h or hr – hour
- HS – at bedtime
- mL – milliliter
- pm – afternoon; evening
- po – by mouth
- prn – when required
- tab – tablet
- Tbsp – tablespoon
- Tsp – teaspoonful

Appendix I List of Trained Unlicensed School Staff

Medication Administration Training

The _____ School District employee(s) listed below have been trained in Medication Administration as specified by the school district policy.

NAME	DATE TRAINED

_____

School Nurse Date

Original to be kept on site
Copy to Nurse Coordinator upon request

Adapted from Kenai Peninsula Borough School District Health Services Nursing Manual

Appendix J Universal Precautions Handout

I. Overview

Occupational Health and Safety Administration's (OSHA) *Universal Precautions* refers to a set of protocols for handling body fluids properly to protect against bloodborne pathogens. Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include but are not limited to hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). Bloodborne pathogens can be found in blood, semen, vaginal secretions, and breast milk. Body fluids that do NOT pose a risk of bloodborne pathogen transmission unless visibly contaminated with blood include: urine, stool, saliva, emesis, nonpurulent respiratory secretions, tears, sweat or nasal discharge. Even though these other body fluids may not contain bloodborne pathogens, other infectious pathogens that cause other diseases may be present. Therefore, all blood, body fluids, secretions (including respiratory secretions), excretions (except sweat), non-intact skin and mucous membranes should be handled in a way that will prevent contamination with transmissible infectious agents (NOTE: this method is the Center for Disease Control and Prevention's *Standard Precautions* which evolved from Universal Precautions with additional protective standards).

These precautions include protocols to treat all body fluids as if they are contaminated. Protocols include:

- Good hand washing technique
- Personal Protective Equipment (PPE)
- Cleaning and disposing of body fluids

II. **Supplies** (for the purpose of medication administration):

A. Warm, running water.
B. Liquid soap.
C. Paper towels.
D. Plastic-lined and covered waste containers.
E. Alcohol-based hand sanitizer, if running water not accessible
F. Disposable gloves designed for medical use (latex or, because of the potential for allergy, non-latex [e.g., nitrile]).
G. Brooms and dustpans.
H. Approved germicidal solutions.

III. **Procedures**

A. Hand Washing

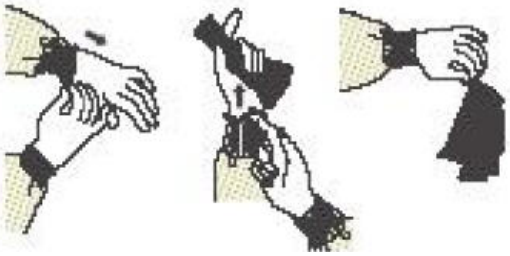
Hands must be washed with soap and water prior to beginning and after any planned procedure or when hands are visibly soiled. Good hand hygiene is the single-most effective procedure to prevent the spread of communicable disease in the school setting.

Essential Steps	Key Points-Precautions
A. Wet hands using warm, running water.	Warm water combined with soap makes better suds than cold water. Running water is necessary to carry away dirt and debris that contain microorganisms.
B. Apply liquid soap and lather well.	Bacteria can grow on bar soap and in soap dishes. Use plain non-antimicrobial liquid soap for most circumstances; use anti-microbial soap for specific circumstances, e.g., control of outbreaks or infections.

C. Rub hands together in a circular motion for 20 seconds.	Friction from rubbing hands together along with the effect of the soap loosening of the germs from the skin work together with the running water for good hand hygiene. Front and back of hands, between fingers and knuckles, under nails, and the entire wrist area are washed.
D. Rinse hands well under running water.	Let water drain from wrists to fingertips.
E. Dry hands thoroughly with an air dryer or pat them dry with a fresh paper towel.	Use paper towels to turn off the water faucet, to open any exit door and to turn off bathroom lights. Dry skin may be cracked and potentially harbor microorganisms. Lotion is recommended after several hand washings.
OR	
A. Apply alcohol-based hand rub to the palm of one hand, then rub hands together covering all surfaces of hands and fingers until dry.	Hand sanitizers should never replace standard hand washing with soap and water but ethanol alcohol-based hand sanitizer can be used when hand washing facilities are not available. Hand sanitizers must have an alcohol base of at least 60% in order to be effective. Apply enough of the product (fragrance-free gel or foaming form preferred) to the palm of the hand that will wet the hands for at least 15 seconds (or longer according to the manufacturer).
B. Wash hands with soap and water as soon as possible.	Follow directions on the label to determine how many applications are recommended before washing hands with soap and water.

B. Gloves – Use and Removal

Gloving prevents blood and body fluids that may contain disease-producing microorganisms, from coming in contact with the caregiver's skin and prevents the spread of microorganisms to others.

ESSENTIAL STEPS	
A. Wash hands.	Refer to *Hand Washing* procedure.
B. Apply gloves to both hands.	Individuals with open skin lesions should cover lesions with waterproof bandage prior to applying the gloves. Ensure gloves are intact without tears.
C. Gloves must be worn during entire time when handling body fluids.	Gloves are most often worn during diapering, administering first aid and certain medications, and cleanup of body fluids. Do not touch items with contaminated gloves that you or other people will be touching with your hands later. For example: water faucets, doorknobs, counter tops or other clothing.
D. To remove gloves after use: 1. Grasp outside of glove with opposite gloved hand; peel off; 2. Hold removed glove in gloved hand; 3. Slide ungloved fingers under the remaining glove at the wrist; peel off and discard 4. Drop gloves into plastic-lined	Do not touch skin with contaminated gloves. 

trash container.	
E. Repeat hand washing.	Refer to *Hand Washing* procedure in this handout.

C. Cleaning and Disposing of Body Fluids

Items soiled with blood, body fluids, secretions, or excretions should be handled, transported, and processed in a manner that prevents skin and mucous membrane exposure and contamination of clothing.

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
A. Wash hands.	Refer to *Hand Washing* procedure in this handout.
B. Put on gloves when handling or touching body fluids, mucous membranes or non-intact skin of others in the school setting, or handling items or surfaces soiled with body fluids.	• Refer to *Gloves - Use and Removal* procedure in this handout. • Individuals with open skin lesions should cover lesions with a waterproof bandage prior to applying the gloves.
C. Sharp items (e.g., needles, lancets) must be handled with extreme care to avoid puncturing the skin.	Sharp items are regulated waste and should be disposed of in a sharps container labeled BIOHAZARD. Regulated waste should then be disposed of according to school district policy.
D. Blood and other body fluids can be flushed down the toilet or carefully poured down a drain connected to a sanitary sewer.	
E. Other items for disposal that are contaminated with blood or other body fluids that cannot be flushed down the toilet should be placed in a lined waste receptacle. ✓ If saturated to the point of releasing blood or other body fluids if compressed (regulated waste), place in closable plastic container that is: ✓ Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping ✓ Labeled with the standard fluorescent orange or orange-red BIOHAZARD label or color-coded in red bags or red containers	Immediately tie off the bag from the trash receptacle and dispose of it in appropriate general waste away from students. Bandages that are not saturated to the point of releasing blood or other potentially infectious materials if compressed would not be considered regulated waste. Regulated waste should then be disposed of according to school district policy.
✓ Closed before removal to prevent spillage or protrusion during handling, storage, transport or shipping. ✓ Placed in a secondary container if leakage is possible.	

F. Body fluid spills should be cleaned up promptly, removing all visible debris first.	Wipe up as much of the visible matter as possible with disposable paper towels and carefully place them in a leak-proof plastic bag that has been securely tied or sealed. This prevents multiplying of microorganisms.
G. For hard surfaces, immediately use a detergent to clean the spill area and follow with a disinfectant.	
H. For soft, non-washable surfaces, such as rugs and upholstery, apply sanitary absorbing agent, let dry, and vacuum.	Cover spills with absorbent material, leave for a few minutes to absorb, gently sweep up and discard in a plastic bag or vacuum. Blot to remove body fluids from the fabric or carpet as quickly as possible; then disinfect by spot-cleaning with a combination detergent/ disinfectant, and shampooing, or steam-cleaning the contaminated surface.
I. Handle soiled, washable material (i.e. clothing and towels) as little as possible, at the location where it was used.	Send soiled clothing home with the student in a sealed, plastic bag. Wash and dry contaminated school-owned towels separately from non-contaminated laundry. Wash in soap and hot water (140-160 degrees F) AND either liquid sodium hypochlorite bleach or dry bleach (which will not affect fabric colors). Dry on warm temperature setting.
J. Rinse non-disposable cleaning equipment (dustpans, buckets), clean with detergent followed by the disinfectant.	Non-disposable rags or mops should be treated as contaminated laundry.
K. Remove and discard gloves into covered, plastic-lined waste container.	Refer to *Gloves - Use and Removal* procedure in this handout.
L. Wash hands.	Refer to *Hand Washing* procedure in this handout.

Appendix K Confidentiality Handout

I. Overview: Student confidentiality is maintained in all written and verbal communications, in accordance with the Family Educational Rights and Privacy Act (FERPA) regulations. Confidentiality is the obligation not to disclose willingly any information obtained in confidence. Basic principles include: respect for an individual's right to privacy; respect for human relationships in which personal information is shared; appreciation of the importance of confidentiality to both individuals and society; and expectations that those who pledge to safeguard confidential information will do so. Confidential information may include, but is not restricted to, disclosures of health information including the student's identity, medical condition(s), physical, mental or emotional abuse; family problems; substance abuse; criminal behavior; sexual activity; or suicidal thinking. As trained unlicensed school staff, the confidential nature of information concerning students must be respected. Confidential information may be exchanged only to authorized personnel or agencies directly concerned with the students' welfare (school nurse, nurse sub or school principal/ administrator).

II. Supplies – FERPA regulations

III. Procedures – Trained unlicensed school staff should:
   a. Consult and collaborate with the school nurse and/or school administrator for purposes of more effectively helping the student. Staff should share only such information that will serve the student's best interests, and divulge the student's name only when necessary.
   b. Consult with the school nurse or school administrator before making a decision if in doubt to the reasonableness of a course of action regarding the sharing of confidential information.
   c. Share information verbally with other professional colleagues rather than giving them copies of notes and ensure that colleagues respect the confidential nature of the information being shared.
   d. Take care, when sharing information about students that the information is accurate and unbiased.
   e. Guard against sharing confidential information in halls, staff rooms or other public places where persons who do not need to know can overhear it.
   f. Not leave reports, student service records, computer files or log books where unauthorized people can have access to them.
   g. Keep accurate and objective records to facilitate the provision of services to students. Failure to keep records is negligence. Notes should be made as immediately as possible to the time of the event(s), and the original notes should never be changed. Any additions should be initialed, signed and dated.
   h. Make the student aware that confidential information is being recorded, share such information with the student and clarify the information with student, school nurse, or administrator, if needed.
   i. Take care that individual student records are kept in a secure location.

Adapted from UCLA Center for Mental Health in Schools. Understanding Confidentiality[29]

Appendix L *SAMPLE* Medication Administration Delegation Plan

Student _____

Trained Staff Person	Medication	Route[1] (injectables, PRN controlled substances are non-delegable by RN)	Time
Nurse	Storage instructions	☐ Oral ☐ Ophthalmic ☐ Otic ☐ Intranasal ☐ Topical ☐ Inhaled	☐ Scheduled ☐ As Needed Time Frame[2]

Predicted outcomes:	Unexpected outcomes (i.e., potential side effects, contraindications, medication interactions):	Plan for unexpected outcomes[3]:

Documentation plan[4]:	Change in medication plan[5]:

Date delegated:	90 day evaluation date: Continue delegation: ☐ yes ☐ no	90 day evaluation date: Continue delegation: ☐ yes ☐ no	90 day evaluation date: Continue delegation: ☐ yes ☐ no

Improvement plan:

[1] Provide trained staff with general steps for medication administration and route administration procedures
[2] Indicate time frame for administration, not to exceed 45 minutes
[3] Indicate observing for and responding to unexpected outcomes and procedure for reporting
[4] Indicate where documentation should occur
[5] Indicate how any change in medication (e.g., dose, time, provider orders) will be communicated

Trained Staff Person	Medication	Route[1] (injectables, PRN controlled substances are non-delegable by RN)	Time
Nurse	Storage instructions	☐ Oral ☐ Ophthalmic ☐ Otic ☐ Intranasal ☐ Topical ☐ Inhaled	☐ Scheduled ☐ As Needed Time Frame[2]

Predicted outcomes:	Unexpected outcomes (i.e., potential side effects, contraindications, medication interactions):	Plan for unexpected outcomes[3]:

Documentation plan[4]:	Change in medication plan[5]:

Date delegated:	90 day evaluation date: Continue delegation: ☐ yes ☐ no	90 day evaluation date: Continue delegation: ☐ yes ☐ no	90 day evaluation date: Continue delegation: ☐ yes ☐ no

Improvement plan:

[1] Provide trained staff with general steps for medication administration and route administration procedures
[2] Indicate time frame for administration, not to exceed 45 minutes
[3] Indicate observing for and responding to unexpected outcomes and procedure for reporting
[4] Indicate where documentation should occur
[5] Indicate how any change in medication (e.g., dose, time, provider orders) will be communicated

RESOURCES

Resources for drug information:

Online resources

Online information can be incorrect unless the source is reputable. Drug companies and health care institutions provide accurate information. General reputable online options for information on drug dosing, contraindications, interactions, adverse reactions, safety and pill identification include:

- Epocrates Rx Online
- Drugs.com
- Medscape Drugs, OTCs & Herbals
- WebMD Drugs & Medications
- MedicineNet.com
- National Center for Biotechnology Information
- National Center for Complementary and Alternative Medicine

Reference handbooks

- Physicians' Desk Reference 2012
- PDR Pocket Guide to Prescription Drugs, 9th Edition

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