

MEDICATION ADMINISTRATION

Subject: Administering Medication to Students

Purpose: To establish a procedure for the administration of medication during school hours.

It shall be the policy of Newark Grade School / Millbrook Junior High School District 66 that the administration of medication or supervision of self-medication to students during regular school hours should be discouraged, unless necessary to maintain the student in school or in the event of an emergency. The objective of any medication program is to promote self-responsibility. The school nurse or his/her designee can facilitate this process by providing information to the parents(s) or guardian and students on the process to be followed in administration of medication during school hours. The Board of Education will insure and indemnify personnel designated to administer or supervise the self-administration of medication when such personnel follow the policy and procedures put forth in this document. School personnel will not diagnose or treat illnesses.

The Illinois Department of Professional Regulation (IDPR) issued a legal opinion, which allows a school employee to stand in the place of a parent or guardian in administration of medication or supervision or self-medication in the school setting. School employees who do not hold a valid IDPR license must receive training in the correct procedure to be used to administer medication and/or provide specific treatment. This does not prohibit any school employee from administering emergency assistance to a student.

A certified school nurse or registered nurse must manage the medication administration program following the "Recommended Guidelines for Medication Administration in Schools" developed by the Illinois Department of Human Service (IDHS) and the Illinois State Board of Education (ISBE), September 2000. A designated administrator will be responsible for medication administration or supervision of self-medication when a nurse is not available. Teachers or other employees cannot be required to administer medication or supervise self-medication although they may volunteer to do so.

RECOMMENDED GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOLS

Introduction

The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his or her education. The administration of medication to students should be discouraged unless absolutely necessary for the student's health. (See Appendix A 105 ILCS 5/10-22.21b for legal citations regarding the administration of medication.)

An objective of any medication administration program is to promote self-responsibility. This can be achieved by educating students and their families. The school nurse can facilitate this process by providing information regarding the action, dosage and side effects of medication.

The intent of these guidelines is to assure safe administration of medications for those students who require them. Local school district policies must be established that assure this process. (See Appendix A, 105 ILCS 5/10-20.14b for legal citations regarding policy development.)

I. Definitions

- A. Administration** - accepted nursing practice holds that "to administer" means to select the correct medication, deliver it by the correct route, and give it to the student at the time prescribed.

The district should consult with its own nursing advisers to ensure that its use of the term in the district's policy is consistent with generally accepted nursing practice.

- B. Certificated School Nurse** - as referred to in this document is a registered professional nurse who holds an Illinois State Board of Education Type 73 Certificate with an endorsement in school nursing. (See Appendix A, 105 ILCS 5/10-22.23 and 23 Ill.Adm.Code 1.760(c).)

- C. Controlled Substance** – a drug, substance or immediate precursor as listed in the Illinois Controlled Substance Act.

- D. Health Care Plan** – A health care plan (504 Plan or IEP) is required for all students who require medication and/or treatment while in school attendance. The student health care plan is a tool for responding to the temporary and/or long-term medical needs of a student. The plan provides a format for summarizing health information; it may include a problem/need statement, goals, plan of action and outcome expected.

504 Plan - (Section 504 of the Rehabilitation Act of 1973) "*Individual with handicaps* means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. As used in this definition, the phrase--

(1) Physical or mental impairment includes--

(i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or

(ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism;

(2) Major life activities includes functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working;

(3) Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities; and

(4) Is regarded as having an impairment means--

(i) Has a physical or mental impairment that does not substantially limit major life activities but is treated by the Department (of Education) as constituting such a limitation;

(ii) Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward the impairment; or

(iii) Has none of the impairments defined in paragraph (1) of this definition but is treated by the Department as having such an impairment.”

A 504 plan will describe (1) the disabling condition, (2) the major life function affected by the condition in the school setting, (3) how the major life activity within the school setting is limited, and (4) the services to be provided by the school district to meet the need(s) identified, e.g. ADHD-difficulty learning, staying on task, paying attention - service provided by the school district will include a medication administration and monitoring program.

IEP - (Public Law 94-142, passed in 1975 and ultimately renamed the Individuals with Disabilities Education Act (IDEA) in 1990.) - an Individualized Education Program (IEP) developed at the onset of special education services by a multi-disciplinary team which addresses the child's unique needs, including learning strengths and weaknesses, special education and support services required and projected educational goals. When a student has a health problem that requires the administration of medication or treatment during the school day, the IEP should contain a health care plan for the student. The IEP serves as a written contract describing what services the school district will provide for the student.

E. Long-term medication - medication used to treat chronic illnesses including both daily and PRN (as needed) medication.

F. Medication - as used in this document will refer to both prescription and non-prescription drugs.

G. Medication Error

1. Giving the wrong medication dosage
2. Giving medication to the wrong child

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3. Failing to give a dose of medication
 4. Giving medication at the wrong time

H. Medication Record – the individual medication record or medicine log used to record the medication given to a student. [The individual medication record is a part of the temporary health record and should be maintained in accordance with the Illinois School Student Records Act (105 ILCS 10/1 et seq.) By comparison, the “Certificate of Child Health Examination” is included in the permanent health record.](See Appendix A, 105 ILCS 10/2 and 23 Ill. Adm. Code 375.10 for legal citations regarding student records.)

I. Non-prescription drugs - medication that may be obtained over-the-counter (OTC) without a prescription from a licensed prescriber.

J. Prescription drugs - Medication requiring a written order for dispensing, signed by a licensed prescriber.

K. PRN (As Needed) Orders - Orders by a licensed prescriber to administer a specific medication for a specific student under certain circumstances, e.g. inhaler for acute asthma attack.

L. Self-administration – medication administered by the student under the direct supervision of the school nurse, principal or principal’s designee. The self-administration of medication may also include medication taken by a student in an emergency situation not under the supervision of a school nurse, principal or principal’s designee and/or emergency medication carried on their person, (e.g. asthma inhaler).

M. Short-term medication - medication administered over a short period of time to treat short-term illnesses, e.g. an antibiotic.

N. Standing orders - written protocol for administering a medication for all students as opposed to a PRN order for a medication written for a specific student, e.g. acetaminophen to be given to any student who has a headache. **STANDING ORDERS ARE NOT RECOMMENDED FOR SCHOOLS.**

O. Supervision - monitor the administration of medication by legally qualified persons.

II. Prescription/Dispensation/Administration Authority

State laws exist to assure the safe prescribing, dispensing and administration of medication. The state agency responsible for monitoring this process is the Illinois Department of Professional Regulation (IDPR). IDPR approves educational programs that prepare individuals to administer, dispense and prescribe medication. Upon the successful completion of an approved program, IDPR issues a license to those who may perform these duties.

A. Prescribe Medication (Licensed Prescriber):

1. **Physician** - a physician licensed to practice medicine in all of its branches including Medical Doctors and Doctors of Osteopathy;
 2. **Dentist** - a person licensed to practice dentistry in any of its branches;
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3. **Podiatrist** - a physician licensed to practice podiatric medicine;
 4. **Optometrist** - a person licensed to practice optometry;
 5. **Physician Assistant** - a person licensed as a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1997;
 6. **Advanced Practice Nurse** - an advanced practice nurse in accordance with a written collaborative agreement required under the Nursing and Advanced Practice Act of 1998.

B. Dispense Medication:

1. **Pharmacist** – an individual currently licensed by this State to engage in the practice of pharmacy.
2. **Licensed Prescriber** – as defined in A above.

C. Administer Medication :

1. **Certificated School Nurse** – a registered professional nurse who holds a Type 73 School Service Personnel Certificate with an endorsement in school nursing or any non-certificated registered professional nurse who was employed in the school district of current employment before July 1, 1976. (See Appendix A, 105 ILCS 5/10-22.23 and 23 Ill Adm.Code 1.760 (c)).
2. **Registered Nurse (R.N.)** – holds a current Illinois Registered Professional Nurse license from the Illinois Department of Professional Regulation. (See Appendix B 225 ILCS 65/5-10 (k) and (j) for a definition and scope of practice a RN may provide.)
3. **Licensed Practical Nurse (LPN)** – holds a current Illinois Practical Nurse license from the Illinois Department of Professional Regulation and has completed the required pharmacology course that allows him/her to administer medication. (See Appendix B 225 ILCS 65/5-10 (j) for a definition and scope of practice a LPN may provide.)

Note: 105 ILCS 5/10.22.23 does not authorize local school districts to employ a LPN to function as a school nurse. **A LPN MUST always work under the direction of a properly licensed person as determined by IDPR.** (See Appendix B 225 ILCS 65/5-10 (j).)

Because of their “in loco parentis” status as set forth in 105 ILCS 5/24-24, school employees are afforded liability protection from negligence in the administration of medication and treatment in a school setting. (See Appendix A.) Those school employees who do not hold a valid IDPR license must receive training in the correct procedure to be used to administer medication. Any properly trained staff member at the school – whether certificated or not – may administer medication in an emergency.

III. Guidelines:

- A. Medications should be limited to those required during school hours which are necessary to maintain the student in school and those needed in the event of an emergency. **These guidelines**

do not prohibit any school employee from providing emergency assistance to a student. (See Appendix A, 105 ILCS 5/10-22.21b.)

- B.** A policy for administration of medication to students must be developed and approved by the local school board in accordance with 105 ILCS 5/10-20.14 b Medication Policy. (See Appendix A.) A sample policy is included in Appendix C.
- C.** A program for administration of medications to students in schools must be developed and managed by a certificated school nurse or registered nurse in accordance with the *Recommended Guidelines for Medication Administration in Schools*. Each school district must determine who (e.g. superintendent, principal) is responsible for administering medication in the absence of a certificated school nurse or registered nurse. Pursuant to section 105 ILCS 5/10-22.21b of the School Code, teachers and other non-administrative employees **cannot be required** to administer medication, although they may volunteer to do so. The components of such a program are as follows:
1. Each dose of medication shall be documented in the student's individual medication record. Documentation shall include date, time, dosage, route by which the medication is to be administered, and the signature of the person administering the medication or supervising the student in self-administration. In the event a dosage is not administered as ordered, the reasons shall be entered in the record. A daily accounting (count) shall be maintained of any controlled substance prescribed for any student. This documentation is considered part of the student's temporary record.
 2. The certificated school nurse or registered nurse may, in conjunction with a licensed prescriber and parent(s) or guardian, identify circumstances in which a student may self-administer medication.
 3. Effectiveness and side effects shall be assessed with each administration and documented as necessary in the student's individual medication record. Documentation of effects of long-term medications should be summarized at least quarterly or more frequently as determined by the certificated school nurse or registered nurse.
 4. A procedure shall be established for written feedback to the licensed prescriber and the parent(s) or guardian at scheduled, appropriate intervals for long-term medication or as requested by the licensed prescriber.
 5. Permission for long-term medication shall be renewed at least annually. Changes in medication shall have written authorization from the licensed prescriber.
 6. All medication errors must be documented on the student's medication record and an accident report form must be completed. The student's parent or guardian and the licensed prescriber must be notified immediately that a medication error has been made.
 7. A health care plan shall be developed for any student who requires a long-term medication to be administered in school.
- D.** All medications given in school, including non-prescription drugs, shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status. Such written documentation must be maintained in the student's individual medication record.

1. A written order for prescription and non-prescription medications must be obtained from the student's licensed prescriber. The order includes:

- ?? Student's Name
- ?? Date of Birth
- ?? Licensed Prescriber, Signature and Date
- ?? Licensed Prescriber Phone and Emergency Number(s)
- ?? Name of Medication
 - dosage
 - route of administration
 - frequency and time of administration
- ?? Diagnosis Requiring Medication
- ?? Intended Effect of the Medication /Possible Side Effects
- ?? Other Medications Student is Receiving
- ?? Time Interval for Re-Evaluation
- ?? Approval for Self-Administration
- ?? Approval for students to carry emergency medication on their person (i.e. inhaler, Epi-Pen)

2. Medication must be brought to the school in a container, labeled appropriately by the pharmacist or licensed prescriber.

a) **Prescription medication shall display:**

- ?? Student's Name
- ?? Prescription Number
- ?? Medication Name and Dosage
- ?? Administration Route or Other Directions
- ?? Date and Refill
- ?? Licensed Prescriber's Name
- ?? Pharmacy Name, Address and Phone Number
- ?? Name or Initials of Pharmacist

b) **Over the Counter Medication (OTC):**

OTC (non-prescription) medication shall be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container.

E. In addition to the licensed prescriber's order, a written request shall be obtained from the parent(s) or guardian requesting that medication be given during school hours. The request must include the name of the student, the parent(s) or guardian's name and phone number in case of emergency. It is the parent(s) or guardian's responsibility to ensure that the licensed prescriber's order, written request and medication are brought to the school.

F. Students should be evaluated on an individual basis regarding the need to carry emergency medication. A written statement signed by the student's physician and parent or guardian verifying the necessity and student's ability to self-administer the medication appropriately should be on file in the health office.

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- G. Medications must be stored in a separate locked drawer or cabinet. When the medication being stored is a controlled substance, the locked cabinet must be securely affixed to the wall. Medications requiring refrigeration must be kept in a locked refrigerator separate from food products.**
 - H.** At the end of the school year or the end of the treatment regime, the student's parent(s) or guardian will be responsible for removing from the school any unused medication. If the parent(s) or guardian does not pick up the medication by the end of the school year, the certificated school nurse or registered nurse will dispose of the medication(s) and document that it was discarded. Medication must be discarded in the presence of a witness and documentation signed by both parties.
 - I.** Nurses are responsible for their own actions regardless of the licensed prescriber's written order. It is the nurse's responsibility to clarify any medication order which is deemed inappropriate or ambiguous. Nurses have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety.¹ In such instances, the nurse must notify the parent, or guardian, student's physician and administrator.
 - J.** A student has the right to refuse medication, and in some instances may do so. In such instances, it is the nurse's responsibility to explain to the student as fully and clearly as possible the importance of taking the medication.² If the student continues to refuse to comply, the parent or guardian, student's physician, and administrator must be notified.

IV. Options for Implementation of Guidelines

Options should be based on the needs of the student and the school district. Work with the licensed prescriber and the parent(s) or guardian to adjust medication administration time. The following options will meet these guidelines:

- A.** Have one certificated school nurse or registered nurse per building available for administering medications.
- B.** In circumstances where one certificated school nurse or registered nurse must provide services for multiple buildings, use a schedule that will allow staggered station times. The nurse should be assigned in an area where one to three buildings are in close proximity.
- C.** Have one certificated school nurse responsible for the district administration policy supplemented by other registered nurses who are supervised in the administration of medication.
- D.** Contract with a local community agency, e.g., local health department, visiting nurses association or local hospital to employ registered nurses to come into the school and administer medication.

¹ Craven, Ruth F. and Hirle, Constance J..1996. Fundamentals of Nursing, Human Health and Function, 2nd Edition. Philadelphia: Lippincott. p. 590

² Craven, Ruth F. and Hirle, Constance J..1996. Fundamentals of Nursing, Human Health and Function, 2nd Edition. Philadelphia: Lippincott. p. 591

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- E.** A student's parent or guardian may come to the school to administer medication(s) to his/her own child. (Note: Parent action is purely voluntary and may not be forced. The district is responsible for administering medication under Section 504 and IDEA.)

Authorization and Permission for Administration of Medication

Prescription and Non-Prescription Drugs

Date_____

Student's Name (Last) (First) (Middle) Birthdate School

School medications and health care services are administered following these guidelines:

Physician/Prescriber signed dated authorization to administer the medication.

Parent signed, dated authorization to administer the medication.

The medication is in the original labeled container as dispensed or the manufacturer's labeled container.

The medication label contains the student name, name of the medication, directions for use and date.

Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

Medication/Health Care Treatment Dosage Time to be administered

Intended effect of this medication

Expected side effects, if any_____

Other medications student is taking_____

May student self-administer medication under supervision of Health Service personnel or designate?
(A student self-administration form must be completed) (Please circle) YES / NO

Administration instructions

Discontinue/Re-Evaluate/Follow-up Date (circle one)

Prescriber's Signature Date signed

Prescriber's Emergency Phone# Prescriber's Address

Parental Authorization:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize (name of School District) and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature

Home Phone

Parent's Address

Business Phone

Date

Additional Information

Student(s) Name(s)

Physician Request For Self-Administration of Medication

Name of Student

Birthdate

City

Zip

Telephone Number

TO:

Principal: _____

School: _____

The above named pupil has _____

(Name of Disease or Syndrome)

I am requesting that the above named student take the following medication during school hours.

Name of Medication

Capsule)

Type of Medication (Tablet, Liquid or

Dosage

Time(s) to be given

Possible Side Affects

I certify that _____ has been instructed in the use and self-administration
(Name of Student)

of _____

(Name of Medication)

He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

I may be reached at the following phone # in the event of a reaction to the medication or an emergency:

Phone Number of Physician

Signature of Physician

Date

Address of Physician

Print Name of Physician

Date