

USD 308 HUTCHINSON PUBLIC SCHOOLS

GUIDELINES FOR MEDICATION ADMINISTRATION



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USD 308 Guidelines for Medication Administration (2018)
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This document is a condensed version of the Guidelines for Medication Administration in Kansas Schools, which was published by the Kansas Department of Health and Environment for school nurses and administrators to safely administer medication to children attending Kansas schools. This document was developed collaboratively with input from Kansas State Department of Education, Kansas Association of School Boards, and is compliant with the requirements of The Kansas Nurse Practice Act. (2010 and 2017 update.)

The USD 308 Hutchinson Public School's "Guidelines for Medication Administration" are in compliance with the State Guidelines and serve as guidance for USD 308 school nurses and administrators in the administration of medication to the students attending school in the district.

Note:

Because new medications and procedures with implication for licensed professional registered nursing practices in school settings are constantly being approved and introduced, school nurses and administrators will seek interpretation from the Kansas State Board of Nursing (KSNB) if questions arise. Specific practices, and questions regarding performance and delegation of nursing procedures, including medication administration in the school setting should be directed to the attorney Practice Specialist, at KSNB. Visit KSNB website for specific contact information at: <http://www.ksbn.org>

I. INTRODUCTION TO GUIDELINES FOR MEDICATION ADMINISTRATION IN USD 308, Hutchinson Public Schools

A. Rationale

Children with acute and chronic illnesses may require medication during the school day. The district must meet this need in the interest of facilitating school attendance and to comply with applicable state and federal laws. Many children and adolescents are able to attend school because of the effectiveness of their medications. The health circumstances requiring medication are increasingly more complicated and diverse. Medication may be essential for continued functioning, either as a component of an elaborate treatment plan for the student with a complex disability or as the only treatment necessary for a student to maintain or regain control of his/her chronic illness. In some instances, medications may be necessary for life-threatening emergencies. For most students, the use of medication will be a convenient benefit to control acute, minor or major illnesses, allowing a timely return to the classroom with minimal interference to the student and to others. A student may also symptomatically benefit from nonprescription (over-the counter, or OTC) medications, natural, or homeopathic remedies.

USD 308 has established policies and procedures that meet all legal requirements for administration of medication required during school hours. These procedures are consistent with standards of medical, nursing, and pharmacy practice guidelines. The school board and the school superintendent, in conjunction with school nurses, public health nurses, other school personnel, have developed these policies and guidelines for the safe administration of medication in the school setting. Other influences affecting the administration of medication in USD 308 are: federal laws and regulations, new pharmaceutical and medical health practices, individual education plan and 504 plan requirements.

In administering these guidelines, the district is assuring the safety of the students (including immediate access to life-sustaining medications, e.g., epinephrine for severe allergic reactions, rectal anticonvulsant medication for severe seizures, or insulin treatment for diabetics) and facilitating learning and behavior in the educational process, while assuring the legal rights of school personnel who dispense medications. In addition, the district will facilitate and encourage students to take ever-increasing responsibility for their own health.

II. CONSIDERATIONS

The administration of prescription medications is considered a registered professional nursing task and/or procedure per the Kansas Nurse Practice Act (K.A.R. 60-15-101 through 60-15-104). Therefore, the school district employs registered professional and licensed nurses to assume responsibility for implementing a system of safe administration of medication. This system may include delegation of medication administration to unlicensed assistive personnel in the absence of a full-time on-site nurse, including during field trips, and before or after school events.

More specifically, the use of delegation is interpreted to mean that the registered nurse:

- Determines who can safely and competently perform this task;

- Assesses any learning needs of the individual;
- Provides a standardized training in the procedure;
- Periodically monitors and supervises the individual performing the task to determine that the individual is following correct procedure;
- Determines the extent of the supervision needed;
- Periodically repeats the instruction and evaluates the services rendered, minimally twice per school year;
- Is available for consultation regarding the procedure; and
- Ensures access to medication in the absence of the nurse.

III. THE KANSAS NURSE PRACTICE ACT, REGULATIONS FOR PERFORMANCE OF SELECTED NURSING PROCEDURES IN THE SCHOOL SETTING, AND PROTECTION OF THE PUBLIC

The Kansas Board of Nursing (KSBN) is the regulatory agency charged with protection of the public health, safety and welfare of the citizens of Kansas through the licensure and regulation of nursing practice. The Kansas Nurse Practice Act (NPA) is the legal document regulating the practice of every licensed registered professional nurse (RN) and licensed practical nurse (LPN) in the state of Kansas. K.S.A. 65 and 1134 dictate the scope of practice for all professions regulated by KSBN. The school nurses abide by all regulations in the Nurse Practice Act.

Guidelines for Medication Administration will follow the Kansas Administrative Regulations (K.A.R. 60-15-101 through 60-15-104) of the NPA specifically:

- K.A.R. 60-15-101 *Definitions and Functions*: Only a licensed registered professional nurse (or a physician provider) has the authority to delegate the administration of medication or other nursing procedures in schools to unlicensed assistive personnel (UAP.) The RN must provide appropriate and adequate training, supervision and performance evaluation of the UAP as referenced in K.A.R. 60-15-101.
- K.A.R 60-15-102 *Delegation Procedures*: The RN, after evaluating the LPN's competence and skill may decide whether the LPN under the direction of the RN may delegate tasks to the UAP in the school setting. This includes a nursing assessment of the student and the RN developing a plan of care for the student that may include delegation to the UAP.

The School health staff will utilize the (A) *Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid* approved by the KSBN, June 2, 2014. The table will be used to determine to whom specialized caretaking tasks or procedures may be delegated. Only the licensed professional registered nurse responsible for the student's nursing care may determine which nursing tasks may be delegated to an UAP.

- K.A.R. 60-15-103 *Supervision of Delegated Tasks or Procedures*: The supervision of delegated nursing procedures in the school setting, including medication administration, must be done in accordance with K.A.R. 60-15-103. This includes the licensed registered professional nurses' (RN's) responsibility for determining the degree of supervision required based on the health status and stability of the student

receiving nursing care, the complexity of the task or procedure to be delegated to the UAP, the competency and training of the UAP to whom the task is delegated, and the proximity of the supervising licensed registered professional nurse (RN) to the student and UAP.

- K.A.R. 60-15-104 *Medication Administration in the School Setting*: If the requirements of K.A.R. 60-15-101 through 60-15-103 have been met, the licensed registered professional nurse (RN) may delegate medication administration to a UAP if:
 - No dosage calculation is required (with diabetes and carbohydrate counting refer to the delegation table);
 - The medication is administered by accepted methods specified in the nursing plan of care.
 - A registered professional nurse (RN) ***shall not delegate*** the procedure of medication administration in a school setting to unlicensed persons when administered by any of these means:
 - By intravenous (IV) route;
 - By intramuscular (IM) route, except when administered in an anticipated health crisis;
 - Through intermittent positive-pressure breathing machines; or
 - Through an established feeding tube that is not inserted directly into the abdomen.

IV. TRAINING UNLICENSED ASSISTIVE SCHOOL PERSONNEL

The registered nurse is responsible for training unlicensed school personnel (UAP) in basic knowledge of safe medication administration in the school setting. The methods of administration to be delegated should be determined by the school nurse, described in school board policy, and may be personnel-specific. Documentation of the training will be made on the (B) *Instruction and Supervision from the Registered Nurse to Unlicensed Assistive Personnel in the School* document. The training and supervision of the UAP may be personnel-specific.

A. Content and Competency Skills Included in Delegation:

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

B. Roles for school personnel related to the delegation and training of unlicensed school personnel for medication administration:

1. School Administrator

- a. Assist in development of medication administration policy and procedures and seek school board support for policy;
- b. Provide administrative support for compliance with district medication administration procedures;
- c. Assist nurse in educating staff and parent(s)/legal guardian(s) about the district's commitment to a safe policy related to medications in school; and
- d. Be aware of liability issues related to medication administration at school, including insurance coverage, personnel covered, etc.

2. Licensed Professional Registered Nurse

- a. Understand the Nurse Practice Act, statutes, and state guidelines to continually evaluate district policy and procedure related to medication administration;
- b. Determine who can safely provide medication administration;
- c. Provide guidance for special circumstances, i.e., field trips, verbal orders, etc.;
- d. Provide a standardized training course for all personnel who will administer medications;
- e. Maintain a record of training, including course attendance, written tests, and performance evaluations demonstrating 100 percent mastery of course content;
- f. Periodically monitor performance through observation of procedures, review of documentation, handling of medications, etc., (at least twice yearly);
- g. Provide medication information resources and update as needed;
- h. Encourage open communication with individuals delegated to administer medication;
- i. Review and take appropriate action regarding any reported medication error;
- j. Take corrective action when individual to whom medication administration is delegated does not meet standard performance after consultation and retraining;
- k. Develop an educational program for all students regarding the appropriate use of medications, including the resolution of minor health problems without the use of medication;
- l. Share policies, procedures, and forms with local authorized prescribers; and
- m. Assess the student's health needs and develop an Individualized Healthcare Plan (IHP) as appropriate.

3. Unlicensed School Personnel

- a. Participate in district training related to medication policy and procedures;
- b. Administer medications strictly following the procedure as taught;
- c. Provide accurate documentation of medications administered;
- d. Call for consultation with delegating nurse when there is any question, or when a parent/legal guardian does not comply with policy; and
- e. Provide safe storage and handling of medications as outlined in district policy.

4. Parent(s)/Legal Guardian(s)

- a. Cooperate with the district's policy regarding medication administration;
- b. Provide authorization and prescription from student's health care provider;
- c. Provide written request from parent/legal guardian to administer medication;
- d. Provide the school with the prescribed medication as outlined in the policy;

- e. Communicate any changes in student's health status, medication regime, change of health care provider, etc.; and
- f. Sign authorization for school to communicate with student's health care provider. The Authorization to Exchange Confidential Information Form for each school building is on district website.

5. All School Personnel

- a. Understand and follow school district policy and procedures related to medications; and
- b. Understand and follow school district policy regarding self-administration of medications.

6. Prescriber

- a. Write a complete order including name of medication, dosage, time, frequency, and length of treatment; and
- b. Collaborate and communicate medication instructions and pertinent information to the parent/legal guardian, student, and school staff, as necessary.

V. MEDICATION ADMINISTRATION

The following procedures will be followed as implementation of USD 308 Policies: JGFGB Supervision of Medication, JGFGBAS Student Self Administration of Medication, and JGFBA A Response to Life Threatening Conditions and JGFGBBA Accommodating Students with Diabetes

A. Medications in the School Setting

Per K.A.R. 60-15-101, licensed professional registered nurses are responsible for the management, administration, and delegation of all medications in Kansas schools. (When or if an RN is not available to delegate medication, the primary health care provider must delegate and supervise the medication administration.)

It is assumed that medication will be administered during the school day **only** when the medication must be given at a certain time that falls within the school day, the interval between doses requires administration in school or the medication is a "when necessary" order. Only prescribed oral, subcutaneous, topical, intranasal, eye, or ear medications should be routinely administered at school. Medications requiring IM (with exception of emergency administration) or IV routes **must** be accompanied by a detailed Individualized Healthcare Plan (IHP) developed by the licensed professional registered nurse (RN) in collaboration with the prescribing primary care provider or specialist as well as educational staff. The licensed professional registered nurse, because of educational background and knowledge, is uniquely qualified to monitor and administer medication for children and adolescents.

B. Parent / Legal Guardian Request and Permission

A written request from the parent/legal guardian must accompany all prescription, OTC medications, natural

and homeopathic remedies to be administered at school. A physician authorization is required for prescription and natural and homeopathic remedies. (See (C) Request for Medication Administration and Special Health Care Services, and (D) Request for Medication Administration of Non- Prescription / OTC Medication). The written request and primary care provider or specialist's medication orders must be updated annually and include:

- a. Student name and birth date;
- b. Date of parent/legal guardian request;
- c. Reason the medication is prescribed (if prescription);
- d. Parent/legal guardian understanding of school policies regarding medication administration including OTC and natural/homeopathic remedies;
- e. Authorization for the designated school personnel or licensed professional registered nurse to communicate with the prescribing primary care provider or specialist to ensure continuity of care;
- f. Parent/legal guardian signature; and
- g. Primary care provider or specialist signature.

C. Prescription Medication

Written authorization from a primary care provider or specialist (MD, DO, DDS, ARNP or PA) must accompany any prescription, herbal or homeopathic medication to be administered at school. An Optometrist (OD) may prescribe certain topical medications for the eyes. The authorization form must be dated and include:

- a. Student name and birth date;
- b. Medication;
- c. Dosage;
- d. Route of administration;
- e. Directions or interval for the drug to be given;
- f. Name of licensed healthcare provider prescribing the medication; and
- g. Pharmacy contact information including expiration date of the medication.

Prescription, herbal or homeopathic medication must be brought to school in a container/package dispensed by the pharmacist with the following information clearly stated on the label: (K.A.R. 68-7-14)

When a medication is not available in the prescribed dose, and the pills need splitting, parents/legal guardians will be asked to have pharmacists cut the tablets.

Prescription medications are divided into two categories:

- 1) Controlled medications are scheduled and regulated by the Drug Enforcement Agency (DEA) because of relative abuse potential and likelihood of causing dependence when abused. Controlled medications must be counted upon receipt and on a weekly basis by the school nurse or the UAP, and witnessed by a responsible school employee. The count must be reconciled with the prior count and medication and administration records. Any discrepancies in counts should be reported to the parent or guardian and school administration.
- 2) Non-controlled medications are drugs prescribed to treat medical conditions such as hypertension,

diabetes, and bacterial infections. Though non-controlled medication can be misused, they are not subject to the same limitations and controls as the controlled substances.

D. Epinephrine Kits in School (District Supplies of Epinephrine Kits in USD 308).

USD has adopted a Stock Epi Pen Policy that provides for stock “non-student specific epi pens in buildings that the district owns. The district is following (KSA 65-1680, KSA 65-2872b and KSA 72-8258) in identifying and accessing a local consulting pharmacist. When a pharmacist agreement is completed, the epi pens will be obtained and implementation procedures will begin. The school health office in cooperation with building principal office will store, monitor, and educate staff in identifying symptoms of anaphylaxis. See Appendix for the USD ‘s Protocol for Treatment of Symptoms of Anaphylaxis.

E. Nonprescription and Over-the-Counter (OTC) Medication

OTC medications have therapeutic benefits, as well as risk of potential side effects, and carry the potential for great harm if misused or abused. At the same time, it is understood that students may symptomatically benefit from appropriate use of OTC medications and that their use may facilitate a student’s return to class and remove temporary barriers to learning.

A written (D) Request for Medication Administration of Non-Prescription /OTC Medication Form must be signed by the parent/legal guardian and must accompany the medication and include:

1. The name of the medication;
2. The medication dose;
3. The time for administration of the medication;
4. The reason for the medication;
5. 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 UAP delegated to administer OTC medication when requested must be complete;
6. OTC medication must be brought to school in the original manufacturer container/package with all labels intact. Deviations from label directions will require a written provider order.; and
7. The school should retain the request for at least as long as the medication is used at school. It is preferable that the request remains part of the student’s permanent health record. The school must reserve the right to limit the duration of parent/legal guardian prescribed medications and to require primary care provider or specialist authorization for continued use.

The (D) Request for Medication Administration of Non-Prescriptive/OTC Medication (which requires only parent signature) authorizes district health nurses to administer the nonprescription medication only five times in a trimester. To continue administration of the non-prescription medication, the written request must be refilled/re-requested with parent and physician order using Form C: Request for Medication Administration for Prescription and Special Health Care Services.

F. Complementary and Alternative Medicines

Complementary and Alternative Medicines are a group of diverse medical and healthcare systems, practices, and products that are not generally considered part of conventional medicine. Examples of CAM's include (but is not limited to) vitamins, supplements, herbal or homeopathic preparations, probiotics, caffeine, essential oils, and aromatherapy. Because the formulation of herbal, natural and homeopathic remedies is unregulated, their potential for harm is great in a school setting where a student's complete medical history and medication history may not be known. These medications/remedies should not be administered at school without primary care provider or specialist authorization. Even with proper authorization, the school must take into consideration the risk inherent to student safety in administering a product that lacks published data about its safety, efficacy, and dosages for child.

G. Research Medications in the School Setting.

Any requests for school nurses to administer or monitor effects of experimental or off-label medications, or medication dosages outside the normal dosing range at school should be evaluated on a case by case basis by the RN and the prescribing primary care provider and should include written protocols or study summaries, consent forms, names, and numbers of investigators or research teams. The registered nurse needs to consult with district administration to determine the practice is not against and district policies.

H. Verbal Medication Orders

The licensed professional registered nurse (RN) may take a verbal medication authorization from a primary care provider or specialist for prescription medication or a parent/legal guardian for OTC medication so long as the verbal authorization is followed with a written authorization within the next three to five working days. Such authorization may be faxed to the school with appropriate confidentiality safeguards in place. The UAPs should never under any circumstances take verbal orders from primary provider or parents or legal guardians.

I. Six "Rights" of Administering Medication

Medication errors will be controlled by checking the following items each time a medication is given;

- The right child / student
- The right medication / drug
- The right dose
- The right time
- The right route of administration
- The right documentation.

J. Medication Documentation

An individual record (log) must be kept of each medication administered to each student. The record must

identify:

- a. Student by name and birth date
 - b. Allergies
 - c. Prescribing primary care provider or specialist name and credentials
 - d. Medication
 - e. Route of administration
 - f. Time of administration
 - g. Duration of administration
 - h. Potential side effects
 - i. Initial nursing assessment
 - j. Signature of licensed RN responsible for administration
 - k. Signature of UAP, if administration is delegated
 - l. Section for comments and narrative notes
 - m. Electronic documentation of medication is acceptable by completing the required fields for district with electronic records.
- See “Reverse Side” (C and D) Documentation of Medication Administration Form and Medication Request Forms.

K. Changes to Medication Order Once Prescribed

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

- a. New primary care provider or specialist and parent/legal guardian authorization forms with signatures
- b. New container/package appropriately labeled by the pharmacist
- c. An additional assessment provided by the RN when any change in medication, including dosage and/or time, is made.

It is essential that the RN or delegated UAP be able to unequivocally match the student name, medication, dosage, administration time and route to the student’s medication record to avoid medication errors.

L. Special Situations

1. Reasons for contacting parents regarding medications:

- a) Any questions regarding instructions
- b) Failure of the student to receive the medication for any reason (vomiting, refusal, forgot, out of medicine, spilled last dose, given to wrong student.)

2. Reasons for contacting healthcare provider or pharmacist regarding medications:

- a. Parent is not available to answer urgent questions
- b. Clarification of medication orders, dosage, or administration
- c. Medication incident (error)

3. Suggested steps for administration of prescribed medication dosage missed by parent at home:

- a. If a student was to receive medication in the morning, before coming to school, and he/she does

not receive that dose, the parent should be urged to come to school to administer the dose.

b. If parent administration is not possible, the parent must provide verbal permission over the phone, for the school nurse to administer the dose. Document the verbal parental consent on the student's medication log. In addition, the prescription label at school should include the time of the morning dose that is normally administered at home, if a missed dose is to be administered at school.

c. If missed doses continue to occur with the same student, it might necessitate adjustment or subsequent dosage times. The school nurse (RN) should be consulted.

M. Use of Unit Doses and Blister Packs

The use of unit dose or blister pack packaging should be encouraged in the effort to safeguard student health and avoid medication errors. If unit dose packaging is not available, two separate prescription containers should be requested from the prescribing provider and pharmacist—one for school and one for home. Medications brought to school in plastic bags, envelopes, lunch boxes, etc., should not be administered, regardless of whether they are labeled or not.

N. Use of Student Specific Emergency Medication in the School Setting

Children with diagnosed chronic health conditions such as heart, seizure disorders, diabetes, asthma and severe allergic reactions, may have medication prescribed to treat a medical emergency. An Individual Healthcare Plan with an Emergency Action Plan must be developed for students whose conditions may warrant intervention with medication such as glucagon for unconsciousness due to hypoglycemia (low blood sugar), anticonvulsant medication to be administered rectally for a protracted seizure, and epinephrine for a severe allergic reaction (anaphylaxis). The licensed professional registered nurse or prescribing primary care provider or specialist is responsible for training school staff in the recognition of life-threatening emergencies and the appropriate administration of emergency medications. The RN, the prescribing primary care provider or specialist is responsible for training school staff in the recognition of life threatening emergencies and the appropriate administration of emergency medications. The RN will most likely need to initiate this training. These steps are addressed in Policies: JGFBAA Response to Life Threatening Conditions, and JGFGBBA Accommodating Students with Diabetes.

O. Self-Administration of Student Specific Emergency Medications

Students, in grades one through twelve may be granted the autonomy to self-administer some medications in the school setting. When deemed necessary, the licensed professional registered nurse will monitor the self-administration of certain medications (i.e., epinephrine, insulin, multi-dose inhalers) by students who demonstrate the capability for responsible self-administration. Policy JGFGBA Student Self-Administration of Medication Process for Determination and Documentation will be followed.

Definition: Self-administration is the student's discretionary use of an approved emergency medication

for life threatening health conditions for which the student has a prescription or written direction from a health care provider. (Controlled substances will not be self-administered.)

The process for Self Administration is initiated by Parent Request and completion the following:

- _____ Request for Self-Administration of Medication and or Special Health Care Services Form;
- _____ Building Release of Information.

The student shall demonstrate to the health care provider or provider's designee the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed.

- _____ Documentation on Form F.

The student shall demonstrate to the school nurse the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed. Student must complete a contract to Self-Administer.

- _____ Documentation on Form J.
- _____ Documentation on Form K.

A written statement from the student's healthcare provider stating:

- the name and purpose of the medication;
- the prescribed dosage;
- the time the medication is to be regularly administered;
- any additional special circumstances under which the medication is to be administered;
- and
- the length of time for which the medication is prescribed.

- _____ Documentation: Form F.
- _____ Written Health Action Plan

The school nurse, with input from physician and the parents and student as appropriate, and necessary school staff will develop an Individual Healthcare Plan which will be updated as needed but at least annually. Permission forms and process shall be completed upon parent request. New requests are needed at the beginning of each school year.

- _____ Completed Individual Healthcare Plan, and
- _____ Form F (Request for Administration and Special Healthcare Services.)

The school nurse will notify necessary staff of the student's permission to carry medication and self-administer specific medications in locations under the supervision and jurisdictions of the school district, its officers, employees, or agents.

- _____ Documentation in Health Alerts under Health Contact Information.
- _____ Documentation of E-mail and or individual conversations.

The school nurse will provide for the supervision and monitoring of the student's self-administration when possible.

- _____ Documentation in Skyward Health Notes.

The school will provide written notification to the parents and or guardian of the student that the school district and its officers, employees and agents are not liable for damage, injury or death resulting directly or indirectly from the self-administration of medication.

- _____ Notice with signature and disclaimer form signed by parent and or guardian. (Form F)

The student's parent or guardian shall sign a statement acknowledging that the school district and its officers, employees or agents incur no liability for damage, injury or death resulting directly or indirectly from the self-administration of medication and agreeing to release, indemnify and hold the school and its officers, employees and agents, harmless from and against any claims relating to the self-administration of medication allowed by this policy.

- _____ Notice with signature and disclaimer form signed by parent and or guardian. (Form F)

Parents and or guardians must provide back-up medication in easily accessible location in health office in the event of an emergency.

____ Marked and Labeled Location in Health Office
(Medication Notebook, Nurses Folder)

Emergency Health Care Plan with Emergency Treatment Plan will be kept on file in easily accessible location in health office.

____ Marked and Labeled Location in Health Office also
____ In Skyward under Individual Healthcare Plans.

P. Medication Administration Outside of Regular Attendance Hours by School Personnel

Medications used after school in athletic areas by coaches or trainers or by sponsors of other school activities outside of regular school attendance hours when medication administration / documentation has been appropriately delegated, including OTC medications, are subject to the same requirements for authorization, storage, administration, and delegation as any other medication in the school setting and should not be maintained on off school premises without these safeguards. “Extended program hours” means any program that occurs before or after school attendance hours and is hosted or controlled by the school. Refer to Field Trips, School Sponsored Events, and Summer School in Section T below.

Q. Storage of Medication

All medications (including OTC medications) maintained in the school setting (other than those approved for self-administration by specific students) must be kept in a locked and secured container or cabinet, 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. Access to medications must be limited and a list of persons with access to medications will be maintained and updated regularly. (Epi pens need to be in secure but accessible location to facilitate immediate access.)

R. Inventory of Medications

The RN and another staff member must inventory medications at least every trimester. Expired medications must be destroyed or disposed of and their disposition will be clearly documented. A (G) Controlled Substance Log will be maintained. Medications no longer being used should be returned or destroyed. Needles, syringes, lancets, etc. should be sealed in a puncture proof container and properly disposed of.

Controlled substances must be counted when received and an accounting made at least weekly of remaining totals by the school nurse and an observer. All counts must be clearly documented on the student medication record and initialed by the participants. Ideally, no more than a 30-day supply of prescribed medication should ever be stored at the school.

S. Medication (Incidents) Errors

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

1. Omitting medication
2. Administering a medication to the wrong student
3. Administering an incorrect dose of medication
4. Administering a medication by the wrong route.

Staff will be trained and monitored to prevent medication errors. The district will provide a non-punitive reporting system. A medication incident reporting process with the specification of persons to be notified, including the school nurse, parent, licensed prescriber, principal, and school health supervisor/coordinator. For example, if medication administration has been delegated, the licensed professional registered nurse supervising the UAP must be notified immediately and assume responsibility for notifying parents/legal guardians, the principal, and the supervisor of school health services. A school district (H) Medication Incident / Occurrence Report Form must be completed and sent to supervisor/coordinator of school health services. (The employee completing the medication incident report is encouraged only to state the facts of what occurred.)

Student health and safety will be the first concern. Student will remain in the health office under direct supervision with vital signs being monitored until parent removes child, or until student is determined safe.

The licensed professional registered nurse may reasonably work within a timeframe 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 UAPs to whom medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising registered nurse (RN).

T. Disposal of Medications

Medications that are out of date or have been discontinued should be picked up by the parent/legal guardian. All medications should be picked up at the end of each school year. Parental/legal guardian notifications should be sent home under the above conditions. When medications are not picked up after parent/legal guardian notification, they should be destroyed and that process should be witnessed and documented.

U. Disposal of Needles and Syringes

Needles and syringes will be disposed of in a manner consistent with appropriate Occupational Safety & Health Administration (OSHA) guidelines and district policy.

V. Medication and Interventions during Transportation.

Emergency Medication and Interventions

Students with life threatening conditions may need emergency prescribed medications and interventions while being transported to and from school. The licensed school nurse will contact the transportation company to identify whether a student with an Emergency Plan rides the bus to and from school. The licensed school nurse will then inform transportation personnel of the condition that may endanger the school bus ride, and the emergency symptoms. The transportation company will then implement the corporate emergency practices.

VI. DISASTER PLANNING

A. Emergency Building Evacuation and Medications

Every health office will be supplied with a readily accessible, easily carried, and recognizable emergency bag/pack (S.E.T.T. Bag) that includes supplies for basic first aid, and a glucose source. A list of all students with significant medical conditions and current medication histories as well as emergency contact numbers will also be updated regularly and available either in emergency bag/pack or available electronically.

B. Planning for Potential Disaster Situations

School health will maintain communication with district and county officials to be informed of potential disaster plans which incorporate student safety, student medication, and special health needs.

Consideration should include, but not limited to:

1. Development of disaster preparedness plans with a description about how to accommodate students within a minimum of 72 hours without access to care;
2. Have at least a three-day supply of medication on hand for students who take medication during the school day. (See Student-Parent Handbook notice to parents.);
3. The school nurse or designee contacts parent or guardian to identify medications that students take only at home;
4. Ensure each student's IHP contains specific, detailed instructions for UAP's who could assist the student if a nurse was unavailable during a disaster. (Add to IHP's.)

C. Preparing Your School District for Public Pandemics

USD 308 School health staff will collaborate with USD 308 and Reno County Health Department in implementing responses to a public pandemic. District school health cooperation efforts will include but not be limited to:

1. Immunizations
2. Trainings
3. Shelter/Space.

VII. School Sponsored Field Trips, Events, After School Activities and Summer School

A. Scheduled Field Trips

Standards for safe medication administering and provision of special health services will be provided during field trips, school sponsored events, or summer school. District health practices will facilitate all students' participation in all school activities. When it is not necessary, or possible for a school nurse to attend the field trip:

1. The medication administration task may be delegated to the UAP, such as a teacher, coach or para. The person to whom the medication administration is delegated must be identified, receive appropriate training, and demonstration of competency must be documented. The UAP will assume responsibility for safe transport and storage as well as administration of medication.
2. Medications should be placed in a waterproof pill bag and labeled with the student name, date of birth, medication dose, route and time for administration by the RN.
3. The UAP (#1 above) must report any medication administered to the school nurse for documentation. The disposition of the medication dose for field trip/event/summer school should be documented on the student's medication record indicating to whom administration was delegated and time of actual administration. UAP's should report any problems that may have occurred such as dropped, missed, or student refusals to RN.
If the RN is delegating an emergency or PRN medication, the nurse will provide a copy of the medication order plus the medication that may be needed. The documentation will follow as indicated above.
4. The parent or guardian is responsible to obtain a medication authorization form with specific instructions if their child's field trips or school sponsored events that extend beyond regular school hours.
5. School nurses cannot delegate medication administration to volunteer, parents or guardians or non-school employees during school or during school sponsored events. This includes licensed nurses who are not district employees.
6. Parents or guardians who accompany children to any school sponsored event may administer medication to their own child but not to any other children.
7. Medication that needs to be refrigerated must be kept in a small cooler with ice packs if a refrigerator is not available. (Epi pen auto injectors must be kept between 59 and 85 degrees.)
8. The processes for self-administration will be followed for field trips/events/after school activities.

B. Field Trips and 504 Plans

Section 504 may apply to the administration of medication to a student with a qualifying disability, including participation in field trips/events/summer school. If the student with a 504 receives health services, the district will provide those health services. Appropriate accommodation may include:

- a) Assigning a licensed nurse to provide care for the student.
- b) RN delegation of care to a UAP by following appropriate delegation procedures.
- c) The parent or guardian may be asked to accompany the student to attend to the student's healthcare needs although they cannot be delegated. (504 student's participation in field trip/event/summer school may not be contingents upon parent accompanying student to the event.

If none of the above options are possible or if the child should not go on the field

trip or school sponsored event because of the unstable/fragile nature of their condition and or the distance from the emergency care that might be required, the school may provide a comparable experience at school or in an alternate, safe location.

C. Field Trips Out of State and Out of Country

Processes for Out of State/Country will be in place. The school nurse will:

- a) work with the district administration and legal counsel to address how the medication or treatment needs of the students will be addressed;
- b) contact the boards of nursing in the appropriate state or country for guidance and permission to practice (including delegation to school staff) in that state or determine if the state/country grants visiting privileges;
- c) obtain licensure in another state to be able to administer medication/treatments to students or to be able to delegate administration of medication/treatments to the school staff if required;
- d) Obtain guidance in b and c in writing and keep documents readily available during the out of state/country trip.

VI. Appendix

- A. Delegation of Specific Nursing Tasks in the School Setting for Kansas
- B. Instruction and Supervision from the Registered Nurse to Unlicensed Assistive Personnel in the School
- C. Request for Medication Administration and Special Health Care Services
- D. Request for Medication Administration of Non-Prescription / OTC Medication
- E. Documentation of Medication
- F. Request for Self-Administration of Medication and or Special Health Care Services
- G. Controlled Substance Log
- H. Medication Incident / Occurrence Report
- I. Medication Count Log
- J. Nursing Assessment for Determination of Self-Directed Student
- K. Student Contract to Self-Administer
- L. Protocol for Treatment of Symptom of Anaphylaxis