

## STUDENTS

### Medication at School

Each school principal shall authorize two staff members to administer prescribed or non-prescribed medication. These designated staff members will receive registered nurse (RN) training and delegation prior to the opening of school each year. Training shall include instructions for the handling, identification, and delivery of proper dosage of medication and for all documentation.

For the purpose of this procedure, “medication” means prescribed or non-prescribed oral medication, topical medication, eye drops, ear drops and nasal spray. Oral medications are administered by mouth either by swallowing, by gastric tube or by inhaling, including through a mask that covers the mouth or mouth and nose.

Medication may be dispensed to students on a scheduled basis upon current, written, unexpired authorization from a parent/guardian with a written request by a licensed health professional prescribing within the scope of his/her prescriptive authority. If the medication is to be administered more than fifteen consecutive days, the written request must be accompanied by written instructions from a licensed health professional. Requests shall be valid for not more than the current school year. The medication must be properly labeled and be contained in the original container. Unidentified medication may not be administered.

### Dispensing Procedures

The person administering medication or their designee shall:

1. Collect the medication directly from the parent/guardian. (Students should not transport medication to school.) Collect a properly completed form signed by the parent/guardian and collect instructions from the prescribing health professional if the medication is to be administered for more than fifteen consecutive days.
2. Store the medication (not more than twenty {20} day supply) in a locked, substantially constructed cabinet. Medication for rescue in life threatening situations must be secure and readily available.

The district will make every effort to keep all medication secure. The intent is to keep medication safe, prevent accidents through unintentional access and guarantee adult supervision during administration. However, parents/guardians will be notified immediately by the school in case medication administered by the school is lost, damaged, stolen, broken, or other occurrence has caused the medication unexpectedly to not be available.

3. Maintain a daily record that indicates that the medication was dispensed.

The RN will provide for the delegation, training, and supervision of unlicensed assistive personnel (UAP), per RCW 18.79.260.

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### Medication at School (continued)

#### Emergency Medications

No prescribed medication will be administered by injection by staff except when a student is susceptible to a predetermined, life-endangering situation. The parent or guardian 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 licensed health professional prescribing within his or her prescriptive authority (e.g. medication administered to counteract a reaction to an insect sting). The Registered Nurse will train and supervise (i.e. delegate) the administration of injectable epinephrine to school staff to be used in an emergency situation when no nurse is available.

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

1. State the reason for the medication;
2. Identify the drug, the mode of administration, and the dose. The decision for emergency medication must be made by the licensed health professional prescribing within his or her prescriptive authority;
3. Indicate when the medication shall be administered based on anticipated symptoms or time lapse from exposure to an allergen;
4. Recommend follow-up after administration, which may include care of the stinger, administration of additional medications, transport to hospital; recommended follow-up with licensed health care professional; and
5. Specify how to report to the licensed health professional and any record keeping recommendations.

Nasal sprays containing legend (prescription) drugs or controlled substances may only be administered by a school 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 RCW 28A.210.260.

In the case that an emergency arises and a medication is given, the student's parent/guardian and/or licensed health care professional will be notified as soon as feasible. A complete account of the incident and action(s) taken will be recorded and provided by the respondent.

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### Medication at School (continued)

#### Self-Administration

If a parent/guardian and licensed health professional request that a child be permitted to carry and/or self-administer his/her own medication, the principal may grant permission after consulting with the school nurse.

1. The process for requesting and providing instructions shall be the same as established for medications administered by school staff. The principal and nurse shall 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 in the specific case before authorizing a student to carry and/or self-administer medication at school.
2. The prescriber is required to assure that the student is trained to self-administer and/or is capable of safely self-carrying medication.
3. Except in the case of multi-dose devices (like asthma inhalers), students shall only carry one day's supply of medication 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.
4. Whenever possible, a back-up supply of the student's emergency medication should be kept in the health office for immediate access in the event of emergency.

#### Parent-Designated Adult (PDA) Care of Students with Epilepsy and Diabetes

Per Washington State law (RCW 28A.210.260 and RCW 28A.210.330), parents of students with epilepsy and diabetes may designate an adult to provide care for the their student consistent with the student's individual health care plan. In both cases, the RN does not delegate, train or supervise the PDA in the activities designated by the parent/guardian. They do, however, work together to follow the student's Individual Health Plan and the RN is ultimately responsible for the student's overall plan of care.

At parent request, a school district employee may volunteer to be a parent-designated adult (PDA) under this policy, but they will not be required to participate. PDA who are school employees:

1. Will file a voluntary, written, current and unexpired letter of intent stating their willingness to be a parent-designated adult.
2. Are required to receive training in caring for students with epilepsy or diabetes as outlined by OSPI.
3. Will receive additional training from a parent-selected health care professional or expert in epileptic or diabetic care to provide the care (including medication administration) requested by the parent.

Parent-designated adults who are **not school employees** are required to:

1. Show evidence of comparable training.
2. Meet school district requirements for volunteers.
3. Will receive additional training from a parent-selected health care professional or expert in epileptic or diabetes care to provide the care (including medication administration) requested by the parent.

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### Medication at School (continued)

#### Field Trips

Standards, policy and procedure for safe medication administration do not change when students participate in field trips or school sponsored events. This includes appropriate training, delegation, and supervision of the unlicensed assistive personnel (UAP) by a RN. It is especially important to plan ahead for any student with a chronic or life-threatening health condition who may participate in an overnight field trip. The student may need medication that he/she normally takes only at home.

The parent/guardian is responsible to obtain a medication authorization form with specific instructions for the extended hours. If the medication is to be administered during the regular school day, the current medication authorization form on file should be followed.

RNs cannot delegate medication administration to volunteers, other parent/guardians, or non-school employees during school or during school sponsored events. This includes licensed nurses who are not district employees.

Parent/guardians who accompany children to any school-sponsored event may administer medication to their own child but not to any other children.

The nurse should receive advance notification for all field trips out of state and out of the country. Special planning may be required to address medications and treatments that need to occur. The school RN should work with district administration, parent/guardians, and legal counsel to address how the medication/treatment needs of students will be addressed.

#### Documentation

Each school will keep a student medication notebook containing the following:

- a. Shoreline School District policies and accompanying procedures,
- b. All student medication record forms for the current school year, and
- c. Parent/licensed health care provider permission forms.

These notebooks will be kept with or near the medication to be dispensed and be available for use by nurse substitutes and other designated staff.

#### Duration of Medication Form

Upon acceptance of a Permission to Administer Medication form, the parent/guardian will be informed that the instructions will be considered current and unexpired for a maximum period of one school year, but is in no event valid from one school year to the next.

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### Medication at School (continued)

#### Discontinuance of Medication

The school nurse will advise the school if discontinuance of medication is appropriate and assist in attempts to inform the parents/guardians. Legitimate reason for discontinuing administration of medication would include but not be limited to:

- a. Lack of cooperation with the student, parent/guardian, and/or prescribing physician and the district;
- b. An unexpected and/or adverse medical reaction to the medication at school (i.e., mood change, allergic reaction);
- c. Any apparent change in the medication's odor, appearance, or other characteristics that the district questions the quality of medication; and
- d. Medication expiration date has passed.

#### Records Retention

Medication records shall be placed in a file at the end of each school year and stored consistent with district policy.

#### Disposal of Medication

An attempt will be made by the school nurse to contact parents for disposal of medications remaining at the end of the prescribed period or at the end of the school year. If unable to contact the parent or if they do not pick up the medication by the specified date the medication should be counted by the nurse and an additional staff member and properly disposed of/destroyed. The medication count, date and destruction should be documented and witnessed on the Record of Medication Documentation.

#### References:

OSPI Guidelines for Medication Administration in Schools 2015  
RCW 28A.210.260 and RCW 28A.210 and RCW 28A.330

Submitted

November 23, 2016

August 5, 2002

December 9, 1991