

MEDICATIONS

STATEMENT OF PURPOSE:

Schools must assure that medications administered to students are done so in a way that assures safety and compliance with state law and school policies and procedures.

AUTHORIZATION/LEGAL REFERENCE:

16 VSA chapter 31 – Possession and Self Administration of emergency medication
<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=031&Section=01387>

26 V.S.A. Chapter 28 - Vermont Nurse Practice Act
<http://www.leg.state.vt.us/statutes/sections.cfm?Title=26&Chapter=028>

State Board of Education Rules and Regulations, Student Safety, section 4220- 4222.5 - Prescription Drugs <http://education.vermont.gov/new/html/board/rules.html>

Vermont State Board of Nursing Position Statements;

- Administration of Medication on School field Trips by School Nurses
- Delegation of Insulin Pumps in the School Setting
- Role of the Nurse in Delegating Nursing Interventions
- The Role of the Nurse in Administration of Homeopathic Remedies and/or Food Additives
- Holistic Health

<http://vtprofessionals.org/opr1/nurses/>

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

Only the school nurse/associate school nurse, the student's parent/guardian, or the school nurse's/associate school nurse's delegatee may administer medication in the school setting.

- Assure the safe administration of medication in the school setting and on school field trips.
 1. For prescription medication: secure written orders from the prescribing licensed provider detailing the name, dosage, route, frequency and the diagnosis and reason for giving; written permission from the parent/guardian, and the medication must be in a container appropriately labeled by the prescribing licensed provider or pharmacy.
 2. For non-prescription medication: secure written permission from the parent/guardian, and medication must be in the appropriately labeled original container.
- Develop protocols, and assist in policy development for the proper delivery of medications

Medications

Section 22

Updated 5/10/2010 Approved by Joint SHC 5/17/2010

- Develop individual care plans with needed protocols for students receiving the variety of medications that require specific instructions or activities related to the medication.
- Provide training, support, supervision and evaluation to those delegated to administer medications.
- Provide delegatee with information, including possible adverse effects, of medications being administered to a student in their care.
- Document medication administration and medication errors and place in the student's permanent health record.
- Review new prescription medications before medications can be given by delegatee
- Maintain communication with the parent/guardian and medical home concerning the medication and the student's response to the medication.

RESOURCES:

National Association of School Nurses – www.nasn.org

National Council of State Boards of Nursing - <https://www.ncsbn.org/index.htm>

Vermont Department of Health Physician Profiles – Board of Medical Practice
http://healthvermont.gov/hc/med_board/profiles.aspx

Vermont State Board of Nursing - <http://www.vtprofessionals.org/opr1/nurses/>

SAMPLE POLICES, PROCEDURES AND FORMS:

- Vermont School Board Association Model Policy on Administration of Medication in the Schools Setting, 6/30/2008 <http://www.vtvsba.org/policy/f6.html>
- Prescription Medication Order and Permission Form
- Parent Permission for Administration of Non-prescription Medications
- Medication Protocol
- Confirmation of Training to give Medications in the School Setting
- Medication incident Report

Vermont Standards of Practice; School Health Services



This document may not be altered in any way

Medications

Section 22

Updated 5/10/2010 Approved by Joint SHC 5/17/2010

- Medication Protocol for Field Trip
- Field Trip Emergency Information and Medical Form
- Asthma Action Plan
<http://healthvermont.gov/family/toolkit/tools/Asthma%20Action%20Plan7-09.pdf>
- Medication Logs

Medications

Section 22

Updated 5/10/2010 Approved by Joint SHC 5/17/2010

Prescription Medication Order and Permission Form

(To be returned to the School Nurse/Associate School Nurse)

Date _____

I hereby give my permission to (prescribing licensed provider) _____ to

release information to; _____ (school name)

Concerning medication(s) prescribed for (name of student) _____

Signature of Parent of Guardian _____

Medication _____

Directions _____

Beginning Date _____ Last Dose _____ Reason
for Giving _____

Signature of prescribing licensed provider

I hereby give my permission for the above named student to take the medication as prescribed above at school.

Signature of Parent of Guardian _____

No medication will be given at school until the school receives this completed form with the prescribed medication in a container appropriately labeled by the pharmacy or physician. All medicine brought into the school must be kept in the health room during school hours.

Date Received _____ **Signature of School Nurse** _____

Vermont Standards of Practice; School Health Services



This document may not be altered in any way

Medications

Section 22

Updated 5/10/2010 Approved by Joint SHC 5/17/2010

Parental Permission for Administration of Non-prescription Medication

(To be returned to the School Nurse/Associate School Nurse)

I hereby give my permission for:

Name of Student _____

in grade _____ at _____ School to take:

Medication _____ Dosage _____

Directions _____

Reason for Giving _____

Date _____

Signature of Parent/Guardian _____

No non-prescription medication will be given at school until the school receives this completed form with the medication provided in its original container. All medicine brought into the school must be kept in the health room during school hours.

Date Received: _____ Signature of School Nurse:

non-prescription medication will only be administered according to manufacturers label or prescription medication order and permission form will be necessary

Vermont Standards of Practice; School Health Services



This document may not be altered in any way

Medications

Section 22

Updated 5/10/2010 Approved by Joint SHC 5/17/2010

Medication Protocol

1. Make sure you have:

a. For prescription medication:

Permission from both the parent and the medical home

Medication in a current pharmacy-labeled bottle

b. For non-prescription medication:

Permission from the parent

Medication is in original store-labeled bottle

2. A student's first dose of any medication they have not taken before should occur at home. Successive doses given at school for the first time need to be reviewed by the school nurse before administration of the medication.

3. If delegetee has questions, and the school nurse cannot be reached, contact the medical home.

4. Prepare a medication log sheet for the medication log book and staple written permissions slips from parent and doctor to the medication sheet for the student.

5. Check student health record for allergies to medicines.

6. Observe good hand washing practices.

7. Check to see if you have observed the five rights for medication administration. Do you have the:

- right medication
- right child
- right time
- right route (mouth, ears, eyes, skin)
- right dose

8. Identify the student and give medication.

9. Record that you have given the medication on the medication sheet in the medication book.

10. Medication box should be locked when not in use or you leave the area.

11. If for any reason a child does not receive their medication or does not receive it at the appropriate time School Nurse will take appropriate action.

Medications cannot be given without the proper permissions. Notify the parent if you cannot for some reason get permission from the provider and therefore cannot give the medicine. If medication comes in without appropriate permission slip you must complete the following: For prescription medicine

Medications

Section 22

Updated 5/10/2010 Approved by Joint SHC 5/17/2010

For prescription medication

- Call the provider to obtain information and verify order with a FAX to follow up. Gather information about; name of medication, dose, time/frequency to administer.
- Call the parent to obtain verbal permission to administer one dose with written permission to follow.
- In the medication log book on the back of the medication sheet for this particular medication or use a separate sheet of paper. Date and initial any of the above information collected. Staple this information to the medication sheet if necessary. When written permission slips come in, staple them to the back of the medication sheet as well.

For non-prescription medicine

- Only parental permission is needed. Call the parent and get permission to administer today's dose only. No further medication can be given if written permission from the parent is not obtained on the following day.
- Document your conversation with the parent; name of the student, the name of the parent you called, the name of the medication, the dose, the time and frequency as well as instructions regarding needed permission slip discussed and parent verbalized understanding.
- With permission in place the medication may be administered and recorded with the date and time given and your initials on the front of the medication sheet.

Medicine that cannot be identified cannot be administered at school.

- If medication comes to the health office unlabeled, call the parent and explain that medication which is not identified by its properly labeled packaging cannot be given at school.

non-prescription medication will only be administered according to manufacturers label or prescription medication order and permission form will be necessary

***If electronic medical records are used document according to computer program, filing copies of all orders and permission forms, in student health record ***

Confirmation of Training to Give Medications

TO BE SIGNED BY MEDICATION DELEGATEE:

I have been instructed on the proper administration of medications by the school nurse. I have read and understand the medication protocols attached to this form. Also I have practiced administering the following medications with supervision by the school nurse/associate school nurse.

Name _____ Date _____
Medication delegatee

Medications: 1.

2.

3.

4.

TO BE SIGNED BY SCHOOL NURSE/ASSOCIATE SCHOOL NURSE:

I have observed _____
administering the above medication(s) and certify it was done in accordance Vermont State Board of Nursing Nurse Practice Act and Delegation Decision Tree .

Name _____ Date _____
School Nurse/Associate School Nurse

Signature: _____

Optional Use: Specific medication may be identified, depending on delegatory situation.

Medications

Section 22

Updated 5/10/2010 Approved by Joint SHC 5/17/2010

Medication Incident Report

A medication incident is defined as: failure to administer the prescribed medication within the appropriate timeframe, in the correct dosage, in accordance with accepted practice, to the correct student.

Date of report: _____ School: _____ Prepared by: _____

Student's Name: _____ D.O.B.: _____ Sex: _____ Grade: _____

Home Address _____ Telephone _____

Date incident occurred: _____ Time: _____

Person administering medication: _____

Licensed prescriber: _____
Name/address

Reason medication was prescribed: _____

Date of order: _____ Instructions for administration: _____

Medication: _____ Dose: _____ Route: _____ Scheduled time: _____

Describe the incident and how it occurred (use reverse side if necessary)

Action taken:

Licensed prescriber notified: Yes ___ No ___ Date ___ Time _____

Parent/Guardian notified: Yes ___ No ___ Date ___ Time _____

Other persons notified: _____

Outcome:

Name _____ Title _____ Date _____

Signature _____

Vermont Standards of Practice; School Health Services



This document may not be altered in any way

Medication Protocol for Field Trips

- The school health office should be notified of any day time field trip at least a week in advance; overnight field trip notification should be **ONE** month in advance.
- Medications, usually taken at home, but required for overnight field trips shall meet the same requirements for safe medication administration within the school setting.
- The trained school personnel, (delegatee), responsible for the administration of medication shall pick up medications on the morning of the scheduled trip.
- The medication will be in a properly labeled container with the date and time that it is to be given.
- The trained school personnel administering the medication shall receive training by the school nurse/associate school nurse. The training shall cover the safe administration of medication. The school nurse/associate school nurse and the delegatee shall sign the dated delegation-training authorization. The delegatee shall be given a copy of the medical order, and a medication fact sheet.
- All medications, including over-the-counter medications, shall be given to the adult designated by the school nurse/associate school nurse. Exceptions to this policy are those medications deemed "rescue drugs" such as Insulin, Epi-pens and rescue inhalers. Written permission shall be on file for any student to carry self-administering medications.
- The delegatee shall verify the medication delegation by noting the date, time and their initials following administration of the specific medication. If for any reason a student does not receive the medication within a reasonable time, the delegatee shall notify the parent and school nurse/associate nurse and complete a medication incident report.
- This procedure shall be followed in both day and overnight field trips.

Medications

Section 22

Updated 5/10/2010 Approved by Joint SHC 5/17/2010

Field Trip Emergency Information and Medical Form

Fill this form out at the beginning of the year and with every field trip outside the boundaries of the Supervisory Union

Name of student _____ Address _____

_____ Home phone # _____ Name of parents -

Father _____ Phone # _____

Mother _____ Phone # _____ Emergency _____

Information different than parents: Name _____

Phone # _____ Name _____ Phone # _____

List health problems that may affect your child during this field trip

List any known allergies including food, environmental and medication.

List any medications needed during this field trip: Any prescription medication not taken in school must be delivered in the original container with written permission from the prescribing medical provider and the parent. Over the counter medication must be in the original container with written parental permission only. The school nurse/associate school nurse will designate an adult on the trip to carry and dispense medication needed during the field trip. The school nurse/associate school nurse can provide the medication normally taken at school to that adult.

My child may receive any emergency medical care deemed necessary while on this field trip. Every effort will be made to notify the parent if emergency treatment is necessary.

Date _____ Signature of parent _____

**The school nurse/associate school nurse will not be going on this field trip
Contact the school immediately with any changes in information.****

Vermont Standards of Practice; School Health Services



This document may not be altered in any way

Medications
Section 22
Updated 5/10/2010 Approved by Joint SHC 5/17/2010

MEDICATION RECORD: ADMINISTRATION--PHYSICIAN'S ORDER
SCHOOL, VERMONT

School Year: _____ Student: _____ DOB: _____ Teacher: _____ Room: _____
 Medication, Route: _____ Physician: _____ Phone: _____
 Date, Dose, Time: _____ Physician Address: _____
 Date, Dose, Time: _____ Comments: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
August																																
September																																
October																																
November																																
December																																
January																																
February																																
March																																
April																																
May																																
June																																

INITIAL _____ NAME _____ CODES _____
 _____ = WEEKEND F = FIELD TRIP H = HOLIDAY
 D = EARLY DISMISSAL W = DOSE WITHHOLD O = NO SHOW
 A = ABSENT N = NONE AVAILABLE