

MONROE PUBLIC SCHOOLS  
STUDENTS  
BOARD POLICY PROCEDURE P5432

MEDICATION AT SCHOOL

Each school principal shall authorize at least two staff members to administer prescribed or non-prescribed oral or topical medication, eye drops or ear drops (“medication”). Designated staff members receive registered nurse delegation prior to assuming responsibility for administration of medications at the beginning of each school year.

For purposes of this procedure, “medication” means oral medication, topical medication, eye drops, ear drops, or nasal spray. Oral medications are administered by mouth either by swallowing or by inhaling, and may include administration by mask if the mask covers the mouth or mouth and nose. Procedures will be established that address administration of oral medication and/or emergency medication at all events where students are under the supervision of school personnel.

Medication may be dispensed to students on a scheduled basis upon written request from a parent (legal guardian, or other person having legal control over the student), with a written request by a licensed health professional prescribing within the scope of his/her prescriptive authority.

When a medication is to be administered more than fifteen consecutive days, the written request must be accompanied by written instructions from the licensed health professional. Requests shall be valid for not more than the current school year. The prescribed or non-prescribed medication must be properly labeled and be contained in the original container. The staff member responsible for dispensing prescribed or non-prescribed medication shall:

1. Collect the medication directly from the parent, collect an authorization form properly signed by the parent and by the prescribing licensed health professional, and collect instructions from the prescribing licensed health professional if the medication is to be administered for more than fifteen consecutive days. Medications administered by school personnel should be brought to school and picked up by the parent or guardian.
2. Store the prescribed or non-prescribed medication (not more than a twenty (20) day supply) in a securely locked, substantially constructed cabinet with limited access.
3. Maintain a daily record which indicates that the prescribed or non-prescribed medication was dispensed.
4. Provide for training and ongoing supervision by the school’s licensed registered nurse.

A copy of the policy, and Guidelines for the Administration of Medication, will be provided to the parent upon request.

Prescribed and over-the-counter oral or topical medications, eye drops or ear drops may be administered by a registered nurse, a licensed practical nurse, or an authorized staff member.

Medication administered, other than oral, topical, or eye or ear drops, may only be administered by a registered nurse or licensed practical nurse unless a specified medication may be delegated under Washington state law when a student is susceptible to a predetermined, life-threatening condition. The parent will submit a written statement which grants a staff member the authority to act according to the specific written orders and supporting directions provided by the licensed health professional prescribing within his or her prescriptive authority. Such medication will be administered by staff trained by the supervising registered nurse to administer such an injection.

Written orders for emergency medication, signed and dated, from the licensed health professional prescribing within his or her prescriptive authority will:

1. State that the student suffers from an allergy which may result in an anaphylactic reaction and identify the precipitating allergen, if known;
2. Identify the drug, the mode of administration, and the dose. Epinephrine administered by inhalation, rather than injection, may be a treatment option. This decision must be made by the licensed health professional prescribing within his or her prescriptive authority;
3. Indicate when the injection shall be administered based on anticipated symptoms or time lapse from exposure to the allergen;
4. Recommend follow-up after administration, which may include immediate care, administration of additional medication, transport to hospital; and
5. Specify requirements for reporting to the health professional prescribing within his or her prescriptive authority and any record keeping recommendations.

#### Administration of Medication

General provision of medication administration mandates the following requirements:

1. A trained staff member must administer the medication.
2. The medication must be administered in substantial compliance with the prescription or written instructions of the licensed health professional.
3. The designated staff person shall be trained and supervised by a registered nurse in medication administration.
4. The designated staff person must examine the medication to determine that it is in the original container and is properly labeled before administration.
5. The designated staff person must dispense to the student the prescribed dosage as authorized by the licensed health professional.

Discontinuance of administration of medication requires there be a valid reason which does not compromise the health of the student to discontinue medication administration at school. The superintendent or his/her designee must provide notice, orally or in writing, in advance of the date of discontinuance. Such notice shall be made to the parent, legal guardian, or other person having legal control over the student.

Valid reasons may include but not be limited to:

1. Lack of cooperation by the student, parent/guardian, and/or prescribing physician in ensuring that all provisions of the medication policy are met;
2. An unexpected and/or adverse reaction to the medication at school (e.g. allergic reaction)
3. Any apparent change in the medication/s appearance, odor, or other characteristics, such that the district questions the quality of the medication;
4. Medication expiration date has passed.

### Student Self-Administration of Medication

#### Students - Under 12 Years

1. Students needing to take prescribed or over-the-counter medication at school shall be required to have medication kept and administered by designated, trained school personnel according to the provisions of this policy.
2. In select situations when a parent and licensed health care provider requests that a student be permitted to carry and/or self-administer multi-dose dose inhaler for treatment of asthma, or emergency medication for a predetermined, life-endangering situation, the licensed health care provider and parent will request such on that portion of the Authorization for Administration of Medication form that addresses self-administration. In such situations the administrator and registered nurse will take into account the age, maturity and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer the medication and other issues relevant to the specific request before authorizing a student to carry and self-administer medication, and b) the parent will be informed that the school cannot accurately monitor frequency and appropriateness of use when the student self-administers medication, and that independence in self-administration may be reevaluated if this privilege is determined to be abused.
3. Other requests for student self-administration of medication will be considered on a case-by-case basis, with determination made by the licensed registered nurse in collaboration with the school administrator.
4. Except in the case of multi-dose devices (like asthma inhalers), students will only carry one days' supply at a time. Violations of any conditions placed on the student permitted to carry and/or self-administer his or her own medication may result in termination of that permission, as well as the imposition of discipline when appropriate. The student will be asked to demonstrate to the school's registered nurse the correct administration technique and capability in self-administering prescribed medication.
5. Allowance permitting students to responsibly carry and take over-the-counter throat lozenges and lip balms is a narrow exception to the broader medication policy.

Students - 12 Years and Older

1. Students needing assistance in taking prescribed or over-the-counter medication will be required to have medication kept and administered by designated, trained school personnel according to the provisions of this policy.
2. Students who are taking controlled/scheduled substances shall be required to have medication kept in a locked secure location in the school building and administered by designated, trained personnel. -Controlled/scheduled medications are medications that are potentially addictive and regulated by federal law.
3. It is strongly recommended that any medication that may need monitoring for side effects or may affect a student's ability to learn, (e.g. medications for seizure disorders) be administered by school personnel.
4. Requests for students to carry and self-administer over-the-counter medication will be addressed by the administrator and registered nurse who will take into account the age, maturity and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer the medication and other issues relevant to the specific request. The parent shall notify and receive approval from the registered nurse and principal or designee prior to the student self-administering medication.
5. In situations where the parent, licensed health professional, administrator, and registered nurse agree that it is appropriate for a secondary student to keep prescribed medication on his/her person and/or self-administer (except as precluded in #2 and 3), the following requirements will apply: a) signed and dated parent and health professional request indicating name of medication, dosage, date(s) and time(s) taken; medication kept in the original container and properly labeled; and b) only one school day dosage carried by the student (with the exception of multi-dose devices, e.g., metered dose inhalers and injectable insulin).
6. In situations where a student has demonstrated inability to responsibly self-administer medication, this privilege will be revoked by the principal. Violations of any conditions placed on the student permitted to carry and/or self-administer medication may result in termination of that permission as well as the imposition of discipline when appropriate.
7. Allowance permitting students to responsibly carry and take over-the-counter throat lozenges and lip balms is a narrow exception to the broader medication policy.
8. Students authorized by the principal and registered nurse to carry and self-administer over-the-counter medications (e.g., aspirin, mild allergy medications, decongestants, over-the-counter eye drops), shall carry written permission from the parent/guardian indicating the name and dosage of the medication and the date and time(s) to be taken. The student shall carry only one school-day dosage in the original labeled container. The student may be asked to demonstrate to the registered nurse or registered nurse practitioner the correct administration technique and capability in self-administering prescribed medication.

### Emergency Medication

No prescribed medication shall be administered by injection by nonlicensed school personnel except when a student is susceptible to a predetermined, life-endangering situation. The parent shall submit a written statement which grants the school the authority to act according to the specific written orders and supporting directions provided by a licensed health professional prescribing within the scope of his/her prescriptive authority (e.g., medication administered to counteract a reaction to an insect sting). At least three staff members at each building will be trained in injection technique for administration of a prescription epinephrine auto-injector (EpiPen) to prevent anaphylaxis in students with known sensitivity. This skill will be reviewed annually with school personnel. Medication shall be administered by staff trained by the supervising registered nurse to administer such an injection.

Written orders for emergency medication, signed and dated, from the licensed health professional prescribing within his or her prescriptive authority will:

- State that the student suffers from an allergy which may result in an anaphylactic reaction;
- Identify the drug, the mode of administration, the dose. Epinephrine administered by inhalation, rather than injection, may be a treatment option. This decision is made by the licensed health professional prescribing within his or her prescriptive authority;
- Indicate when the injection will administered based on anticipated symptoms or time lapse from exposure to the allergen;
- Recommend follow-up after administration, which may include administration of additional medications, transport to hospital; and
- Specify how to report to the health professional prescribing within his or her prescriptive authority and any record keeping requirements.

Except in the case of multi-dose devices (like asthma inhalers), students will only carry one school days dosage at a time. All conditions of this policy will be met. Violations of any conditions placed on the student permitted to carry and/or self-administer his or her own medication may result in termination of that permission, as well as the imposition of discipline when appropriate. The student may be asked to demonstrate to the school's registered nurse the correct administration technique and capability in self-administering prescribed medication.

### Parent-Designated Adult Care of Students with Epilepsy

Nasal sprays containing legend (prescription) drugs or controlled substances may only be administered by a registered nurse, licensed practical nurse, or, if a nurse is not present on school premises, an authorized school employee, or a parent-designated adult with training as required by Washington state law.

Registered nurses may delegate administration of a nasal spray rescue seizure medication for life-threatening health conditions to unlicensed assistive personnel. A life threatening condition is defined as a health condition that puts a student in danger of serious complications or cause permanent damage or death if a medication or treatment order and a nursing care plan are not in place.

Under Washington state law, registered nurse delegation of nasal spray for a life threatening seizures is permissible. Parents of students with epilepsy may designate an adult to provide care for their child consistent with the student's individual health care plan.

At parent request, school district employees may volunteer to be a parent-designated adult under this policy, but will not be required to participate. Parent-designated adults who are school employees will file a voluntary, written, current and unexpired letter of intent stating their willingness to be a parent-designated adult. Parent-designated adults who are school employees are required to receive training in caring for students with epilepsy from the school nurse. Parent-designated adults will receive additional training from a parent-selected health care professional or expert in epileptic care to provide the care (including medication administration) requested by the parent.

Parent-designated adults who are not school employees are required to show evidence of comparable training and meet school district requirements for volunteers. Parent-designated adults will receive additional training from a parent-selected health care professional or expert in epileptic care to provide the care requested by the parent. The district is not responsible for the supervision of procedures authorized by the parents and carried out by the parent-designated adult.

#### Delegation

The registered nurse may delegate to others when the nurse determines it is in the best interest of the patient and permissible under scope of practice. The registered nurse is responsible and accountable for evaluating the appropriateness of the delegation of a rescue seizure medication, determining the competency, supervising the actions of unlicensed assistive personnel performing the delegated task, and acting as patient advocate. The registered nurse is responsible for the coordination of the student's care, to include collaboration with the student's health care provider and family, and consultation with the administrator for health services. The registered nurse retains accountability for the appropriateness of delegation.

### Student Health Care Plans

The superintendent shall establish procedures for the development of emergency health care plans for students with a special health care needs that may be anticipated to have a health emergency at school. Emergency care plans are procedural guidelines that detail specific, individualized instructions about actions to be taken and medications to be given in the event of an emergency. Care plans shall be developed and reviewed annually with parent and physician input, be communicated to appropriate school personnel and updated as necessary.

### Training of School Personnel

Building principals shall identify at least two staff members other than the registered nurse to receive training in administration of medication. The supervising registered nurse shall evaluate the appropriateness of delegation; determine the competency of the individual to perform the task and the degree of supervision necessary; supervise the actions of the person performing delegated tasks; and delegate only those tasks within the registered nurse scope of practice. The supervising registered nurse will document the successful completion of the training.

Designated staff persons administering medication during school hours or at school-sponsored events will participate in a training session prior to assuming responsibility for administration of medication. Training will include:

1. School board policies and procedures governing the administration of oral medications.
2. Procedure to follow in administering medication, including description of when not to administer a medication;
3. Procedure to follow in case of a side effect and/or adverse reaction during administration of a medication;
4. Procedure to follow in case of a medication error, missed dose, or delayed dose;
5. Indications warranting notification to the supervising nurse;
6. Required recording on medication log; and
7. Confidentiality issues regarding the administration of medications and student health information.

The school's registered nurse shall assume responsibility for training and supervision of non-licensed staff for adherence to all provisions of the medication policy. The registered nurse may execute decision-making within scope of nursing practice standards of nursing conduct or practice. Registered nurse scope of nursing practice includes assessment, nursing diagnosis, care planning strategies, delegating care to qualified others, supervision, program evaluation, teaching, managing care, maintaining patient safety, and collaborating with other health care professionals.

### Receipt, Storage, and Disposal of Medications

All medications administered by school personnel, unless permissible under the provisions of this policy, shall be brought to the school/health room by the parent, guardian or designated adult. Controlled substances must be delivered to the school by the parent, guardian or designee. -No more than a twenty day supply of oral medication shall be kept.

School personnel and parent, guardian or designee shall count all oral medication. The number of pills, capsules, or volume of medication shall be recorded on a form, and signed and dated by both parties. School supply of controlled/scheduled medications and non-controlled/scheduled medications shall be counted weekly and recorded.

Except for emergency medication, all medication shall be safeguarded at all times in a secure, locked location with access to medication limited to those individuals authorized to administer or supervise administration of medications. Medication requiring refrigeration should be kept in a separate refrigerator in a supervised area.

When medication is not administered as prescribed, a Medication Error form will be completed. Understanding that a medication error may result in an adverse reaction to the student, the supervising registered nurse shall contact the parent, health care provider and poison control center, as determined by nursing judgment. The health and safety of the student shall be the primary concern. Notification shall be made as soon as possible to the supervising registered nurse, administrator for health services, and school principal. Medication unaccounted for, including apparent theft, shall be reported *immediately* to the supervising nurse, the building principal, the administrator for health services, the superintendent, and the parent.

Parent, guardian or designee at the end of the school year shall pick up medication. Two staff members shall count prescription medication remaining, and medication that was disposed. The two staff members shall also complete a statement verifying the counting and disposal. The statement shall be dated and signed by the staff members.

Disposal of unused or expired medication shall occur according to instructions and guidelines provided by federal, state and county authorities.

#### Administration of Medication at Off-Campus Field Trips and School Sponsored Events

The registered nurse and principal will determine whether an individual student's participation is contraindicated due to unstable/fragile nature of his/her health condition and/or distance from emergency care that may be required. Student's parent and primary care provider will be consulted to make this determination.

When there are no contraindications to student participation, an appropriately trained school staff member will be assigned to care for the student and administer oral and/or emergency medication. The parent will be encouraged to accompany the student when possible and attend to the student's medical needs. Procedures shall be established to address preparation for administration of medication on field trips and school sponsored events.

If a parent indicates that medication not routinely given at school will need to be given on a field trip or other school sponsored event outside of the school day, the parent will provide the appropriate number of doses needed for the duration of the prescription and/or school sponsored event. All requirements of the oral medication statute and provisions of the district medication policy and procedures will be upheld.

#### Disaster Planning/Medications

Students who require medications and for whom missing three days of medications would pose a serious health risk for the student or others, are encouraged to have at least a three-day supply of medication kept at school for use in case of a disaster situation. All medication maintained for such purpose shall be securely and properly stored and monitored for expiration date. Medication must be properly labeled in the original container with necessary parent and physician authorization.

#### Records Retention

Medication administration authorization forms and medication administration daily logs will be retained according to the current *Records Retention Manual* and *General Records Retention Schedule* pertaining to health services records.