

InstructionDispensing Medications

The administration of medication at school is strongly discouraged except when necessary for the student's health or education. The dosage intervals of many medications can be adjusted so the times for taking the medication come outside school hours. When possible, interval adjustment should be considered before administering medication at school. All medications administered by school district personnel shall be administered in accordance with the Medication Aide Act.

- A. Authorizations for Prescription Medications. Prescription medications which must be administered during school hours may be administered when the following are on file at school:
1. Physician's Authorization: A physician's signed, dated authorization including name of the medication, dosage, administration route, time to be given at school, and reason child is receiving the medication.
 2. Caretaker's Authorization: A caretaker's signed and dated authorization or permission to administer the medication during school. (Note: All references to "caretaker" in this policy shall mean a parent, foster parent, family member, or legal guardian who provides care for the student for whom medication is to be administered. The laws include a "friend" as a caretaker, but the school will not ordinarily recognize such an individual as a "caretaker" for the purposes of medication administration).
 3. Original Packaging: The medication is in its original packaging and is labeled as dispensed by the prescriber or pharmacist. The label must name the child and identify the medication, strength, time interval and route to be administered. Two labeled containers may be requested: one for home and one for school. If needed, the physician may be contacted for clarification on medication administration.
- B. Authorizations for Non-Prescription Medications. If a student must take non-prescription medication during school, procedures 2 and 3 above are to be followed before administration.
- C. Renewal of Authorizations. Medication authorizations must be renewed annually and updated immediately as changes occur.
- D. Documentation of Administration of Medication. The school district shall keep and maintain accurate medication administration records. A record of each dose of medication administered shall be documented reflecting the student's name, and the name of the medication, date, time, dosage, route, the signature and title of the person administering the medication and any unusual observations, and any refusal by the recipient to take and/or receive the medication. Medication documentation shall be kept confidential in accordance with the policies and practices concerning student records, provided that medication

administration records shall be available to the Department of Education and the Department of Health and Human Services Regulation and Licensure for inspection and copying according to the Family Education Rights and Privacy Act (FERPA) requirements. Such medication administration records shall be maintained for not less than two (2) years.

- E. Storage of Medications. Medication shall be stored in a locked or otherwise secure area in accordance with the manufacturer's or dispensing pharmacist's instructions or temperature, light, humidity, or other storage instructions. Only authorized school personnel who are designated by the administration of the school district for administration of medications shall have access to the medications. The school nurse shall establish procedures for monitoring the storage and handling of medication, the medication's expiration date, and the disposal of medication.
- F. Receipt and Disposal of Medications. Medication shall be delivered to school personnel and picked up by the parent. When medication is received, the amount received should be documented. Medication which is either past the expiration date or not claimed by the parent by the end of the school year shall be destroyed. Procedures for destroying medication shall include witness and documentation.
- G. Administration of Medication by School Personnel.
1. Administration of Medication: Administration of medication includes, but is not limited to:
 - a. Providing medications for another person according to the "five rights" (getting the right drug to the right recipient in the right dosage by the right route at the right time);
 - b. Recording medication provision; and
 - c. Observing, monitoring, reporting, and otherwise taking appropriate actions regarding desired affects, side effects, interactions, and contraindications associated with the medication.
 2. Authorized School Personnel: Administration of medication shall only be done by the following school personnel:
 - a. Health Care Professionals (School Nurses). This means an individual who holds a current license from the Department of Health and Human Services Regulation and Licensure for whom administration of medication is included in the scope of practice. For purposes of this Policy, such individuals are referred to as "school nurses."
 - b. Medication Competent Staff. This means a staff member of the school who has been determined to be competent to administer medication by: (i) a recipient with capability and capacity to make an informed decision about medications (at a minimum, the recipient must be age 19 or older), (ii) a caretaker for the student, or (iii) by the school nurse.

- (1) Determination of Competency by School Nurse: A staff member may be determined to be competent by a school nurse to administer medication where the staff member:
 - (i) passes a competency assessment every 3 years
 - (ii) that demonstrates the staff member can follow the minimal competencies
 - (iii) to the satisfaction of the school nurse (school nurses are the school district's designated health care professionals).

Training is not required. The school nurse shall, however, provide such training as the school nurse determines in the exercise of professional judgment to be appropriate given the experience level of the staff member and the anticipated medication administration for which the staff member will be responsible.

- (2) Competency Certificate: Upon successful completion of the competency assessment, the school nurse shall give the Principal and the medication competent staff member written documentation of successful completion of competency assessment. The documentation may be by letter, certificate, or other written memoranda and shall include: the name of the school staff member who successfully completed the competency assessment; the date the competency assessment was conducted; and, the name, profession, and license number of the school nurse who conducted the competency assessment.
- (3) Maintain Records of Assessments: The school shall maintain written documentation of successful completion of competency assessments, identification of the individual providing direction and monitoring, and acceptance of the responsibility for direction and monitoring for a minimum of two (2) years.
- (4) Direction and Monitoring: A medication competent staff member is to be subject to direction and monitoring, which involves responsibility for observing and taking appropriate action regarding any desired effects, side effects, interactions, and contraindications associated with the medication. Direction and monitoring is to be done by a recipient with capability and capacity to make an informed decision about medications, a caretaker, or the school nurse. The school nurse is identified as a person being responsible for direction and monitoring and for each medication competent staff member is to accept responsibility for direction and monitoring of medication competent staff member in writing.
- (5) Errors. Medication competent staff members are to promptly report any medication errors or concerns to the school nurse.

3. Minimum Competencies:

The minimum competencies to be demonstrated by medication competent staff and to be implemented in practice by all school personnel engaged in medication administration are:

- (1) Maintaining confidentiality.
- (2) Complying with a competent recipient's right to refuse to take medication and, in the case of a non-competent, recognize the requirement to seek advice and consultation with the physician, physician's designee, or caretaker of the student providing direction and monitoring regarding the procedures and persuasive methods to be used to encourage compliance with medication provision. Recognizing that persuasive methods should not include anything that causes injury to the recipient.
- (3) Maintaining hygiene and current accepted standards for infection control.
- (4) Documenting accurately and completely.
- (5) Safely providing medications according to the "five rights" ("five rights" means getting the right drug to the right recipient in the right dosage by the right route at the right time).
- (6) Having the ability to understand and follow instructions.
- (7) Practicing safety in application of procedures for storage, handling and administration of medications.
- (8) Complying with limitations and conditions under which school personnel may provide medications.
- (9) Having an awareness of abuse and neglect reporting requirements.
- (10) Recognizing general unsafe conditions indicating that the medication should not be provided including change in consistency or color of the medication, unlabeled medication or illegible medication label, and those medications that have expired.
- (11) Recognizing that unsafe conditions should be reported to the caretaker, physician or physician's designee for direction and monitoring thereof.
- (12) Recognizing general conditions which may indicate an adverse reaction to medication such as rashes/hives, and general changes in recipient's condition which may indicate inability to receive medications, and that all such conditions shall be reported to the caretaker, physician or physician's designee responsible for providing direction and monitoring.

4. Routes of Medication Administered by School Personnel:

- a. Routine Medication via Oral, Inhalation, Topical, and Instillation Routes: School nurses and medication competent staff may provide routine medications (meaning the frequency of administration, amount, strength, and method are specifically fixed) by the following routes:

- (1) Oral, which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;

- (2) Inhalation, which includes inhalers, and nebulizers. Oxygen may be given by inhalation;
 - (3) Topical application of sprays, creams, ointments, and lotions and transdermal patches; and
 - (4) Instillation by drops, ointments, and sprays into the eyes, ears, and nose.
 - b. Administration of Medication via Additional Routes, PRN Medication, and Observing and Reporting: School nurses and medication competent staff may provide medication by additional routes not listed in subparagraph “a” above (“additional routes”), provide PRN medication (PRN medication means an administration scheme in which a medication is not routine, is taken as needed, and requires assessment for need and effectiveness), or participate in observing and reporting for monitoring medications only under the following conditions:
 - (1) In the case of a medication competent staff member, a determination has been made by the school nurse or by the student’s physician or duly licensed health care professional that that these activities can be done safely for the specified recipient by the medication competent staff member and the determination is placed in writing.
 - (2) Directions for additional routes must be for recipient specific procedures and must be in writing.
 - (3) Directions for PRN medication must be in writing and include parameters for provision of PRN medication.
 - (4) Directions for observing and reporting for monitoring medication must be in writing and include the parameters for the observation and reporting.
 - (5) School personnel administering the medication shall comply with the written directions.
 - c. Injections: School nurses will ordinarily be responsible for medications that must be provided or administered by injection. A medication competent staff member will not ordinarily administer medications by injection without specific training on injection administration. Students may be authorized to self-administer medication as hereafter provided.
5. Refusal to Administer Medication: School personnel may refuse to give a medication at school if after a reasonable and prudent research by a school health care professional as set forth in subparagraph "e" below, a decision has been made that the dosage prescribed exceeds that which is recommended in the Physician's Desk Reference, Mosby's Nursing Drug Reference, the most recent edition of the Nursing Drug Handbook, or other pharmaceutical manuals handbook; or when a drug or substance is not currently approved by the FDA. When school personnel

refuse to carry out a request to administer medication, the following procedure shall be followed:

- a. Notify the nursing supervisor who will notify Superintendent.
- b. Notify attending physician by phone with follow-up in writing:
 - (1) State concern for dosage or particular medication, etc.
 - (2) Make every attempt to work out a suitable solution - Example: Change of time of administration, change of dosage, change of medication;
 - (3) Follow-up in writing.
- c. Meet with parents:
 - (1) State concern for dosage or medication;
 - (2) Offer alternatives - Example: Change of time so as not to be given during school hours.
- d. Consult with Nebraska State Board of Health for current procedures regarding refusal to follow written physician's orders.
- e. Research by health care professional:
 - (1) Collect research articles from professional journals, organizations, etc.;
 - (2) Contact other physicians requesting their professional opinions and ask them to review current research;
 - (3) Contact state licensing boards and school nurse consultant;
 - (4) Consult with district's legal counsel;
 - (5) Assemble all data for review;
 - (6) Present data to review team organized by the Superintendent;
 - (7) Decision rendered and implemented;
 - (8) Parents and physician contacted in writing; and
 - (9) Alter and update policies and procedures as needed.

Legal Reference: Neb. Rev. Stat. §§ 71-6718 to 71-6742; NDE Rule 59

Date of Adoption: May 11, 2015

**CARETAKER AUTHORIZATION FOR
ADMINISTRATION OF PRESCRIPTION MEDICATION TO STUDENT**

The undersigned(s) is/are the caretaker(s), parent(s), guardian(s), or person(s) in charge of _____ (“the Student”).

It is necessary that the Student receive _____ (medication), _____ (amount of medication) at _____ (time to be administered), over the counter or physician-prescribed medication, during school intervals beginning on _____ (date) and continuing through _____ (date).

CHECK ONE (1) OF THE FOLLOWING BOXES

_____ I hereby authorize Arlington Public Schools to allow the Student to administer the above-described medication to himself/herself without monitoring or supervision by school personnel.

_____ I hereby request Arlington Public Schools, or its authorized representative, to administer the above-named medication to the Student, in accordance with the prescribing physician’s instructions, and agree to:

1. Submit this request to the principal or school nurse.
2. Make certain the Physician’s Request for the Administration of Prescription Medication by School Personnel is submitted to the principal or school nurse.
3. Make sure personally that the medication is received by the principal or school nurse and/or county nursing services administering it, in the container in which it was dispensed by the prescribing physician or licensed pharmacist.
4. Make sure personally that the container in which the medication is in is marked with the medication name, dosage, interval dosage, and date after which no administration should be given.
5. Submit a REVISED STATEMENT signed by the physician prescribing the medication to the principal or school nurse IF ANY OF THE INFORMATION PROVIDED BY THE PHYSICIAN CHANGES.
6. Provide directions to the school personnel providing the medication.
7. Provide monitoring of the medication's effects, and assume full responsibility therefore.

I understand that unlicensed school personnel may be assigned to provide medication to the Student and hereby release the School District and the Board of Education of the School District and all employees, agents, and representatives of the School District from any liability concerning the providing or non-providing of the medication to the Student.

DATED this _____ day of _____, 20__.

Work Telephone Number

Name of Student

Home Telephone Number

Parent/Guardian

Alternate Number for Parent

Parent/Guardian

**PROVISION OF MEDICATION TO STUDENT
PHYSICIAN'S REQUEST FOR ADMINISTRATION OF PRESCRIPTION
MEDICATION BY SCHOOL PERSONNEL**

Date _____

_____ (Student's full name) is under my care and must take medication which I have prescribed during the school day.

Name of medication (as it appears on container in which the medication is stored) _____

Dosage and time _____

Date provision of medication is to begin _____

Date after which the medication should not be provided _____

Possible adverse reactions to be reported to physician _____

Special instructions for the provision and storage of the medication _____

_____ Medication may be self-provided by the student, and the student is competent to self-provide medication, I, or my designee(s), and the student have developed a plan for self-provision of the medication(s), the storage of the medication and a plan for reporting and supervision of self-provision of the medication(s), and deem each to be safe and appropriate, and if applicable authorize the use of hypodermic syringes and needles or similar medical items.

_____ Medication may NOT be self-provided by the student, and the student is NOT competent to self-provide medication, I, or my designee(s), have trained school personnel or approved alternative training as adequate to provide the medication, have evaluated the situation, the storage of the medication, the general administration plan and if applicable, the self-administration plan or emergency care plan, and deem each to be safe and appropriate, and if applicable authorize the use of hypodermic syringes and needles or similar medical items.

Print or Type Name of Physician

Primary Phone Number

Signature of Physician

Secondary Phone Number

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS:
Acetaminophen, Ibuprofen, Cough Drops, Other

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Your written consent is required before your child may receive these medications at school. Please complete the entire form. By signing below, you acknowledge the following:

- You have reviewed the information and agree that your child may safely take the medications in the stated dose.
- The school nurse has the responsibility of approving your child’s use of these medications. In the case of a child with special health care needs, the school nurse may request authorization from your physician.
- Your child’s medication may be provided by a nurse or by other school personnel determined competent to provide medication as required by Nebraska law.
- In the event your child is ill and school policies require exclusion from school, your child will still be excluded, regardless of use of medication.

PARENTAL CONSENT:

I give my permission to the Arlington Public Schools to administer the following medications to _____ according to approved guidelines (check if approved)
(child’s name/names)

Acetaminophen (“Tylenol”) Ibuprofen (“Motrin”) Cough Drops

Reason for use: As needed or specify other. _____

Please complete the following:

My child has has not taken acetaminophen before, without problem.

My child has has not taken ibuprofen before, without problem.

Please notify me that day if my child takes any medication. _____

My child is is not taking other medications at this time (please list). _____

It is the parent’s responsibility to notify the school if your child has taken any of these medications prior to coming to school.

Special instructions concerning my child: _____

Signature of Parent/Guardian

Date

RECORD OF THE PROVISION OF PRESCRIPTION MEDICATION

Parent's Phone # _____

Name of Student _____ Grade _____

Medication _____ Date to Begin _____ Date to End _____

Dosage _____ Time _____

Doctor _____ Phone #1 _____ Phone #2 _____

Possible Adverse Reaction: _____

Person(s) Authorized to Administer Medications: _____

Date Provided	Time Provided	Medication Name	Dosage Provided	Route	Refused Medication	Signature of Employee Providing Medication