

**GUIDELINES for ADMINISTRATION
of MEDICATION
by SCHOOL PERSONNEL**



Superintendent

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2015

Administration of Medications in Schools

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Administration of Medications in Schools

INTRODUCTION

A variety of people are learning to help children with medications. Principals, teachers, paraprofessionals, school secretaries and others are assisting children – but only after careful instruction and with ongoing support and supervision from the school health programs staff.

The guideline includes information about medication policies, storage and handling of medications, and three routes for medication commonly given in schools. Record-keeping and side effects that might be expected from medications that are often given at school and preliminary steps to take in case of a severe allergic reaction are also covered. The policy includes the “Five Rs” to be followed when administering medication and commenting on the importance of communication with parents.

- ◆ **The Right Child**
- ◆ **The Right Medication**
- ◆ **The Right Dosage**
- ◆ **The Right Time**
- ◆ **The Right Route**

It is important to be knowledgeable about the state laws before beginning any training program. Safe administration of medications to children at school is taught and supervised by the school district nurse.

CONFIDENTIALITY

Whenever you learn about a child’s medication or health condition it **cannot** be discussed with anyone unless the parents give their permission. If parents want school personnel to know why their child needs medication, they’ll say so. Otherwise, information regarding a child’s health status **must not** be shared.

A breach of confidentiality, with a child who has a chronic illness, for example, can result in serious pain for the child and the family. It can also lead to lawsuits and liability for the school and person who violated the family’s confidentiality.

Administration of Medications in Schools

THE “FIVE RIGHTS” OF ASSISTING WITH MEDICATIONS

Many of the policies and procedures discussed earlier touch on five essential safety “rights.” Sometimes these are called the “**Five Rs.**”

Please clarify questions or unclear information with the school nurse or the parents. **Triple check these “Five Rs” each and every time medication is administered.** This will ensure a systematic safety check and reduce a chance of making a mistake.

RIGHT CHILD

The first “R” is the right child. Always confirm the identity of the child.

RIGHT MEDICATION

Confirm the child is receiving the correct medication. Compare the physician’s written instructions to the Daily Distribution Log and the pharmacy label.

RIGHT DOSAGE

Be sure to give the exact amount of the medication specified by the physician and on the pharmacy label.

RIGHT TIME

Check the Daily Distribution Log for the time when the medication should be given. Up to 30 minutes before or after the prescribed time is OK.

RIGHT ROUTE

This is the method by which the medication is to be taken, whether by mouth, rubbing on the skin, etc. Again, the Daily Distribution Log and pharmacy label will describe how this is to be done.

Administration of Medications in Schools

INSTRUCTIONAL OBJECTIVES

1. Review Michigan and federal laws pertaining to the administration of medications to pupils in schools, including discussion of confidentiality issues.
2. Review policies and procedures relating to medications in schools including areas of responsibility of school administrators, individuals designated to administer medications (i.e. secretaries, aids, teachers, bus drivers, parents), and medical professionals (i.e. physicians, physician assistants, nurses).
3. Identify health professionals who are qualified to train and supervise school personnel in the safe administration of medication.
4. Identification of the forms related to the administration of medications in schools.
5. Implement the “Five Rs” when assisting children with medication.
6. Review safe storage and handling of medications in school including procedures for receiving and disposing of medications.
7. The use, effect, and route of administration of the most commonly prescribed medications in schools, including adverse effects.
8. Procedures for safely dispensing medications to pupils in schools, on field trips, and other off-site school activities.
9. Practice in identifying and dispensing medications to pupils.
10. Policies and procedures related to pupil self-administration and self-possession of medication in schools.
11. Describe actions to take when a child forgets to ask for their medication, refused it, or vomits after taking it.
12. Describe actions to take when an accidental error is discovered in medication administration.
13. Recognize common side effects of medication and know to whom to report them.
14. Review and practice recording administration of medications.

Administration of Medications in Schools

IMPORTANT GUIDELINES ABOUT MEDICATIONS AT SCHOOL

DEFINITION

Medication includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injected, are administered rectally and those applied as drops to eyes, nose, or medications applied to skin. Over-the-counter medications are considered to be Tylenol, aspirin, Midol, cough syrups, cough drops, ibuprofen (Motrin), Sudafed, Tums and all other health remedies purchased over the counter.

TRAINING AND SUPERVISION

Any staff person designated by the Principal to administer medication will be offered inservice training on all district policies and procedures related to this responsibility. Documentation of individual completion of this training should be maintained and be available upon request by parent/guardian, physician, or school official.

One member of the school staff should be designated to administer medication so that there is as much consistency as possible in how and when the child gets the medication and so that children do not receive a double dose of medication. Several additional people should be trained as well, so that someone is always available when a child needs medication.

AUTHORIZATION FROM THE HEALTH CARE PROVIDER

The medication consent forms must include the physician's signature. The authorization for both prescribed and over-the-counter medications should include the following:

- Child's name
- Name of the medication
- Date of the authorization
- Dosage
- How the medication is to be given
- When the medication is to be given
- Special instructions pertinent to the child or medication
- How long the medication will continue to be given at school
- Expiration date of the medication
- Possible side effects of the medication
- Possible adverse reactions to the medication
- Doctor's signature
- Parent/guardian signature

This information will be documented on the Daily Distribution Log, which will later be discussed in detail.

Administration of Medications in Schools

IMPORTANT GUIDELINES ABOUT MEDICATIONS AT SCHOOL

WRITTEN PERMISSION FROM THE PARENT OR GUARDIAN

Medication consent forms are mandatory for medication to be given at school and should always be kept on file in the school office. The Medication Consent form contains the parent's signature as well as the physician's signature (see Consent Form on page 10). Possession of any medication by students is not allowed unless a medication consent form has been signed by the parent/guardian and physician and is on file at the school office.

Medication should be brought to school by the parent/guardian. An adult must also pick up the unused medication or the empty container.

Once the Consent form with the authorization from the physician containing information about the medication is obtained, the designated medication provider should then transfer the physician's prescribed medication(s) to the daily distribution log and then file the medication form with the CA60.

Principals should be sure that parents or guardians provide the school with the full prescription to be used. Refills are the responsibility of the parent or guardian, parent needs to determine when needed and provide. New authorization is needed at the beginning of each school year or more often as necessary. Old authorization is retained according to confidentiality guidelines.

OVER-THE-COUNTER (OTC) AND PRESCRIBED MEDICATION

Over-the-counter (OTC) medications may also be given at school. Medication Consent forms and all the necessary information related to the medication must be obtained beforehand, and a physician's signature is necessary for OTC medications.

Do not hand out any over-the-counter medicine, because the child may have an allergy or it may interact with the prescribed medication the child is taking. In addition, there may be a question regarding the correct dosage according to the child's age and size.

It may be helpful to send the "Parent Guidelines for Administration of Medication" handout and medication consent form home with all students at the beginning of the year to help parents understand the importance of this guideline and other policies that apply to medications given at school.

See Appendix A for a sample of "Parent Guidelines for Administration of Medication"

Administration of Medications in Schools

PARENT MEDICATION AUTHORIZATION

In order to complete the administration in a safe and prescribed manner, we ask parent cooperation with the attached guidelines. The parent may choose to come to school and administer medication in the school office. The school is aware that some diseases begin suddenly as an acute attack and require rapid administration of the first dose of medicine. For this reason we will work cooperatively with the parent and physician to develop a plan that will meet the needs of the child. Some of the reasons that we do not want students to carry their own medication are as follows:

- ◆ Students may trade medicines.
- ◆ Unprescribed or illegal drugs are carried.
- ◆ Some students comply poorly with medication schedules.

If parents have any questions or require further explanation, they may contact the building principal or school nurse.

STUDENT SELF-MEDICATION

Older students who are learning self-care behaviors can often manage their own medication, however, arrangements must be made with school personnel beforehand with all pertinent information. This is mandatory since school personnel cannot interpret the safety of unlabeled medication in the event of an accident or injury. A pupil whose parent/guardian provides written permission will be able to self-administer and self-possess his/her own medication. An example of this type of medication is an inhaler/Epi-Pen.

The building administrator may discontinue the student self-administration privileges upon advance notification to the parent/guardian. If a student is under an Individualized Educational Program (IEP) or Section 504 Plan, the action must be taken in accordance with Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act requirements.

FIELD TRIPS

When it is necessary for a student to have medication administered while on a school sponsored field trip or activity, an individual must be designated to administer the medication. That designated person must take the medication in the original container, and document it on the field trip log – see page 17B.

If a student requires medication **not on file at school**, a signed consent form with the doctor and parent signature must be submitted.

Administration of Medications in Schools

SAFE STORAGE OF MEDICATIONS

STORE ALL MEDICATION IN THE ORIGINAL CONTAINER

Prescription medications must always be kept in the original, labeled container from the pharmacy. Over-the-counter medicine should also be kept in the original, labeled bottle or box. Never empty medications into a plastic bag or other container for convenience or any other reason.

STORAGE LOCATIONS

All medications must be kept in a clean locked cabinet or container. With the exception of emergency medications (i.e., epi-pens, inhalers, etc), that may be stored in an area readily accessible to the individual designated to administer them and self-administered medications that students have permission to carry with them.

Some medications need to be refrigerated. The refrigerator should be in a secured area and should be checked periodically to ensure that it doesn't freeze the medications. The temperature inside should be between 36 and 46 degrees Fahrenheit.

Ideally, food and medications should not be kept in the same refrigerator. However, if only one refrigerator is available, they **can** be stored together as long as the medications are in a locked container.

SAGINAW TOWNSHIP COMMUNITY SCHOOLS ADMINISTRATION OF MEDICATION CONSENT FORM

Student's Name _____		
Birthdate _____	Grade _____	Today's Date _____

Medication Information

(To be completed by Health Care Provider)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name of Medication _____</td> </tr> <tr> <td>Purpose of Medication _____</td> </tr> <tr> <td>Dosage _____ Route & Frequency _____</td> </tr> <tr> <td>Expiration Date _____ Time to Administer Medication _____</td> </tr> <tr> <td>Directions for Administration _____</td> </tr> <tr> <td>Length of Time Medication will be prescribed _____</td> </tr> <tr> <td>Side Effect of Medication/Comments _____</td> </tr> <tr> <td>Restrictions</td> </tr> <tr> <td><input type="checkbox"/> Yes If yes, what and how long? _____</td> </tr> <tr> <td><input type="checkbox"/> No</td> </tr> </table>	Name of Medication _____	Purpose of Medication _____	Dosage _____ Route & Frequency _____	Expiration Date _____ Time to Administer Medication _____	Directions for Administration _____	Length of Time Medication will be prescribed _____	Side Effect of Medication/Comments _____	Restrictions	<input type="checkbox"/> Yes If yes, what and how long? _____	<input type="checkbox"/> No
Name of Medication _____										
Purpose of Medication _____										
Dosage _____ Route & Frequency _____										
Expiration Date _____ Time to Administer Medication _____										
Directions for Administration _____										
Length of Time Medication will be prescribed _____										
Side Effect of Medication/Comments _____										
Restrictions										
<input type="checkbox"/> Yes If yes, what and how long? _____										
<input type="checkbox"/> No										

<input type="checkbox"/> For Inhaled Medication- <input type="checkbox"/> Asthma Management Plan Completed <input type="checkbox"/> I have instructed student in the proper way to use his/her inhaler/Epi-pen. It is my professional opinion that he/she be allowed to carry and use the inhaler/Epi-pen by him/herself. <input type="checkbox"/> It is my professional opinion that the student should not carry or administer inhaler/Epi-pen by him/herself.

Attending Physician _____ <div style="text-align: center;">signature</div>	Date _____
I hereby request that my child be administered the prescribed medication at school by designated school personnel. I understand that the medication will be administered as per the directions of the above named physician. I will notify the school of changes or discontinuance of this medication(s) immediately.	
Parent/Guardian _____ <div style="text-align: center;">signature</div>	Date _____
Address _____	Phone _____

M.C.L.A. S 380.1178 states the following " a school administrator, teacher or other school employee designed by the school administrator, who in good faith administers medication to a pupil in the presence of another adult pursuant to written permission of the pupil's parent or guardian and in compliance with the instructions of the physician is not liable in criminal action or for civil damage as a result of administration except for an act or omission amounting to gross negligence or willful and wanton misconduct." File in CA60

Administration of Medications in Schools

HANDLING MEDICATION

HAND WASHING

Before giving any medication to a child, always wash your hands. Hands must be washed before any medication is distributed to keep a healthy environment. If the child will touch the medication, he or she should also wash his/her hands.

HOW TO AVOID TOUCHING THE MEDICATION

Pour medication into a medicine cup, the lid of the bottle, or a small paper cup. A clean paper towel or catsup cup will also work if the medicine is a capsule or tablet. Have the child pick up the medication and put it in his or her own mouth.

Some children do not have the developmental skills to take their own tablets or capsules. If it is necessary to put medication directly into a child's mouth, wear disposable gloves to avoid the transfer of germs to the child. This will also prevent the transfer of infectious disease to the staff person. The gloves are considered contaminated after use, and should be disposed of in a plastic lined waste container that children cannot access.

CUTTING OR CRUSHING TABLETS

Medication should be in prescribed dosages when given to the schools. **Staff can not accept medication that requires cutting.**

Crushing tablets should only be done under special circumstances and only with the written authorization of the health care provider. Specific directions and methods must be specified by the physician and stipulated on the consent form. Materials will be provided by the parent/guardian.

MEASURING LIQUID MEDICATION

Liquid medications need to be measured. They are most accurately measured into a calibrated medicine cup. Never use silverware; it is not accurate.

If a measuring cup is used, put it on a flat surface and read it at eye level for accuracy. Always pour from the side of the bottle **opposite** the label so the label stays readable. Clean any medication off of the outside of the bottle after pouring. Whatever type measuring container is used, be sure the child takes **all** of the medication.

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THREE COMMON ROUTES & FORMS OF MEDICATION

Oral, topical, and inhaled medications are found in different forms and are given differently.

ORAL MEDICATION

Oral medications include solid forms and liquid forms. There are two kinds of solid oral medications: tablets and capsules. There are also two kinds of liquid medications: suspensions and syrups/elixirs.

Tablets come in many forms: regular, chewable, and scored tablets are three of the most common. Regular tablets are simply taken with liquid. Chewable tablets, as their name implies, are meant to be chewed up before they are swallowed. Tablets that are not clearly designated as chewable should be swallowed whole. Scored tablets are designed so they can be cut up into smaller doses by the parent.

In contrast to tablets, capsules are coated so they dissolve over a period of time in the stomach or the intestines –but not in the mouth. Most often, the prescription calls for capsules to be swallowed whole, just like tablets. But there are capsules designed to be broken apart and sprinkled onto soft food, like applesauce. One of these is called a “sprinkle.” It is most often given to students who have asthma or seizures. If a capsule should be “sprinkled,” the directions on the prescription will specifically say so.

Syrups and elixirs are clear liquids. **Suspensions** are not clear. They contain medication that doesn't dissolve completely in the liquid. They usually need to be refrigerated. Because suspensions can separate, they always need to be shaken at least 15 seconds before being measured and given to a child.

All oral medications should be followed by a four to six ounce glass of water.

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THREE COMMON ROUTES (CON'T)

TOPICAL MEDICATION

Topical medications include eye drops and ointments, ear drops, and ointments and creams that are applied to the skin. The use of gloves is recommended because of the close contact with a child's mucous membranes when administering topical medications.

To use eye drops, begin by washing hands and getting out the drops and box of tissues. Some eye drops have to be refrigerated, and should come to room temperature before administering them into the eye. Rolling the bottle between the palms of your hands will warm the liquid. Check the label to see if the drops need to be shaken. If the child has an eye infection (pink eye or conjunctivitis), put on gloves.

Have the student close his/her eyes, and then clean them with a tissue, wiping once from the inside of the eye to the outside. Use a clean tissue for each eye.

Position the child on his/her back; or, if seated, tilt his/her head back. Tell the child to look up, then gently open the eye to expose the lower lid. Bring the medication toward the eye outside the child's field of vision. Be sure not to touch the eye, or anything else, with the bottle because it may contaminate the bottle or scratch the cornea. With the medication no more than an inch above the eye, drop it into the lower eyelid. Gently close the eye, and have the child put gentle pressure on the inside corner of the eye for 20 seconds. Wipe away any excess medication or tearing with a clean tissue. If the eye becomes irritated or red after medication is administered contact the parent.

Eye ointments are applied along the inside of the lower eyelid. Be sure not to touch the eye, or anything else, with the tip of the tube. After the ointment is applied, hold the eyelid open for a few seconds, and then have the child keep it closed for 20-30 seconds.

When assisting a child with **ear drops**, have the child lie down on a cot with the affected ear facing up. If the child is sitting in a chair, tilt the head sideways until the ear is parallel with the ground. If necessary, clean the ear with a cotton ball. Contact the school nurse or parent if anything should appear to be abnormal.

Pull the ear up and back. Without letting the bottle touch the ear, drop the medication on the side of the ear canal. Have the child stay still for about a minute. Then repeat with the other ear if that is prescribed. The doctor's orders may also call for a dampened cotton ball to be loosely placed in the ear canal with the medication.

Another kind of topical medication includes **ointments** and **creams** that are applied to the skin. As with other medications, begin by washing your hands. Wear gloves when not using an applicator or if when removing or putting on gauze. This will prevent exposure to infectious diseases, will ensure that no medication is absorbed through the skin, and will help protect the child from germs. Note the condition of the affected area. If it looks unusual, contact the school nurse or the child's parents. Apply the ointment or cream—and if the instructions call for it,

Administration of Medications in Schools

THREE COMMON ROUTES (CON'T)

cover the area with gauze. Do not remove gloves until after the gauze is in place. Then remove and dispose of them safely.

INHALED MEDICATION

Inhaled medications are delivered in a fine mist. They are delivered by one of three ways: a spray bottle, an inhaler, or a machine called a nebulizer.

Nasal sprays are sometimes prescribed for allergies. To use a nasal spray, have the child hold one nostril shut. Then squeeze the medication bottle as the child breathes in.

Another kind of inhaled medication is delivered by what is called a **metered dose inhaler**, which delivers medication in a fine mist to the lungs. Correct use of inhalers is a problem for many children. They often find it hard to coordinate the quick puff from the inhaler and breathing the medication deep into their lungs. The spacer keeps the inhaler the correct distance from the mouth and holds the medication so the child gets the correct dose.

To use the inhaler with a spacer, the child removes the cap from the canister and shakes it well. The child then puts the spacer on the mouthpiece, stands up straight and breathes out completely. With the child's mouth around the spacer, the child presses the canister and breathes in deeply and evenly. This should take about three to five seconds. The child should hold his/her breath for 10 seconds, if possible, and then breathe out gently. To ensure that all the medication was inhaled, have the child take a second breath through the spacer **without** giving a second puff from the canister, if one is prescribed. If the child comes to school without his/her spacer, a temporary one can be made by rolling a six to eight inch piece of paper.

Some health care providers prefer that the child use an inhaler without a spacer. The only difference in this case is that the inhaler should be held about an inch away for the mouth.

Children with asthma usually take inhaled medication on a prescribed schedule, but they also need to have immediate access to it in case they have an asthma episode. If the child does not carry his/her own inhaler, his medication should always be kept nearby. Even if the child carries his own inhaler, there is always the chance it can get lost. So it is a good idea to keep an extra inhaler in the classroom or office, just in case.

A **nebulizer** is prescribed for some children who have asthma or other breathing problems. If a nebulizer is needed at school for a child with breathing problems, special training will be required for school personnel. Parents should be involved in the training, since they have experience with what works best for the child at home.

To use the nebulizer, begin with clean hands and have the equipment already assembled. Pour the medication into the cup. It may have to be measured and mixed with saline, or it may come

Administration of Medications in Schools

INHALED MEDICATION (CON'T)

pre-measured and ready to use. Connect one end of the tubing to the nebulizer, also known as a compressor, and the other end to the bottom of the nebulizer cup. Turn on the compressor and check that mist is coming out of the mouthpiece. Depending on the child's age, the child may use a mask or a mouthpiece. Help him or her with the mouthpiece/mask and stay with him/her until all the medication is used up. This usually takes about 5 to 15 minutes. The child's prescription for any inhaled medication may call for rinsing the mouth with water after each treatment.

After each use, clean the mouthpiece and nebulizer cup and let them air dry before putting them away.

Students can possess and use a metered dose inhaler or a dry powder inhaler for the relief of asthma symptoms, or before exercise to prevent the onset of asthma symptoms, while at school, on school sponsored transportation, or any school sponsored activity if the following conditions are met:

- ◆ There is written approval from the student's physician or other health care provider and the student's parent/guardian to possess and use the inhaler; see page 10 Medication Consent Form.
- ◆ The building administrator has received a copy of the written approvals for the physician and the parent/guardian.

The principal or chief administrator, who is aware that a student is in possession of an inhaler under the above conditions, must notify each of the student's classroom teachers.

ASTHMA MANAGEMENT PLAN

The successful management of asthma is a partnership between home, school, and the child's health care provider. See appendix B which should be sent home to be completed by the child's parent and doctor on an **annual basis** or more often if the child's medications change.

All staff should know the early warning signs of an acute asthma episode, and should be aware of emergency procedures and contacts in case a child needs medical assistance. See appendix C flyer "Signs of an Asthma Emergency".

RECTAL MEDICATIONS

Rectal medications may be prescribed for some children with seizures. **Special training by the school nurse is required.** Parents should be involved in the training, since they usually have experience with what works best for the child while at home.

Administration of Medications in Schools

RECORD KEEPING & REPORTING

THE DAILY DISTRIBUTION LOG

Record keeping is very important when medication is given at school. Following the administration of medication, documentation will be completed on the Daily Distribution Log. This helps prevent children from missing their medication or from getting an accidental double dose. The Daily Distribution Log, when completed, will be saved and filed in the CA60. Each time medication is given to a child, initial the log. Write in ink, not pencil. Remember, the log is a permanent record. If an error is made in recording, the person who administered the medication should line out, initial the error, and make the correction in the log.

The log contains the student's name, the prescribed medication and dosage, the times it should be given, the medication provider's name and initials, witness signature, the date issued, the expiration date, and the initial count *see Daily Distribution Log, found on page 17 of this booklet).

Medication must be administered by one adult in the presence of a second adult, with both individuals being designated by the school administrator, except in an emergency that threatens the life of the student.

No changes should be instituted except by written instruction from the physician after the initial request. Any change in prescription, time, dosage, route, or discontinuance will require a newly signed Medication Consent form with physician's signature, then transfer of the new information onto the medication log. **If the medication order ceases or changes, the designated provider must note this by highlighting the line upon which the student's name and medication appears to alert any new medication provider to look for a new order.** If a prescription is simply resupplied, note the new count and date received in the appropriate column on the Daily Distribution Log.

THE (OTC) OVER THE COUNTER, (PRN) AS NEEDED, or EMERGENCY LOG.

This log is used for medications not administered daily. Date and sign as needed. **See page 18.**

THE FIELD TRIP LOG

This log is used when field trip or outside sponsored school trips occur. Date and sign as needed. **See page 19.**

SAGINAW TOWNSHIP COMMUNITY SCHOOLS DAILY DISTRIBUTION LOG FOR THE SCHOOL YEAR _____

Student Name: _____ Grade: _____ Teacher: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
 Given: () Orally () Injection () Other: _____

Codes: X – No School O – No Show H – Sent bottle home
 AB – Absent DC – Discontinued R – Refused to take bottle home
 F – Field Trip N – No meds available

*Use **RED** ink to note difference in dispensation from above. (i.e., time, dose, etc.)

Date			Date
1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31

Date	Count	Exp. Date	Initial	witness	

Signature of Medication Providers and Witnesses:

FILE IN CA60

SAGINAW TOWNSHIP COMMUNITY SCHOOLS DISTRIBUTION LOG FOR THE SCHOOL YEAR _____

Circle one: OTC (over the counter), PRN (as needed), or Emergency

Student Name: _____ Grade: _____ Teacher: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
 Name of Medicine: _____ Dosage: _____ Time: _____
Authorized by: Parent _____ Physician _____

Given: () Orally () Injection () Other: _____

Codes: X – No School O – No Show H – Sent bottle home
 AB – Absent DC – Discontinued R – Refused to take bottle home
 F – Field Trip N – No meds available

Day	Date	Time	Initials/ Witness	Comments	Date	Time	Initials/ Witness	Comments
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Date	Count	Exp. Date	Initial	Witness	

Signature of Medication Providers and Witnesses:

FILE IN CA60

Administration of Medications in Schools

ACCIDENTAL ERRORS

District guidelines and procedures should spell out what is required if there is a mistake involving medication. Any error must be documented on a Medication Error form (see page 19) and should be reported immediately to the building administrator, district nurse and parents.

Report accidental errors such as:

- ◆ Forgetting to give a dose of medication
- ◆ Giving medication to the wrong child
- ◆ Giving the wrong medication or the wrong dose
- ◆ Giving medication at the wrong time (30 minutes before or after the prescribed time is OK; more than that is an error)
- ◆ Giving medication by the wrong route
- ◆ Medication required on empty stomach and child shows up after lunch, hold and call parent.

Accidents do happen. It is in the best interest of students and staff that all errors are reported honestly.

ACTIONS TO TAKE & DOCUMENT IN UNEXPECTED SITUATIONS

If a child does not come in for medication, send for him or her. If the child can not be found, document the search and contact the parents.

Sometimes children refuse medication or spit it out. If this happens, notify the administration and the parents and make a note of what happened on a Medication Error form.

If the child vomits or spits out the medication, tell the administration and the child's parents right away. Be ready to report several pieces of important information:

- ◆ What medication was the child taking and in what form?
- ◆ Did the child gag while taking the medication, or did he/she vomit?
- ◆ When did the vomiting occur?
- ◆ Was the medication visible in the vomit?
- ◆ Does the child have a fever or appear ill?

Based on this information, the administration will decide the steps to take. Be sure to document the vomiting episode on a Medication Error form. **See Page 21.**

SAGINAW TOWNSHIP COMMUNITY SCHOOLS MEDICATION ERROR FORM

Student name: _____ Date: _____

Place a check in the category below indicating where an error was made:

Child Medication Dose Time Route

Medication given by: _____

Medication error made: _____

Adverse reactions (vomiting, fever, rash, etc.) _____

Who was notified? _____

Time of notification: _____

Signature of person completing record

Signature of Principal

File in CA60

Administration of Medications in Schools

SIDE EFFECTS OF MEDICATION

All medications, whether over-the-counter or prescription, can cause side-effects. Because different medications affect the body in different ways, a wide range of side-effects can occur.

Teachers spend a lot of time with children and usually get to know them quite well. So encourage the parents to let the child's teachers know that the child is taking medication and what the side effects might be. Then, if you or the teacher see any unusual behaviors, you can notify the school nurse and the child's parents.

ALLERGIC REACTION

Side effects are generally minor and usually are not cause for great concern. But children can have very severe allergic reactions at school. Usually the school knows when a child has a severe allergic reaction to things such as peanuts or insect stings.

When a child has a **severe allergic reaction** at school, they may suddenly be in extreme distress. **If this happens, call 911 immediately.** Phone numbers for parents or guardians should also be available so they can be reached in an emergency as well. And ideally, everyone who is in contact with children at school should have training in basic first aid and CPR.

If there is a child who is known to have severe allergic reactions, the parents should obtain the health care provider's authorization to have epinephrine at school. The parents should provide the epinephrine for use by their child only, just as with any other prescribed medication. The epinephrine may be in the form of an **Epi-pen**, the brand name for a syringe that is pre-filled with epinephrine. It may be in the form of an **Epi-pen Junior**, which is for smaller children. Both require a prescription and a plan for its use. The medication is only good for about a year, so it must be replaced before its expiration date.

In the body, epinephrine acts like adrenaline. When a child has a severe reaction and can not breathe, the epinephrine is used to make the heart beat faster, open the airways, and speed the flow of oxygen to the body. In an emergency, have someone call 911, and pull off the safety cap of the Epi-pen, place the tip on the thigh, push down, and wait several seconds. The pen automatically injects epinephrine. In an emergency, it can even be used through jeans or slacks. To dispose of the Epi-pen and any other syringes place in a sharps container or give to EMS personnel to dispose of at the hospital.

See appendix D for Emergency Action Plan for food or bee sting allergies.

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ADDITIONAL GUIDELINES

MONITORING THE SUPPLY OF MEDICATION

It is the parent/guardian responsibility to ensure that the school has an adequate supply of medication for the child. Refills are the responsibility of the parent or guardian to determine when necessary. All controlled substance medications will be counted and recorded upon receipt from the parent/guardian. The medication shall be recounted on a regular basis and this count reconciled with the medication distribution log.

DISPOSING OF MEDICATION

If the physician's order is out-of-date or if any medication is left over at the end of the school year, notify the parents that unless they pick it up by a certain date, it will have to be destroyed. See page 22, Notification to Pick Up Medication at School. Medication should **never** be thrown into a wastebasket, where it could be found by another person.

EXPIRATION DATES

Expiration dates on prescription medication, epi-pens and inhalers shall be checked once each school year. This will be done at the beginning of each school year during first semester.

SPECIAL MEDICAL SITUATIONS

Other special medical requests and protocol will be dealt with on an individual basis.

SUMMARY

When a child must take medication at school, it is essential to communicate well with the parents. Parents have important information for the school about their child's health needs. In addition, the school has important information for parents about how medication affects their child during the school day. A partnership between home and school can benefit everyone, especially the child.

Parents trust school personnel to work with them as partners to help keep their children healthy and in school. With careful attention to each step in the safe administration of medication at school, the parents' trust can be fulfilled and the school staff will have the immense satisfaction of helping children stay happy, healthy and ready to learn.

Administration of Medications in Schools

Notification to Pick Up Medication at School

To the Parent/Guardian of: _____

From: _____

Your child's medication(s) **must be picked up at school** on or before _____

If the medication is not picked up by the date listed, it will be properly disposed of according to district policy/guidelines.

Please call _____ if you have any questions.

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QUICK REFERENCE FOR MEDICATION ADMINISTRATION

- ◆ The Medication Consent form which contains both parent and physician's signatures, **AND** all pertinent information related to the medication, are needed before medications can be given at school. Side effects and adverse reactions, which are not usually on a prescription label, must also be obtained and listed on the form. All of this information is also needed for all over-the-counter medications.
- ◆ Medication administration information is recorded on the Daily Distribution Log.
- ◆ All medications must be kept in a locked cabinet or box, except for emergency medication that should be available at all times (epi-pens, inhalers, etc.) The school principal designates the individual that may have keys to the locked cabinet. Be aware of which medications need to be refrigerated.
- ◆ Wash your hands before giving any medication. Wear gloves when administering creams and ointments.
- ◆ Review the guidelines when giving eye, ear, or inhaled medications. When medication is delivered to the school office, be aware if there are any special instructions.
- ◆ Each time a medication is given to a child, check the "Five Rights" of administering medications and check the appropriate boxes on the Daily Distribution Log and initial with witness.
- ◆ Document all errors on a Medication Error form and report this to the administrator, the health services specialist and the parents.

Administration of Medications in Schools

SELECTED RESOURCES AND REFERENCES

We want to thank the following for providing information and expertise in the development of these guidelines.

Learning Support Units, Office of School Excellence
Michigan Department of Education

Local Resources:

School District of the City of Saginaw

Saginaw Intermediate School District

Saginaw Township Community Schools Committee Members

Karen Gallagher, Sherwood Elementary, Administrative Secretary
Sandy Galko, Plainfield Elementary, Principal
Tony Skowronski, Director of Human Resources & Labor Relations
Sherry Lambertson, White Pine Middle School, Assistant Principal
Paula Mathis, Heritage High School, Secretary
Patricia J. McCain, RNBS, School Nurse Consultant
Susan Rush, White Pine Middle School, Secretary

School Board Members

Marianne C. Bird
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Susan K. Prine
Michael J. Colucci
David M. Jaffe
Frederick Littles
Arik J. Smith

Always consult your school district for local guidelines and practices.

Notes

