

210-AR USE OF MEDICATIONS

I. Medication Management During School Hours

The Board believes that except in emergency or exceptional situations, all prescription or nonprescription medication should be given to students at home by their parents/guardians. The Board recognizes, however, that situations may arise when medication is necessary during school hours; therefore, it shall be the responsibility of the administration to develop clearly defined regulations regarding the administration of medication during regular school hours, by which all school personnel and students shall be guided.

A. Individual Prescribed Medication

1. It is a parent's responsibility to obtain an AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS form from the school nurse's office or from the MSD website (See Appendix A) and have it completed by a licensed medication prescriber. The form must indicate the student's name, name of the medication, the dosage, the time and dates to be given, possible side effects, any special care needed for the medication, the termination date for administering the medication and the licensed prescriber's signature. This request is valid for one school year and will be returned to and maintained in the school nurse's office.
2. The parent/guardian shall confirm the request that the school district comply with the medication order and sign the AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS form.
3. The student is responsible to go to the nurse's office at the correct time for administration of the medication unless the physician indicates in writing the student is unable to do this.
4. If a student fails to report to the health room for medication, efforts should be made by the school nurse to locate and remind the student to take his/her medication.
5. The parents must notify the school nurse of any changes to the original prescription label and provide an updated prescription container as described above in part a and b.

B. Delivery, Storage and Disposal

1. Delivery
 - a. All medication shall be transported to school by a parent/guardian and be given to the school nurse. In a situation where the parent/guardian is unable to transport the medication to school, the parent will need to sign a statement giving their child permission to transport the medication to school.

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- b. The medication must be received in the original container labeled with the child's name, the name of the medication, and the exact medication administration instructions.
- c. Expired medications will not be accepted. Board Policy No. 220, to obey laws governing libel and obscenity, and to be aware of the full meaning of their expression.
- d. The school nurse shall record the date the medication is brought in and count and record the number or amount of medication received from the parent or student on the individual medication record.

2. Storage

All medications are stored in the school nurse's office in a secure locked location.

3. Disposal

- a. Contaminated needles should be placed immediately in a puncture resistant container that is labeled with a fluorescent or orange-red biohazard symbol or in a red container that is closable.
- b. All discontinued or outdated medications should be returned to the parent/guardian immediately. At the end of each school year, all unused medications should be returned to the parent/guardian. Documentation of the return of medication to a parent/guardian should include the date, time, amount of medication, and signatures of the parent/guardian and school personnel. If the parent/guardian does not retrieve the medication at the end of the school year, the licensed personnel (CSN, RN, LPN) and one witness should dispose of the medication and document the disposal.
- c. Medications should not be disposed down the drain. Left over medications will be disposed of in the trash (mixed with an undesirable substance) as recommended by the Pennsylvania Department of Health 2010 Guidelines for Administration of Medications and Emergency Care.

C. Over the Counter Medication

1. Standing Orders

- a. Written by the school's physician, standing orders authorize administration of specific over-the-counter (OTC) medications such as acetaminophen and/or emergency medications such as epinephrine auto-injectors to students according to a defined protocol (Appendix B).

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2. Standing orders for OTC and/or emergency medications must be reviewed, updated and signed by the school physician annually.
3. The health office in each school building must have a copy of the signed standing orders on file.

D. Parent/Guardian Consent

1. With the exception of medications administered via standing order during a life threatening emergency, all medications given in the school require consent from a parent/guardian.
2. Parent consent is obtained on the MSD Emergency Information Sheet at the beginning of each school year allowing the administration of OTC medication (Appendix C). Without written parental consent no OTC medication will be given.

II. Administration of Medication

A. PA laws allow only the certified school nurse or other licensed personnel (RN, or LPN) to administer medications. The licensed nurse:

1. Understands health and disease processes as well as the desired action(s) of the medications being given.
2. Observes the student for desired responses as well as potential side effects in order to help the licensed prescriber and parent(s)/guardian(s) plan and adjust therapy for each individual student.

B. Preparation of Medication

1. In the administration of medications the school nurse must verify the “5-Rights”:
 - Right student
 - Right medication
 - Right amount/dosage
 - Right route
 - Right time
2. The school nurse will check the label on medication containers to minimize risk for errors when:
 - Reaching for the container
 - Immediately prior to pouring medication
 - Returning the container to medicine cabinet
3. The school nurse will ensure medications are not left unsupervised.

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4. The school nurse will identify each student receiving medication and when possible have student also check label.

III. Documentation

A. Individual Student Medication Record

1. The school nurse shall maintain a medication administration record for each student

B. Whether records are manually or electronically maintained, the following information should be included:

- Name of student
- Date and time medication was given
- Name of medication
- Dose of medication
- Route and site of administration
- The signature of the licensed nurse administering/observing that the medication is being taken by the student
- Documentation of results after medication has been given should also be charted to establish whether medication has been effective or not

C. School health records should include documentation of medication orders, parent/guardian consent, and an individual medication log.

IV. Emergency Medications

A. Self-administration

1. Specific medication as in the case of asthma inhalers/epinephrine auto-injectors may be self-administered upon recommendation of the physician, parent, and school nurse (Policy 210.1 and 210.1-AR).

B. For students who are identified with a potential to experience a health emergency, an Individualized Healthcare Plan (IHP), including an Emergency Care Plan component, will be developed.

C. To prepare for emergencies that can be reasonably anticipated in the student population, standing orders for emergency medications such as epinephrine auto-injectors and albuterol nebulizer treatments are in place for students according to a defined protocol and emergency management practices (Appendix B).

V. Administration of Medications during a Field Trip

- A. Policy 210, Use of Medications and Policy 210.1, Possession / Use of Asthma Inhalers and Epinephrine Auto-Injectors and Administrative Regulations 210-AR and 210.1-AR shall also apply when a student is on a district sponsored field trip.

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- B. In the case of a field trip, the school may ask a parent to accompany his or her child in order to give them medication but cannot require the parent to do so. Administration of medications is a support service that must be provided for a student on a field trip the same as it is on a regular school day.
- C. If a daily medication is required for a student on a field trip; the school nurse will collaborate with parents/guardians to find a solution to meet the student's medication needs on a field trip day. With the assistance of a parent/guardian the school nurse will use professional judgment and creativity in finding the proper balance between requirements for safety and the personal risk-taking that is reasonable in order for the student to participate.
- D. A Special Note about Use of Asthma Inhalers and Epinephrine Auto-Injectors
 - 1. For detailed summary guidelines for students who need to self administer asthma inhalers and epinephrine auto-injectors, refer to District Regulation No. 210.1-AR, Title: Possession/Use of Asthma Inhalers and Epinephrine Auto-Injectors.
 - 2. 911/Emergency Management System (EMS) will be called immediately during a field trip for any students who experience an anaphylactic allergic reaction requiring the use of an Epinephrine Auto-Injector. The student should be transported by ambulance even if the symptoms have subsided after receiving the epinephrine. (Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care, 2004)
 - 3. The supervising adult will notify the school/school nurse regarding medication administered and any incident of emergency management. Any incident/accident that happens while in school or on a field trip will be followed up with a completion of the district Accident/Injury Report form. (Policy 210.2 and Administrative Regulation 210.2-AR) Appendix A.
 - 4. Parent(s) must be notified of any emergency incident while on a field trip. Good judgment should be used by all.

Established: 1/11/2012

MUHLENBERG SCHOOL DISTRICT
Medication Administration Policy

Dear Parents or Guardians:

To insure your child's good health and safety, the Board of Directors of the MUHLENBERG SCHOOL DISTRICT has established the following policy, which governs the administration of medication to the pupils during school hours.

1. Administering medication:

Whenever possible, medication should be given to your child before or after school. If this is not possible, only the licensed school nurse or his/her licensed designee are authorized to administer medication to the students.

2. Licensed Prescriber/Parents Permission:

You as the parent/guardian must provide a written order from a licensed prescriber for the prescribed medication. The licensed prescriber must indicate the student's name, name of the medication, the dosage, the time and dates to be given, possible side effects, any special care needed for the medication, the termination date for administering the medication and the licensed prescriber's signature. This request is valid for one school year.

The parent or legal guardian must also provide written permission to have the school administer the medication. (See attached Medication Authorization sheet.)

3. Medication transport to school:

A responsible adult shall bring all medication to school, except in situations in which the parents, licensed prescriber, and school nurse believe that it is the best interest of the student that he or she carries the medication. If parent is unable to bring the medication to school the parent will need to sign a statement giving the child permission to transport the medication to school. The medication must be in its original container.

4. Check In Procedure:

The school nurse shall record the date the medication is brought in and count and record the number or amount of medication received from the parent or student.

5. Original Container/Dosage:

All medication must be received in the original labeled container, which should include the student's name, name of the licensed prescriber, name of the medication and exact medication administration instructions. The school shall not administer expired medications. It is the responsibility of the parents to notify the school nurse of any changes to the original prescription label. All medication shall be stored in a secure locked and clean cabinet at all times.

6. Self medication/Students medication responsibility:

Students shall not administer any medication to themselves except when the licensed prescriber, the parent or legal guardian and school nurse agree in writing that it is necessary and appropriate. An example of permissible self-medication administration would be the use of an asthma inhaler. It shall be the student's responsibility to come to the nurse's office at the appropriate times for medication unless a physician indicates in writing the student is unable to do this. The school nurse or licensed designee will make an effort to locate student and remind them to take their medication

7. Documentation:

The school nurse shall keep a separate medication administration record for each student. All records shall be deemed a permanent part of the student's records and shall be confidential, except as disclosed to other staff members on a need-to-know basis only.

Revised 6/10

MUHLENBERG SCHOOL DISTRICT
AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

If your child must received medication during school hours, this medication must be sent to the school under the following conditions:

- ✓ The medication must be received in the original container labeled with the child's name, the name of the medication, name of the licensed prescriber and the exact medication administration instructions. All medications are stored in the school nurse's office. It is the student's responsibility to go to the nurse's office at the correct time for administration of the medication.
- ✓ All medication shall be transported to school by a responsible adult and be given to the school nurse. In a situation where the parent/guardian is unable to transport the medication to school, the parent will need to sign a statement giving their child permission to transport the medication to school. Depending on the maturity of the student, specific medication as in the case of asthma inhalers and epipens may be self-administered upon recommendation of the licensed prescriber, parent, and the school nurse.

The licensed prescriber must complete the following:

1. Patient's Name _____
2. Diagnosis _____
3. Name of Medication _____
4. Dosage/Route _____
5. Time _____
6. Date of order _____ Discontinuation date _____
7. Special instructions _____
8. Possible side effects _____
9. Other medications the student is currently taking _____

I certify that it is imperative that the medication prescribed above be taken during school hours. I recommend self-medication. YES NO _____Initials

Licensed Prescriber Signature

Date

Print Licensed Prescriber's Name

Phone #/ Fax #

This statement will confirm that I desire my child to receive medication during school hours as stated above. Intending to be legally bound hereby, I do release, discharge, and agree to indemnify and hold harmless the MUHLENBERG SCHOOL DISTRICT; its agents, and administration of the above medication to my child and from any and all illness or injuries resulting there from.

I give my permission for my child to transport their medication to and from school.

YES NO _____Initials

Signature of Parent or Guardian

Date

Muhlenberg School District
Health Services Department

Dear Parents/Guardians of _____

Grade _____

The Pennsylvania Department of Health has recently changed its medication administration policy for schools. All schools in Pennsylvania must have parent permission before they are able to administer over the counter medications (OTC) (such as medications for pain, fever, upset stomach, cough etc.). Please read the following statement, **circle yes or no** for permission to give your child OTC medications and **sign at the bottom**. **This form must be returned to the school nurse immediately.** Thank you for your cooperation.

***I give permission for the Muhlenberg School District Health Services licensed school nursing staff to administer over-the-counter medications(such as medication for pain, fever, stomach upset, coughing or allergic reaction) and/or emergency medications as needed according to the Muhlenberg School District's standing physician orders.**

PLEASE CIRCLE ONE: Yes or No

Medication Allergies:

Parent/Guardian signature _____

Date _____