

Guidelines for Medication Administration in Kansas Schools



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*Guidelines for Medication Administration in Kansas Schools 2017 are a revision of the
Guidelines for Medication Administration in Kansas Schools 2010.*

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PURPOSE

The purpose of these guidelines is to review the provisions of Kansas statutes and regulations specific for medication administration in schools. In addition, these guidelines provide recommendations for the safe administration of medication in Kansas public and private schools, addressing areas not covered by current statutes and regulations. These guidelines are written to be used by licensed professional registered nurses (RNs or also referred to as school nurses), licensed practical nurses (LPNs), school administrators, and unlicensed assistive personnel (UAP) in Kansas. The guidelines also provide links to helpful resources and sample forms and tools. Recommendations given, when not addressed in Kansas statutes and regulations, are based on National Standards of Practice in School Nursing, Nursing Code of Ethics, Professional Position Statements, and evidence-based practice.

The original seven-page document titled *Guidelines for Medication Administration in Kansas Schools* was published by the Kansas Department of Health and Environment (KDHE, 2001) as a resource for school nurses and administrators to safely administer medication to children attending Kansas schools.

A revision of the 2001 document, *Guidelines for Medication Administration in Kansas Schools 2010*, expanded the framework of the original document and included a variety of new resources. The 2010 guidelines focused on comprehensive, clear and thorough information on topics such as training of Unlicensed Assistive Personnel (UAP), use of student-specific emergency medication, medication administration outside of regular attendance hours, storage, inventory and disposal of medication, as well as planning for provision of student medication in an emergency building evacuation.

The 2017 revision titled “Guidelines for Medication in Kansas Schools 2017” is a collaborative effort of licensed professional registered nurses from school districts and public health departments across the state, and includes input from physicians and representatives from the state boards of nursing and pharmacy, who also contributed to the content of this document. The final product reflects the multidisciplinary partnerships required at both the state and local levels to assure safe medication management and administration to students in Kansas schools.

DISCLAIMERS

- Specific issues and procedures should be addressed on a district-by-district basis including receiving, storing, and administering medications, clarifying prescriber orders, ensuring safety and efficacy of dose range for student's age and/or weight, managing medication errors and missed doses, addressing transportation concerns and monitoring/ supervising UAP when delegation has occurred.
- Recommendations made in these guidelines should never be substituted for legal counsel in a particular situation. Sometimes the law may be unclear; in these instances, it is recommended that district administrators consult with district legal counsel and/or a risk management consultant.
- The U.S. Department of Education 34.CFR 300.174 provides guidance regarding schools recommending medication for educational and behavioral treatment in the school setting and prohibits a school from requiring medication for education or behavioral concerns. For more information on medical and behavioral treatment in the school setting visit:
<http://idea-b.ed.gov/explore/view/p/,root,reqs,300,B,300.174,.html>
<https://www.gpo.gov/fdsys/pkg/CFR-2014-title34-vol2/pdf/CFR-2014-title34-vol2-sec300-174.pdf>
- The forms and documents provided in the appendices are samples only and are not endorsed by KDHE or Kansas State Department of Education (KSDE).
- Sample policies contained in these guidelines may be utilized and adapted, and should be approved by each individual school district's administration and board of education as applicable.

Because new medications and procedures with implications for licensed professional registered nurse practicing in school settings are constantly being approved and introduced, school nurses and administrators are encouraged to seek interpretation from the Kansas State Board of Nursing (KSBN) if questions arise. Specific practice questions regarding performance and delegation of nursing procedures, including medication administration in the school setting should be directed to the attorney Practice Specialist, at KSBN. Visit KSBN website for specific contact information at: <http://www.ksbn.org>

I. INTRODUCTION TO GUIDELINES FOR MEDICATION ADMINISTRATION IN KANSAS SCHOOLS

A. Rationale

Schools must establish consistent safe procedures to enhance student health and stabilize medical conditions for academic achievement. Many school children have health problems that require the administration of medication during the school day. The issue of medication administration at school is critical because medications may allow children to remain in school and avoid interruption of the learning process. The issue has become more complex due to a variety of factors, such as varying state and federal laws, new pharmaceutical and medical technologies, evolving mental and medical health practices, fewer full-time school nurses, and increasing numbers of children with health needs (both simple and complex) in schools.

Medication administration to students is one of the most common health related activities performed in school. Historically, administering medication within the school setting has been a school nurse responsibility. As more children who are chronically ill, or medically unstable, enter the school system each year, awareness of the factors that can promote and support their academic success increases including the need for medications that enhance the student's overall health or stabilize their chronic condition (NASN, 2012). Other factors exist that influence the administration of medication at school including:

- Federal regulations and laws;
- Varying state laws and regulations;
- New pharmaceutical and medical technologies;
- Evolving mental and medical health practices;
- Changes in health staff models at individual schools;
- School district policies and procedures; and
- Individualized education programs or Section 504 plans of individual students.

School districts must establish policies and implement procedures that meet all legal requirements for administration of medication required during school hours. The policies and procedures must be consistent with standards of medical, nursing, and pharmacy practice as well as Kansas statutes governing medication administration in schools. Important considerations include:

- Who can legally administer medications;
- How medications will be stored and handled in the school setting;
- Whether healthcare provider orders are required; and
- Potential for different rules depending on the route of the medication.

In addition, it is advisable to implement a collaborative approach when developing the school's medication policies and procedures by seeking input and feedback from the following individuals and groups:

- The school board and school administration;
- School or public health nurses;
- Other school personnel assigned to the health room;
- A physician or pharmacy consultant; and
- Health advisory committee for each school (district), as applicable.

A collaborative approach is important to both protect the legal rights of school personnel who administer medications and to assure the safety of the child (by providing for both daily medication administration needs as well as for the administration and immediate access to life-sustaining medications e.g., bronchodilators for asthma, epinephrine for severe allergic reactions, or anticonvulsant medications for seizures). See **Appendix A: Samples School Board Medication Policies**.

B. Considerations

The administration of prescription medications is considered a licensed professional registered nursing task and/or procedure per the Kansas Nurse Practice Act (K.A.R. 60-15-101 through 60-15-104). Therefore, school districts must employ or contract with licensed professional registered nurses to assume responsibility for implementing a system of safe administration of medication if prescription medication administration is required. The registered professional nurse, after evaluating a licensed practical nurse's competence and skill, may decide whether the licensed practical nurse under the direction of the registered professional nurse may delegate tasks to unlicensed persons in the school setting, too (K.A.R. 60-15-102). This system may include delegation of medication administration to the UAP in the absence of a full-time, on-site nurse, including during field trips and before or after school events. Further, permission to delegate is dependent upon the type, route, and reason for the medication. Issues the school nurse confronts related to the administration of medications are further discussed in NASN's position statement: Medication Administration in the School Setting: Position Statement (2017) <https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/medication-administration-in-schools>

II. DELEGATION

Delegation is defined as allowing the UAP to perform a specific nursing activity, skill, or procedure, defined in the nurse practice act, that is beyond the UAP's traditional role. Additionally, the UAP does not routinely perform the nursing activity, skill, or procedure. The administration of medication in a school setting is an example of a task that is common to delegate in Kansas. Before deciding to delegate, several things must be understood by both the RN who is allowing the UAP to perform a nursing task and for the person accepting the responsibility of performing the task. Appropriate delegation allows for the transition of a responsibility in a safe and consistent manner. The RN transfers the performance of an activity, skill, or procedure to the UAP while maintaining legal responsibility that the task and/or procedure are performed correctly. The UAP needs to understand that practice pervasive functions of clinical reasoning, nursing judgment, or critical decision-making cannot be delegated (NCSBN, 2015). **See Appendix B:** Recommended Qualifications for the Unlicensed Assistive Personnel, (NASN, 2014a).

More specifically, the use of delegation is interpreted to mean that the RN:

- Determines who can safely and competently perform this task;
- Assesses any learning needs of the individual;
- Provides a standardized training in the procedure;
- Periodically monitors and supervises the individual performing the task to determine that the individual is following correct procedure;
- Determines the extent of the supervision needed;
- Periodically repeats the instruction and evaluates the services rendered, minimally twice per school year;
- Is available for consultation regarding the procedure; and
- Ensures access to medication in the absence of the nurse.

In the absence of a school district employing the RN, only the primary care provider or specialist (e.g., physician, physician assistant, or advanced practice registered nurse) may supervise or delegate administration of prescription medication in the school setting.

III. THE KANSAS NURSE PRACTICE ACT, REGULATIONS FOR PERFORMANCE OF SELECTED NURSING PROCEDURES IN THE SCHOOL SETTING, AND PROTECTION OF THE PUBLIC

The Kansas Board of Nursing (KSBN) is the regulatory agency charged with protection of the public health, safety, and welfare of the citizens of Kansas through the licensure and regulation of nursing practice. The Kansas Nurse Practice Act (KNPA) regulates the practice of every licensed professional registered nurse (RN) and licensed practical nurse (LPN) in the state of Kansas. The K.S.A 65 § 1134 dictates the scope of practice for all professions regulated by the KSBN, regardless of practice setting and has the ultimate legal authority to interpret these laws relating to the practice of nursing. The Kansas NPA can be viewed, downloaded and printed at: <http://www.ksbn.org/npa/npa.htm>

The following Kansas Administrative Regulations (K.A.R. 60-15-101 through 60-15-104) of the KNPA specifically address *Performance of Selected Nursing Procedures in the School Setting* and must be considered when creating health policies for local school districts that including delegation.

A. K.A.R. 60-15-101 *Definitions and Functions:*

Only an RN (or a physician provider) has the authority to delegate the administration of medication or other nursing procedures in schools to the UAP. The RN must provide appropriate and adequate training, supervision and performance evaluation of the UAP as referenced in K.A.R. 60-15-101.

This regulation can be accessed at: <http://www.ksbn.org/npa/pages/60-15-101.pdf>
(See K.A.R. 60-15-102, for the role of licensed practical nurse in delegation in the school setting below.)

B. K.A.R 60-15-102 *Delegation Procedures:*

The RN, after evaluating an LPN's competence and skill may decide whether the LPN under the direction of the RN may delegate tasks to the UAP in the school setting. This includes a nursing assessment of the student and the RN developing a plan of care for the student that may include delegation to the UAP.

This regulation can be accessed at: <http://www.ksbn.org/npa/pages/60-15-102.pdf>

An additional resource table to assist with delegation procedures is the ***Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid (KSBN, 2014)***. The table is used to determine specialized caretaking tasks or procedures that require delegation to be performed by a UAP, yet only the RN responsible for the student's nursing care may determine which nursing tasks may be safely delegated to the UAP. See **Appendix C: *Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid*** (KSBN. 2014).

C. K.A.R. 60-15-103 Supervision of Delegated Tasks or Procedures:

The supervision of delegated nursing procedures in the school setting, including medication administration, must be done in accordance with K.A.R. 60-15-103. This includes the RN's responsibilities for determining the degree of supervision required based on the health status and stability of the student receiving nursing care, the complexity of the task or procedure to be delegated to the UAP, as well as the competency and training of the UAP to whom the task is delegated, and the proximity of the supervising RN to the student and the UAP. This regulation can be accessed at <https://ksbn.kansas.gov/wp-content/uploads/NPA/60-15-103.pdf>

D. K.A.R. 60-15-104 Medication Administration in the School Setting:

If the requirements of K.A.R. 60-15-101 through 60-15-103 have been met, the RN may delegate medication administration to the UAP if:

1. No dosage calculation is required (with diabetes and carbohydrate counting refer to the delegation table noted above).
2. The medication is administered by accepted methods specified in the nursing plan of care.
3. An RN ***shall not delegate*** the procedure of medication administration in a school setting by the UAP when administered by any of these means:
 - Intravenous (IV) route;
 - Intramuscular (IM) route, except when administered in an anticipated health crisis;
 - Intermittent positive pressure breathing machines; or
 - An established feeding tube that is not inserted directly into the abdomen.

This regulation can be accessed at: <http://www.ksbn.org/npa/pages/60-15-104.pdf>

IV. TRAINING UNLICENSED ASSISTIVE PERSONNEL (UAP)

The RN is responsible for training the UAP's (school staff) in basic knowledge of safe medication administration in the school setting. The school nurse should establish a system to train and delegate to the UAP, and to monitor and supervise delegation which may be personnel-specific. (See **Appendix D: Sample Documentation of Instruction from the Licensed Professional Registered Nurse to Unlicensed Assistive Personnel**).

A. Content and Competency Skills Included in Delegation Training

Individuals delegated to and trained to administer medication should be able to:

1. Describe their roles in the delivery of medications.
2. State the general purpose of medication administration.
3. List any needed equipment and supplies.
4. Demonstrate proper administration of oral, topical, eye, ear, inhalant, and emergency medications as applicable, including proper handwashing.
5. Demonstrate appropriate and accurate documentation of medication administration.
6. Demonstrate appropriate action if unusual circumstances occur (i.e., medication error, adverse reaction, student refusal, etc.).
7. Know how and when to seek consultation from the supervising nurse.

B. The following are suggested roles for school personnel related to the delegation and training of the UAP for medication administration:

1. School Administrator

- Assist in development of medication administration policy and procedures, as well as seek school board support for policy.
- Provide administrative support for compliance with district medication administration procedures.
- Assist nurse in educating staff and parent(s)/legal guardian(s) about the district's commitment to a safe policy related to medications in school.
- Be aware of liability issues related to medication administration at school, such as, insurance coverage and personnel covered.

2. Licensed Professional Registered Nurse (RN)

- Understand the Kansas Nurse Practice Act, statutes, and state guidelines to continuously evaluate district policy and procedures related to medication administration.
- Assess the student's health needs and develop an Individualized Healthcare Plan (IHP), as appropriate.
- Determine who can safely perform medication administration.
- Provide guidance for special circumstances, i.e., field trips, verbal orders, etc.
- Provide a standardized training course for all personnel who will administer medications.

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- Maintain a record of training, including course attendance, written tests, and performance evaluations for the UAP demonstrating 100 percent mastery of course content.
- Periodically monitor performance of UAP through observation of procedures, review of documentation, handling of medications, etc. (at least twice per year).
- Provide medication information resources and update as needed.
- Encourage open communication with individuals delegated to administer medication.
- Review and take appropriate action regarding any reported medication error.
- Take corrective action when individual to whom medication administration is delegated does not meet standard performance after consultation and retraining.
- Develop an educational program for all students regarding the appropriate use of medications, including the resolution of minor health problems without the use of medication.
- Share policies, procedures, and forms with local authorized prescribers.

3. Unlicensed Assistive Personnel (UAP)

- Participate in district training related to medication policy and procedures.
- Administer medications strictly following the procedure as taught.
- Provide accurate documentation of medications administered.
- Call for consultation with delegating nurse when there is any question or when a parent/legal guardian does not comply with policy.
- Provide safe storage and handling of medications as outlined in district policy.

4. Parent(s) or Legal Guardian(s)

- Cooperate with the district's policy regarding medication administration.
- Provide authorization or prescription from student's healthcare provider.
- Provide written request to administer medication.
- Provide the school with the medication as outlined in the policy.
- Communicate any changes in student's health status, medication regime,

and change of healthcare provider.

- Sign authorization for school to communicate with student's healthcare provider if needed.

5. All School Personnel

- Understand and follow school district policy and procedures related to medications.
- Understand and follow school district policy regarding self-administration of medications.

6. Prescriber

- Write a complete order including name of medication, dosage, time, route, frequency, and length of treatment.
- Collaborate and communicate medication instructions and pertinent information to the parent/legal guardian, student, and school staff, as necessary.

V. MEDICATION ADMINISTRATION GUIDELINES

The following medication administration guidelines do not supersede or supplant the Kansas Administrative Regulations (K.A.R. 60-15-101 through 60-15-104) referenced herein. The K.A.R is legally binding upon boards of education. These guidelines provide more in-depth information to assist the local boards of education in complying with the regulation.

A. Medications in the School Setting

Per K.A.R. 60-15-101, RNs, are responsible for the management, administration, and delegation of all medications in Kansas schools. If an RN is not on staff, only the primary care provider or specialist, such as a Doctor of Medicine and Surgery (MD), Doctor of Osteopathic Medicine (DO), Doctor of Dental Surgery (DDS), Advanced Practice Registered Nurse (APRN), Physician's Assistant (PA), may supervise or delegate the administration of medications in the school setting. An Optometrist (OD) may supervise or delegate administration of certain eye medications in schools.

It is assumed that medication will be administered during the school day **only** when the medication must be given at a certain time that falls within the school day, the interval between doses requires administration in school or the medication is a "when necessary" order. Only oral, subcutaneous, topical or intranasal medications, eye or ear drops should be routinely administered at school. Medications requiring IM (with the exception of emergency administration) or IV routes **must** be accompanied by a detailed IHP

developed by the RN in collaboration with the prescribing primary care provider or specialist. The RN, because of educational background and knowledge, is uniquely qualified to monitor and administer medication for children and adolescents.

B. Physician and Parent/Legal Guardian Request and Permission

National standards recommend obtaining a written request from the parent/legal guardian to accompany all medication. This includes prescription, Over the Counter (OTC), natural/homeopathic remedies, research or complementary and alternative medications to be administered (See **Appendix E: Authorization for Medication / Procedure to be Administered at School and Field Trips**). The primary care provider or specialist medication orders for prescription medication, along with the written parent/legal guardian request, must be updated annually and include:

- Student name and birth date;
- Date of parent/legal guardian request;
- Reason the medication is prescribed (if prescription);
- Parent/legal guardian understanding of school policies regarding medication administration, including OTC and natural/homeopathic remedies;
- Authorization for the designated school personnel or licensed professional registered nurse to communicate with the prescribing primary care provider or specialist to ensure continuity of care;
- Parent/legal guardian signature; and
- Primary care provider or specialist signature, if required by school district policy.

C. Prescription Medication

Prescription medications are divided into two categories, Controlled Substance Medication and Non-Controlled Substance Medications. The differences between the two categories are included in the descriptions below.

- Controlled substance medications, also known as “scheduled” medications, are regulated differently by the Drug Enforcement Agency (DEA) depending on whether they have a currently accepted medical use in the United States, the relative abuse potential, and likelihood of causing dependence when abused. Certain drugs prescribed to treat medical conditions such as pain, anxiety, and attention deficit disorder (ADD) fall into the category of controlled substances. These medications also have the potential to cause patient harm if used inappropriately. For safety, security, and legal compliance, prescriptions for controlled substances are subject to limitations for the amount of medication that can be prescribed and dispensed
- Prescriptions for non-controlled substances are not subject to some of the limitations controlled substance prescriptions are. Non-controlled substance

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medications are drugs prescribed to treat medical conditions such as hypertension, diabetes and bacterial infections.

For certain medications, particularly controlled substances, standards of best practice include counting the medication upon receipt (See **Appendix F: Sample Controlled Substance/Medication Count Log**). Counting should occur on receipt of the medication and on a scheduled basis (e.g., monthly or bi-weekly), by the school nurse or the UAP, and witnessed by a responsible school employee (another school nurse, administrator, or staff member). This count should be reconciled with the prior count and medication administration record. While inventory of medications is not a legal requirement for schools, it does constitute a sound practice when handling controlled substances. These practices also avert potential liabilities related to missing medications. Any discrepancies in counts should be reported to the parent or guardian and school administration.

Occasionally, a medication is not available in the prescribed dose. The medication will require the tablet to be cut in half. If the medication tablets are scored they may be split with a pill cutter. Using a pill cutter is necessary to ensure the pill splits evenly and does not crumble. A nurse may cut such scored tablets prior to administration. Additionally, the parent or guardian may request the pharmacist cut the tablets. Do not cut tablets that are not scored. The medication will not split evenly and the dosage will be unknown.

Prescription medication must be brought to school in a container/package dispensed by the pharmacist with the following information clearly stated on the label (K.A.R. 68-7-14) <http://pharmacy.ks.gov/statutes-regs/statutes-regs> :

- Name of student;
- Name of medication;
- Dosage;
- Route of administration;
- Directions or interval for the drug to be given;
- Name of licensed healthcare provider prescribing the medication; and
- Pharmacy contact information including expiration date of the medication (Foley, 2013).

**** School district medication policy and procedures may allow a current prescription label (dated within the current school year, and not expired), as a substitute for the primary healthcare provider written authorization.**

A separate physician signature, in addition to the prescription label:

- Verifies the primary healthcare provider desires the medication to be delivered at school;
- Assists with care coordination as well as opening the lines of

communication between the school nurse and the primary care provider;
and

- Serves as a double check to prevent pharmacy dosing errors.

Care must be taken to set clear expectations for packaging of medications in pharmacy container/package. Medication in unlabeled bags or containers, loose pills, or capsules should not be accepted for safety reasons.

D. Epinephrine Kits in Kansas Schools

It is estimated that 4 to 6% of children in the U.S. have food allergies (Centers for Disease Control and Prevention, 2015). School nurses first began noting an increase in incidence of food allergies during the 1990s. Nearly 40% of children with food allergies have a history of experiencing at least one serious reaction including anaphylaxis (Gupta et al, 2011). Initial studies with placement of epinephrine kits (commonly referred to as stock epinephrine in school nursing) show that 20% to 25% of anaphylactic episodes in schools involved individuals with no known history of severe allergies (McIntyre, Sheetz, Carroll, & Young, 2005). Currently, administering epinephrine subcutaneously (SC) or intramuscularly (IM) and calling 911 are the standard of care for individuals exhibiting symptoms of anaphylaxis in the school and community setting (Schoessler & White, 2013).

Gregory (2012) authored an article "The Case for Stock Epinephrine in Schools" highlighting the need for "non-student specific" epinephrine kits in schools and reporting that as of March 2012 only 13 states had laws in place or legislation pending. By 2016, the Asthma and Allergy Network reported all states having legislation for stock epinephrine in schools with the exception of Hawaii (pending legislation). Whether stock epinephrine is required or optional on school campuses is dependent on state statutes and regulations. Likely, this overwhelming implementation of stock epinephrine legislation for schools was a result of *The School Access to Epinephrine Act (PL 113-48)*, which provides a funding incentive to states that enact laws allowing school personnel to stock and administer emergency supplies of epinephrine auto-injectors.

Kansas enacted legislation allowing epinephrine kits in schools (KSA § 65-1680; KSA § 65-2872b) and KSA § 72-8258.) (See **Appendix G: Statutes Pertaining to Epinephrine Kits**).

Kansas statute 72-8258 states "Any accredited school may maintain an epinephrine kit. An epinephrine kit may consist of one or more doses of epinephrine. Epinephrine from an

epinephrine kit shall be used only in emergency situations when the person administering the epinephrine reasonably believes that the signs and symptoms of an anaphylactic reaction are occurring, and if administered at school, on school property, or at a school-sponsored event. A school may not maintain an epinephrine kit unless the school has consulted with a pharmacist licensed by the state board of pharmacy. The consultant pharmacist shall have supervisory responsibility for maintaining the epinephrine kit. The consultant pharmacist shall be responsible for developing procedures, proper control, and accountability for the epinephrine kit. Periodic physical inventory of the epinephrine kit shall be required. An epinephrine kit shall be maintained under the control of the consultant pharmacist. “

Schools often look to the school nurse for guidance regarding where to start the process of maintaining an epinephrine kit. Based on our state’s regulation, an outline of steps is provided below:

1) Begin conversations

- Initiate discussions with the school nurse supervisor, school board and district attorney.
- Identify the consulting pharmacist that agrees to have supervisory responsibility for maintaining the epinephrine kit pursuant to rule and regulation of the Board of Pharmacy.
- Review liability.
- Discuss and secure initial funding options (note both regular and junior doses will be needed in elementary and early childhood buildings due to weight and dosage requirements for the epinephrine). Products and resources to assist with access to epinephrine are available through the following program: <http://www.bioridgepharma.com/index.html>

2) The consultant pharmacist shall

- Maintain supervisory responsibility.
- Develop procedures for proper control and accountability for the epinephrine kit in accordance with the rules and regulations of the State Board of Pharmacy.
- Ensure periodic physical inventory of the epinephrine kit.
- Maintain the kit under his or her control.

For additional information regarding food allergies and anaphylaxis visit:

- National Association of School Nurses Food Allergy and Anaphylaxis Tool Kit available at <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>

- Centers for Disease Control and Prevention, Food Allergy in Schools (2017) available at <https://www.cdc.gov/healthyschools/foodallergies/index.htm>
- Asthma and Allergy Network, School Stock Epinephrine Laws available at <http://www.allergyasthmanetwork.org/advocacy/current-issues/stock-epinephrine/>
- Kansas School Nurse Organization at <http://www.ksno.org>

E. Over-the-Counter (OTC) (Non-Prescription) Medication, Natural and Homeopathic Remedies

It is recommended that written authorization from a primary care provider or specialist accompany nonprescription (OTC) medications, natural and homeopathic remedies, as well as prescription medications. This practice ensures continuity of care and prevents unintended medication interactions. OTC medications have therapeutic benefits, as well as a risk of potential side effects and carry the potential for great harm if misused or abused. At the same time, it is understood that students may symptomatically benefit from appropriate use of OTC medications and that their use may facilitate a student's return to class and remove temporary barriers to learning. Some states require a physician order for a nurse to administer or delegate OTC medications; however, Kansas does not have this requirement (See **Appendix C: Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid**).

Although a written order from a primary care provider is preferred, some physicians or specialists may determine that the use of nonprescription medications is a parental/legal guardian decision and not a physician decision. They may be unwilling to "authorize" OTC medications in the schools since they have no control over how the medication will be used. Consequently, it may sometimes be in the best interest of the student for the school nurse to administer OTC medications. The medications need to be in the original container with standardized, age/weight appropriate dosing information at parent or legal guardian request, for a specific time-limited minor illness (e.g. cough drops for colds, Ibuprofen for muscle strain). Additionally, the same procedures would apply for intermittent conditions (e.g. acetaminophen or non-steroidal anti-inflammatory drugs for menstrual cramps, hydrocortisone ointment for insect bites, etc.).

In the absence of a written order from a primary care provider, it is highly recommended that the school district require a written request signed by the parent/legal guardian accompany the OTC medication that includes:

- The name of the medication;

- The medication dose;
- The time for administration of the medication;
- The reason for the medication, and
- A statement relieving the school of any responsibility for the benefits or consequences of the medication. The statement needs to acknowledge that the school incurs no liability for damage, injury, or death resulting directly or indirectly from the administration of the requested medication. In this instance, documentation of medication administration by the RN, LPN, or UAP delegated to administer OTC medication must be completed.

OTC medication must be brought to school in the original manufacturer container/package with all labels intact. Deviations from label directions will require a written provider order. The school should retain the request for at least as long as the medication is used at school. It is preferable that the request remains part of the student's permanent health record.

F. Complementary and Alternative Medicines (CAMs)

The National Center for Complementary and Alternative Medicine (NCCAM, 2011) defines Complementary and Alternative Medicine (CAM) as a group of diverse medical and healthcare systems, practices, and products that are not generally considered part of conventional medicine (NCCAM, 2011). (Examples of CAMs include vitamins/supplements, herbal or homeopathic preparations, probiotics, caffeine, essential oils, and aromatherapy. This is not an all-inclusive list, but rather a sample of what types of CAMs may be requested to observe in the school setting.)

Medication administration policies should reflect local and state policies related to the administration of alternative medications and treatments. CAMs can frequently interact with other prescribed and non-prescribed medications, enhancing or inhibiting effects, so parents/legal guardians should seek guidance from their licensed prescribers about drug interactions. If the school policy allows the administration of CAMs, such products should be provided by the parent/legal guardian and in an original container with proper labeling (name of student, date, name of medication, dose, time of administration, prescriber as appropriate, and expiration date) and manufacturer's indications and contraindications. No substance should be administered to any child or adolescent without the express written request of the parent or legal guardian.

For additional information regarding medication administration in a school setting:

- Medication Administration in the School Setting (2017)– (References use of alternative remedies)

<https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/medication->

[administration-in-schools](#)

- Complementary and Alternative Medicine Products and their Regulation (2006)
<http://www.fda.gov/RegulatoryInformation/Guidances/ucm144657.htm>
- Is it a Cosmetic, a Drug or Both? (2016)
<http://www.fda.gov/Cosmetics/GuidanceRegulation/LawsRegulations/ucm074201.htm>

G. Research Medications in the School Setting

Requests to administer experimental and off-label medications, or dosages outside the normal range at school should be evaluated on a case-by-case basis by the RN and the prescribing primary care provider, and should include written protocols or study summaries, consent forms, names, and numbers of investigators or research teams. Published anecdotal and manufacturer's reports may also contain important information. The RN effectively becomes part of the research/care team in these instances and needs to be fully informed as to the intent of the study. The healthcare team needs to have full access to current medical journals and pediatric medical or mental health facilities in the area.

Medication administration policies should address the specific requirements for administering research medication in school. The information may include information regarding the protocol or a study summary from the research organization, signed parental/legal guardian permission, reporting requirement, and any follow-up nursing actions to be taken.

H. Verbal Medication Orders

The RN may take a verbal medication authorization from a primary care provider or specialist for prescription medication or a parent or legal guardian for OTC medication. The verbal authorization is followed with a written authorization within the next three to five working days. Such authorization may be faxed to the school with appropriate confidentiality safeguards in place. The UAP should never take verbal orders from primary provider or parents or legal guardians.

I. Six "Rights" of Medication Administration

Medication errors are controlled by checking the following items each time a medication is given (Institute for Healthcare Improvement, 2016).
<http://www.ihl.org/resources/Pages/ImprovementStories/FiveRightsofMedicationAdministration.aspx> (See **Appendix H: Six Rights of Medication Administration in the School Setting, 2017**).

The “Six Rights” are:

- The right child/student
- The right medication/drug
- The right dose
- The right time
- The right route of administration
- The right documentation

J. Medication Documentation

An individual record (log) must be kept of each medication administered to each student. The record must identify (See **Appendix I: Sample Forms: *Documentation of Medication Administration***):

- Student’s name and birthdate
- Allergies
- Prescribing primary care provider or specialist name and credentials (if a prescription medication)
- Medication
- Route of administration
- Time of administration
- Duration of administration
- Potential side effects
- Initial nursing assessment
- Signature of the RN responsible for administration
- Signature of the UAP, if administration is delegated
- Section for comments and narrative notes
- Electronic documentation of medication is acceptable by completing the required fields for districts with electronic records

K. Changes to Prescription Medication Orders Once Prescribed

Any changes in prescription medication, including dosage and/or time of administration must be accompanied by:

- New primary care provider or specialist and parent or guardian authorization forms with signatures;
- New container/package appropriately labeled by the pharmacist if appropriate; and
- An additional assessment provided by the RN when any change in medication,

including dosage and/or time, is made.

L. Special Situations

1. Reasons for contacting parents regarding medications:
 - a. Any questions regarding instructions
 - b. Failure of the student to receive the medication for any reason (See **Section S** for vomiting, refusal, forgot, out of medicine, spilled last dose, given to wrong student)
2. Reasons for contacting healthcare provider or pharmacist regarding medications:
 - a. Parent is not available to answer urgent questions
 - b. Clarification of medication orders, dosage, or administration
 - c. Medication incident (error)
3. Suggested steps for administration of prescribed medication dosage missed by parent at home:
 - a. If a student was to receive medication in the morning, before coming to school, and he/she does not receive that dose, the parent should be urged to come to school to administer the dose
 - b. If parent administration is not possible, the parent must provide verbal permission over the phone, for the school nurse to administer the dose. Document the verbal parental consent on the student's medication log. In addition, the prescription label at school should include the time of the morning dose that is normally administered at home, if a missed dose is to be administered at school
 - c. If missed doses continue to occur with the same student, it might necessitate adjustment of subsequent dosage times. The school nurse (RN) should be consulted.

It is essential that the RN or delegated UAP be able to match the student name, medication, dosage, administration time, and route to the student's medication record. This practice will help to avoid medication errors.

M. Use of Unit Doses and Blister Packs

The use of unit dose or blister pack packaging should be encouraged to safeguard student health and avoid medication errors. If unit dose packaging is not available, two separate prescription containers should be requested from the prescribing provider and pharmacist (one for school and one for home). *Medications brought to*

school in plastic bags, envelopes, and lunch boxes, should not be administered.

N. Use of Student Specific Emergency Medication in the School Setting

Children with diagnosed chronic health conditions (e.g., seizure disorders, diabetes, asthma, and severe allergic reactions) may have medication prescribed to treat a medical emergency. An Emergency Action Plan must be developed for students whose conditions may warrant intervention with medication [e.g., glucagon for unconsciousness due to hypoglycemia (low blood sugar), anticonvulsant medication to be administered for a prolonged seizure, and epinephrine for a severe allergic reaction (anaphylaxis)].

The RN, the prescribing primary care provider or specialist is responsible for training school staff in the recognition of life-threatening emergencies and the appropriate administration of emergency medications.

For additional information on emergency medication:

- NASN, *Food Allergy and Anaphylaxis Toolkit (2014)* - <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>
- *Managing Students with Seizures - A Training for School Nurses* <https://www.pathlms.com/nasn/courses/3452>

- Asthma Action Plans – Kansas American Academy of Pediatrics
 - Asthma Action Plan for Patients 0 – 4 years:
http://www.kansasaap.org/wordpress/wp-content/uploads/2010/09/UMHS_AAP_0-4yr_form_KansasAAP.pdf
 - Asthma Action Plan for Patients 5 to 11 years:
http://www.kansasaap.org/wordpress/wp-content/uploads/2010/09/UMHS_AAP_5-11yr_form_KansasAAP.pdf
 - Asthma Action Plan for Patients 12 years or older:
http://www.kansasaap.org/wordpress/wp-content/uploads/2010/09/UMHS_AAP_adults_form_KansasAAP.pdf

O. Self-administration of Student Specific Emergency Medication

Primary care providers or specialists acknowledge the need for students with special healthcare needs who require medications and technology to assume increasing responsibility for their own health care. As a result, providers are requesting that students be granted the autonomy to self-administer some medications in the school setting.

School and district policies must be written with guidelines for the self-administration of medication. Prior to self-administration, the student must be able to demonstrate responsibility and proper care and administration of the medication. The school nurse should provide periodic monitoring and education to ensure skills are maintained (AAP, 2009). The same guidelines for authorization from the primary care provider and parental or guardian permission must still be followed. The school should reserve the right to discontinue self-administration of medications if the privilege is abused or the safety of other students is compromised. The self-administration of controlled substances should never be permitted in the school setting. (See **Appendix J: Sample Form Authorization for Self-Medication: Emergency Asthma/Allergy Medications**).

The Kansas legislature passed a law (K.S.A. 72-8252 sup. 2005) allowing students to self-administer certain medications to treat anaphylaxis and asthma. (See **Appendix K: Statute K.S.A. 72-8252 sup. 2005**). Each school district shall adopt a policy authorizing the self-administration of medication by students enrolled in kindergarten or any of the grades 1 through 12. A student shall meet all requirements of a policy adopted pursuant to this subsection.

For more information about self-administration of certain medications:

http://kslegislature.org/li_2014/b2013_14/statute/072_000_0000_chapter/072_082_000_article/072_082_0052_section/072_082_0052_k/

A detailed Individualized Healthcare Plan ensuring adequate and appropriate communication with the school nurse and appropriate written authorizations from both the healthcare provider (MD, DO, APRN, PA, DDS, or OD) and the parent or legal guardian should be in place before self-administration of medications is permitted. Regular monitoring and evaluation of self-administration of prescription medications must be the responsibility of the RN and should not be delegated. The school should reserve the right to discontinue self-administration of medications if the privilege is abused or the safety of other students is compromised. The self-administration of controlled substances should never be permitted in the school setting.

P. Medication Administration Outside of Regular Attendance Hours by School Personnel

Medications used before or after school in athletic areas by coaches, trainers, or by sponsors of other school activities outside of regular school attendance hours including OTC medications, are subject to the same requirements for authorization, storage, administration, and delegation as any other medication in the school setting. “Extended program hours” means any program that occurs before or after school hours that is hosted by the school. Schools and delegating RNs need to consider the availability of the delegating nurse (e.g. extended contract to cover being on-call) who may need to answer questions that could occur during the before and after school time.

For more information consult K.A.R. 60-15-101 *Definitions and functions*

<http://www.ksbn.org/npa/pages/60-15-101.pdf>

Q. Storage of Medication

All medications (including OTC medications) maintained in the school setting (other than self-administration for specific students) must be kept in a locked and secured container or cabinet, in a room that can be locked. Medications requiring refrigeration should be kept in a secured refrigerator that is inaccessible to students or staff members. The medications should never be stored with food.

Access to medications must be limited. It is recommended that a list of persons with access to medications be maintained and updated regularly. More recent recommendations include unlocked cabinets or containers for medications used to treat allergic reactions (anaphylaxis) or to treat asthma, to facilitate immediate access to these medications.

R. Inventory of Medications

The RN and another staff member must inventory medications at least every semester. Expired medications must be destroyed or disposed. The disposition must be clearly documented (See **Appendix F: Sample Form *Controlled Substance Log***.) Medications no longer being used should be returned home or destroyed. Needles, syringes, and lancets should be properly disposed of by sealing in a puncture proof container.

As previously stated in Section C. Medication Administration Guidelines, Prescription Medications, controlled substances should be counted on a scheduled basis (monthly, bi-weekly), by the RN or UAP, and witnessed by a responsible school employee (another school nurse, administrator or staff member). This count should be reconciled with the prior count and medication administration record. All counts must be clearly documented on the student medication record and initialed by the participants. This process is greatly facilitated using unit dose packaging or blister packs. Ideally, no more than a 30-day supply of prescribed medication should be stored at the school.

S. Medication Incident (Error)

School policies and procedures should address what a staff member must do if there is an “irregularity” involving medication. Medication errors most often occur when an individual is interrupted or distracted. Eliminating distractions and/or other responsibilities during periods of concentrated medication administration can increase safety and decrease the potential for errors. Medication errors may include:

- Omitting a medication
- Administering a medication to the wrong student
- Administering an incorrect dose of medication
- Administering a medication at the wrong time
- Administering a medication by the wrong route

Schools should have policies to address handling situations with students who do not appear or refuse to take ordered medication. It may be best to address these situations on an individual basis dependent upon what the medication is and how often the student forgets. If a medication is not administered, policies should address the extent to which school personnel will attempt to administer the medication, and include parent notification procedures.

Any medication “irregularity” should be documented on a Medication Incident Report Form and reported to the school nurse, parents, the prescribing healthcare provider or

specialist, and the school administrator if deemed appropriate by the school nurse. School nursing personnel should review reports of medication incidents and take necessary steps to avoid problems in the future. The employee completing the medication incident report is encouraged to describe how the incident occurred. Terms such as “accidentally or “by mistake” should be avoided. (See **Appendix L: Suggested Procedures for Medication Errors/ & Sample Medication Incidence (Error) Report Form**).

The RN may reasonably work within a timeframe or window of 30-45 minutes of the prescribed time for medication administration based on priorities and nursing judgment without creating an error of omission. Any window of time granted to UAPs to whom medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising RN. School Nurse Administrators, along with school nurses, should regularly review incident reports. If trends in errors are evident, the school should consider changing processes to lessen occurrence of injuries, and provide additional training needed, etc. Tracking and responding to medication incidents is one example of a quality improvement activity, important to the role of the school nurse.

T. Disposal of Medications

The parent or legal guardian should pick up medications that are out of date or have been discontinued. All medications should be picked up at the end of each school year. The parental or legal guardian notifications should be sent home under the above conditions. When medications are not picked up after the parent or legal guardian notification, they should be destroyed and that process should be witnessed and documented.

Resources for safe disposal of medications include:

- Disposal of Controlled Substances (FDA, n.d.)
<https://www.federalregister.gov/documents/2014/09/09/2014-20926/disposal-of-controlled-substances>
- How to Dispose of Unused Medicines (FDA, n.d.)
<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

U. Disposal of Needles and Syringes

Needles and syringes should be disposed of in a manner consistent with appropriate Occupational Safety and Health Administration (OSHA) Guidelines and district policy. Consider a policy or plan for staff, visitors, and events (sports, plays, etc.) that allows for sharps disposal in schools. If no policy or plan is developed, sharps could be inappropriately discarded, leaving students and staff at risk.

For more information about the disposal of needles and syringes visit

<https://www.osha.gov/dts/shib/shib101503.html>

Best Way to get Rid of Used Needles and Other Sharps (FDA, 2015)

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/Sharps/ucm263240.htm>

VI. DISASTER PLANNING

A. Emergency Building Evacuation and Medications

Every school nurse's office should be supplied with a readily accessible, easily carried, and recognizable emergency bag/pack that includes supplies for basic first aid and a glucose source. A list of all students with significant medical conditions and current medication histories, and emergency contact numbers should be kept in the emergency bag.

For specific supplies refer to NASN's Emergency Resources, Equipment and Supplies for School With/Without a School Nurse at:

https://portal.nasn.org/members_online/members/viewitem.asp?item=S079&catalog=OTH&pn=1&af=NASN.

B. Planning for Potential Disaster Situations

When school districts plan for potential disaster situations, student medication needs must be addressed. Safety is the goal. Considerations should include, but are not limited to:

- Development of disaster preparedness plans with a description about how to accommodate students within a minimum of 72 hours without access to care.
- Have at least a three-day supply of medications on hand for students who take medications during the school day.
- The school nurse or designee contacts parent or guardian to identify medications that students take only at home. Identification of health risks for students who miss three days of medication would be a serious health risk for the student. The parent or guardian should be asked to provide a three-day supply of these medications with instructions from their healthcare provider. There are some situations where the need for the medication can be attenuated or delayed by working with the student's healthcare provider and parent or guardian.

- Medications, like insulin dosage may be altered based on food intake and activity level to require less insulin. Some medications may have a longer half-life permitting students to miss several doses without serious consequences. These situations must be clarified by the school nurse to ensure that those students needing medication receive the amount they need in situations where medications cannot be readily obtained without prior planning.
- Have medications securely and properly stored according to prescription container directions (e.g., refrigerated and monitored for expiration dates). It may be necessary to periodically rotate the school's disaster medications for an individual student to ensure there are no expired medications at school.
- Ensure each student's IHP contains specific, detailed instructions and diagrams for UAPs who could assist the student if a nurse was unavailable during a disaster.

C. Preparing Your School District for Public Health Pandemics

In recent years, there have been several outbreaks of disease leading to pandemic preparedness and response in our country (e.g., Avian, H1N1, Ebola, and the Zika virus). Public health agencies have developed response plans for various emergencies including the potential for a pandemic outbreak. School districts should collaborate with their local public health agency, as the school district plays a critical role in the community public health preparedness and response activities. Many school districts have buildings that could be designated as a Point of Dispensing (POD) to either (a) provide shelter and food for community members or (b) serve as a site for mass prophylaxis of community members (either by vaccination or distribution of prophylactic antibiotics). Mass prophylaxis is the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency. These efforts are needed to prevent the development of disease among those who are exposed or are potentially exposed to public health threats.

School nurses are the health experts with the knowledge base regarding disease epidemiology and surveillance. The H1N1 pandemic influenza outbreak in 2009, required a change in recommendation; therefore, it is critical that school nurses remain current in their knowledge of recognition and response for various health threats. Partnering with the local public health agency is imperative to ensure if a disease outbreak leads to mass prophylaxis requiring antibiotic therapy, the school district has planned and prepared for an emergency response.

VII. Field Trips, School Sponsored Events and Summer School

Standards for safe medication administration do not change when students participate in field trips, school sponsored events, or summer school. This includes appropriate training, delegation and supervision of the UAP by a RN. The goal of school districts should be to facilitate all students' participation in all school activities. It is especially important to plan 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.

A. Scheduled Field Trips

It is the school's responsibility to provide necessary accommodations so that all students can attend the scheduled field trips. Some students may need assistance with medication administration during the trip. If the school nurse does not attend the field trip:

- The medication administration task may be delegated to the UAP, such as a teacher. The UAP should be prepared for medication administration, proper documentation, and medication storage before the task is delegated. The person to whom the medication administration is delegated must be identified, receive appropriate training, and demonstration of competency needs to be documented. The UAP will assume responsibility for safe transport and storage, as well as administration of medication.
- Medications should be placed in a waterproof pill bag and labeled clearly with student name, date of birth, medication, dose, route and time for administration by the RN. Resealable pill bags (1.5 x 2 inches) are available from most school health catalogs or pharmacy supply stores. (See **Appendix M: Board of Pharmacy Letter Regarding Field Trip Medication Administration**).
- The teacher must report any medication administered to the school nurse for documentation. The disposition of the medication dose for field trips should be clearly documented on the student's medication record indicating to whom administration was delegated and time of actual administration.
- The parent or guardian is responsible to obtain a medication authorization form with specific instructions if their children attend field trips or school sponsored events that extend beyond regular school hours. The current medication authorization form on file should be followed.
- School nurses cannot delegate medication administration to volunteers, parent or guardians, or non-school employees during school or during school sponsored events. This includes licensed nurses who are not district employees.

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- Parent or guardians who accompany children to any school sponsored event may administer medication to their own child but not to any other children.
- Medication that needs to be refrigerated must be kept in a small cooler with ice packs if a refrigerator is not available. *NOTE: Be aware of temperature extremes that may affect medications. For example, epinephrine auto-injectors must be kept between 59 and 86 degrees Fahrenheit so **it is inadvisable to store them in a locked box in a car trunk or on a bus during hot weather without a cooling pack.**
- An action plan per school district policies and procedures should be developed by the RN to meet the needs of the student if a student is capable of self-administration.
- If the student does not already self-administer medication at school, the student will require training and support by parent or guardian and the school nurse before assuming this responsibility on a field trip, school sponsored event, or summer school. This student may require additional adult supervision to ensure his/her safety.
- Upon return from a field trip, any unused medication must be returned to the school nurse or designee and documentation completed in accordance with the school district's procedure. The school nurse-or designee and the UAP should sign and date a log sheet that documents the return of the medication and any problems that might have occurred with the medication administration on the field trip such as a dropped medication, missed dose, or student refusal.

B. Field Trips and Section 504

Section 504 may apply to the administration of medication to a student with a qualifying disability, including their participation in field trips, school sponsored events, and summer school. The district must provide health services for the student on field trips, school sponsored events, and summer school, if the student receives health services. Appropriate accommodations may include:

- Assigning a licensed nurse to provide care for the student.
- School nurse delegation of care to a UAP by following appropriate delegation procedures.
- The parent or guardian may be asked to accompany the student to attend to the student's healthcare needs although they cannot be required to do so.
- If none of these options are possible or the student should not go on the field trip or school sponsored event because of the unstable/fragile nature of their condition and/or the distance from the emergency care that might be

required, the school may provide a comparable learning experience at school or in an alternate, safe location.

C. Field Trips Out of the State and Out of the Country

School districts should have policies and procedures for out of state and country trips. The school nurse should work with district administration and legal counsel to address how the medication or treatment needs of students will be addressed. The nurse should contact the boards of nursing in the appropriate state for guidance and permission to practice (including delegation to school staff) in that state or determine if the state grants visiting privileges. The nurse may be required to obtain licensure in another state to be able to administer medication/treatments to students or to be able to delegate administration of medication/treatments to school staff. For trips outside the country, the school nurse should contact the visiting country for guidance and permission. It is best to get guidance in writing and have these documents readily available.

For more information about school sponsored field trips:

School Sponsored Field Trips – The Role of the School Nurse (Position Statement) NASN
<https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/school-sponsored-trips-role-of-the-school-nurse>

VIII. Poison Control Center

The Poison Control Center hotline (1-800-222-1222) can be called from anywhere in the state of Kansas and throughout the Kansas City metropolitan area 24/7. This connects callers directly to the Kansas Poison Control Center at Kansas University Medical Center (KUMC) for questions or concerns about medications, side effects, and pill/capsule identification. Additionally, poison control centers may ask for the patient's name and contact information. For more information about the poison control center:
<http://www.kumed.com/medical-services/poison-control>

For additional information on laws & guidance for revealing personal identifying information visit Family Educational Rights and Privacy Act (FERPA)
<https://ed.gov/policy/gen/guid/fpco/ferpa/index.html>

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APPENDIX – (Permission has been granted by all authors and/or school districts to share the documents included in this appendix).

- A. Sample School Board Medication Policies**
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- C. Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid**
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Appendix A

Sample School Board Medication Policies

SAMPLE I
DISTRICT MEDICATION POLICY

BOARD POLICY:

The supervision of medications shall be in strict compliance with the rules and regulations of the board as carried out by district administrators. K.S.A. 72-8252

ADMINISTRATIVE PROCEDURE:

1. A student is eligible to take medication at school if it is to be given at a specific time of day during regular school hours or if it is to be given more than three times a day. Unnecessary medication administration at school is strongly discouraged.
2. Administration of acetaminophen or ibuprofen requires parent/legal guardian authorization (See 5).
3. Both parent/legal guardian authorization and a written order from a person licensed to practice medicine or dentistry in the State of Kansas or other competent jurisdiction are required for administration of all medications in the school setting with the exception of situations addressed in #5. The physician order must be updated at the beginning of each school year and dated not prior to May 1 of the previous school year.

a. The order should include the following:

1. Name of student
2. Diagnosis/reason for medication
3. Name of medication to be given
4. Dosage to be given (A new physician written order will be required for dosage changes.)
5. Times to be given
6. Method of administration
7. Expected duration of treatment

b. Lawful custodians are responsible for:

1. Verbalizing request for medication administration to school nurse
2. Obtaining physician or dentist order
3. Supplying medication in the original container
4. Authorizing school health services personnel to exchange information with the

attending physician and personnel from the dispensing pharmacy.

c. The school nurse is responsible for:

1. Keeping medications locked in specially designed cabinet and/or small locked container for refrigeration.
2. Counting all regulated medications when received, weekly thereafter, and verifying with at least one other adult (lawful custodian or school employee).
3. Initiating a medication order,
4. Instructing unlicensed school personnel who have been identified as necessary to implement the administration plan and documenting training and supervision according to the delegation regulations of the Kansas State Board of Nursing.
5. Observing students for desired and potential effects.
6. Completion of required medication documentation.
7. Providing necessary feedback to lawful custodian and physician.

d. Termination

1. Short-term medication: The medication plan will be terminated when medication supplied by the lawful custodian has been administered.
2. Long-term medication/PRN (as needed): During the school year the termination of a medication plan by the lawful custodian, prescribing physician, or school must be by written or verbal notice. On July 31, at the end of the extended school year all medication orders will terminate.

4. Self-Administration:

a. The self-administration of medicine for the treatment of anaphylactic reactions or asthma is allowed for students in grades K-12. To be eligible, a student shall meet all requirements of this policy. Parents/legal guardians shall submit a written statement from the student's healthcare provider stating:

- i. The name and purpose of the medication;
- ii. The prescribed dosage;
- iii. The conditions under which the medication is to be self-administered;
- iv. Any additional special circumstances under which the medication is to be administered; and
- v. The length of time for which the medication is prescribed.

Guidelines for Medication Administration in Kansas Schools

b. The statement shall also show the student has been instructed on self-administration of the medication and is authorized to do so in school.

c. An annual renewal of parental/legal guardian authorization for the self-administration of medication is required.

d. The school district, and its employees and agents, which authorize the self-administration of medication in compliance with the provisions of this policy, shall not be liable in any action for any injury resulting from the self-administration of medication, and written notification in this regard is provided to the parents/legal guardians.

e. Parents/legal guardians shall sign the waiver of liability provided on the “authorization for Self-Administration of Emergency Asthma/Allergy Medication form.”

5. Health Room Stock of Acetaminophen and Ibuprofen

a. Health rooms will stock tablet forms of acetaminophen and ibuprofen.

b. Parents/legal guardians will provide annual written permission on district provided forms for the school nurse to administer the medication.

c. Contact with the parents/legal guardians will be attempted by the school nurse prior to each administration of health room stock, over-the-counter medication to ensure continuity of care for the student before and after school.

6. In accordance with state law, injectable epinephrine is stocked at student buildings for use by staff who reasonably believe a student with unknown history is displaying signs and symptoms of a severe allergic reaction (anaphylaxis). Use of the injectable epinephrine requires an immediate call to 911 and notification of parents.

Sample 2

Appendix S

Medication Administration Policy

When your child must have medication of any type (over-the counter meds, inhalers, daily meds) during school hours, you have the following choices:

1. You may discuss with your doctor an alternative schedule of medication administration so it can be given outside of school hours. ^{[[]]}_{SEP}
2. When the medication is prescribed for three times daily. Your child should take the medication before he comes to school, after returning home from school, and before going to bed. ^{[[]]}_{SEP}
3. You may come to the school and administer the medication yourself.
4. You may get a medication administration form from the school and have your physician indicate on the form the diagnosis, drug, dose, time to be given, along with the physician's signature. This form must be signed by the parent/legal guardian and brought to school prior to any medication being administered. The medication must be in a pharmacy-labeled or manufacturer's container with the child's name clearly visible on the container. Students must take all medication in the presence of designated school personnel.

EXCEPTION: Medication may be self-administered by the student if the Request for Administration of Medication Form states this and has been signed by the parent/legal guardian and physician and is on file at the school.

In fairness to those giving the medications and for the safety of your child, this policy must be followed strictly. We ask this, not to make things difficult for you, but to insure the health and well-being of all students.

Remember, the only way medication can be given at school is with the school medication administration form filled out and signed by the physician and parent/legal guardian. The medication must also be in a properly labeled container.

Thank you for your cooperation with this policy!

Appendix S

Póliza de Administrar Medicamento

Cuando su niño necesite medicamento de cualquier clase (vendido en tienda, aparato de inhalar, medicamento diario) durante las horas de escuela, ustedes pueden escoger:

1. Puede discutir con su médico un alternativo horario para administrar medicamento afuera de horas de la escuela.
2. Cuando el medicamento es prescrito para tres veces diario, su niño debe tomar su medicamento antes de venir a la escuela, después de la escuela, y antes de acostarse.
3. Puede usted venir a la escuela y administrar el medicamento.
4. Necesita obtener una forma de su escuela para administrar el medicamento y que su médico indique en la forma el diagnóstico, el medicamento, la cantidad, la hora, y la firma del médico. Esta forma debe ser firmada por los padres/guardias y regresada a la escuela antes de administrar el medicamento. El medicamento debe estar en un envase original y marcado con el nombre del niño. Los estudiantes deben tomar el medicamento en la presencia del personal escolar.

EXCEPCIÓN: El medicamento puede ser administrado por el estudiante en grados 6-12 si la solicitud para la forma de administración médica dice esto y ha sido firmada por los padres/guardian y el doctor y esta en nuestros archivos en la escuela.

En justicia a los que administran el medicamento y la seguridad de su niño, esta póliza debe ser cumplida estrictamente. Les pedimos esto, no para ser cosas difíciles para usted, para asegurar la salud y el bienestar de todos los estudiantes.

Recuerde, la única manera que el medicamento puede ser administrado en la escuela es con una forma firmada por el médico y los padres/guardias. Necesita estar en un envase marcado apropiado.

!GRACIAS POR SU COOPERACION CON ESTA POLIZA!

Copy provided by USD #214 Ulysses school district

Appendix B

**Recommended Qualifications for the Unlicensed
Assistive Personnel**



Recommended Qualifications for the Unlicensed Assistive Personnel (UAP)

Education	<ul style="list-style-type: none">• High school diploma or equivalent or higher• Ability to read English• First aid & CPR certified• Office management skills• Other pre-employment training determined by the school district
Personal Attributes	<ul style="list-style-type: none">• Reports to work as scheduled• Understands & follows school policies and guidelines• Understands & follows all delegated care tasks• Willing to assume responsibility for the assigned tasks• Works within UAP job description• Adaptable to various school situations• Possesses common sense
Interpersonal Attributes	<ul style="list-style-type: none">• Genuine liking of children & ability to work with them• Able to establish rapport with students, families, & school personnel• Maintains confidentiality of information• Communicates clearly - written & verbal• Willing to be supervised by the school nurse• Introduces self as health care assistant (not <i>the nurse</i>)
Emergency Effectiveness	<ul style="list-style-type: none">• Stays calm when the unexpected occurs• Demonstrates good judgment when unexpected problems arise• Knows when to call emergency medical services &/or the school nurse

Appendix C

**Delegation of Specific Nursing Tasks in the School
Setting for Kansas Grid**

Guidelines for Medication Administration in Kansas Schools

Delegation of Specific Nursing Tasks in the School Setting for Kansas (see K.A.R. 60-15-101 through 104)

The following table is to be used to determine to whom **Specialized Caretaking** tasks or procedures may be delegated. Only the Registered Professional Nurse (RN) responsible for the student's nursing care may determine which nursing tasks may be delegated to an Unlicensed Assistive Person (UAP). The RN or the Licensed Practical Nurse (LPN) shall supervise all nursing tasks delegated in accordance with the criteria listed in KAR 60-15-101 through 104. Depending on parental permission and the age and maturity level of the child, many tasks may be performed by the child with oversight by the RN or LPN. **Basic Caretaking tasks (including bathing, dressing, grooming, routine dental, hair and skin care, preparation of food for an oral feeding, exercise – [excluding OT and PT], toileting and diapering, hand washing, transferring, and ambulation)** may be performed by a UAP with supervision of an RN or LPN.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following:

1. The nursing task involves no nursing judgment. Judgment involves substantial specialized knowledge derived from biological, behavioral and physical sciences applied to decisions.
2. The UAP skills and competency levels.
3. The supervision criteria in KSA 65-1165 are evaluated and met.

Specialized Caretaking	Provider Order Required	RN	LPN	UAP	Self administration	A = Allowed within Scope of Practice S = Within Scope of Practice with Supervision D = Delegated task with RN or LPN supervision X = Cannot perform	Provider = Person w/legal authority to prescribe (e.g. MD, DO, DDS, and ARNP or PA with protocol authority) RN and LPN = Licensed health professionals regulated by Kansas Nurse Practice Act UAP = All other school employees assisting with health services not licensed as a RN or LPN
						RN Scope of Practice: The delivery of health care services which require assessment, nursing diagnosis, planning, intervention & evaluation. LPN Scope of Practice: The delivery of health care services which are performed under the direction of the RN, licensed physician, or licensed dentist, including observation, intervention, and evaluation. Self administration: As agreed between RN or LPN and parent/provider.	
Prescription Medications: Oral, topical, inhalers, nebulizer and rectal	Yes	A	S	D*	A		*If does not require dosage calculation and nursing care plan denotes route.
Prescription Medications: Intramuscular	Yes	A	S#	X#	A		# No, unless an emergency medication as specified per an emergency action plan.
Prescription Medications: Through tubes inserted into the body	Yes	A	S	X+	A		+Except a feeding tube inserted directly into the abdomen
Prescription Medications: Intermittent Positive Pressure Breathing Machines	Yes	A	S	X	A		
Prescription Medications: Intravenous	Yes	A	S**	X	A		**According to LPN IV therapy law
Over the Counter Medications	*	A	A	A	A		*Individual district policy may vary in requirements and limitations.
Diabetes Care: Blood glucose monitoring and/or carbohydrate counting and/or subcutaneous insulin administration	Yes	A	S	D	A		
Catheterization	Yes	A	S	D	A		
Ostomy Care	Yes	A	S	D	A		
NG feeding: preparation and/or administrations	Yes	A	S	X	A		
G-tube feedings: preparation and/or administration	Yes	A	S	D	A		
Reinsertion of percutaneous g-tube	Yes	A	S	D	A		
First feeding after reinsertions of g-tube	Yes	A	S	X	A		
Care of skin with damaged integrity	Yes	A	A/S	D	A		
Care of skin with potential for damage	No	A	S	D	A		
Tracheostomy: Care of ostomy, trach and/or suctioning	Yes	A	A/S	D	A		
Measuring Vital Signs	No	A	S	D	A		
Development of Individualized Health Care Plan & EAP (Emergency Action Plan)	No	A	X	X	X		

The above document was developed in collaboration with the Kansas State Board of Nursing (KSBN) and the Kansas School Nurse Organization (KSNO). Approved by the KSBN Practice Committee on September 15, 2009. **REVISED JUNE 12, 2014**

Appendix D

**Sample Documentation of Instruction from the
Licensed Professional Registered Nurse to Unlicensed
Assistive Personnel**

_____, _____
Last Name, First Name

Documentation of Instruction from the Registered Nurse to School Personnel

The undersigned non-nursing, non-licensed school personnel has been instructed in:

Bloodborne Pathogens, Universal Precautions & Child Passenger Safety, Medication Delegation, and Emergency Care for Asthma, Cardiac, Seizures, Food Allergies and Emergency Procedures.

This person has satisfactorily demonstrated the ability to carry out the identified nursing task. Both the registered nurse and the unlicensed person agree that the task can be safely delegated and carried out by the unlicensed person designated below with periodic supervision at the discretion of the registered nurse. Any questions or concerns about any delegated task, or any concern of injury or illness must be reported to the on-duty nurse as soon as possible for further directions.

This training is provided annually. The information is reviewed at mid-year and as needed.

“Staff who accepts responsibility to give medication to students when a nurse is not available is required to follow the procedure and complete the paperwork. Any errors must be reported immediately.”

An error is defined as: The incorrect, wrongful administration or omission of medication as directed.

In the event of an error the following actions must be taken:

1. **Report the error to the nurse** on duty and immediate supervisor as soon as it is discovered. The nurse will determine the level of action/care needed for the situation.
2. **Notify parent/guardian** of error. The nurse will do this, if possible. If not, the staff or immediate supervisor will contact parent.
3. **An Incident/Accident report should be completed as soon as possible.** This will help evaluate, identify and correct the cause of the error. 1:1 training time will be spent with the employee to provide additional support and training in regard to the Delegation procedure. These reports are kept for documentation purposes within the Health Center, related to our compliance with the KS Nurse Practice Act and Delegation practices.

Clarification:

If a student refuses to take their medication as directed during the activity, staff should notify the nurse on duty. This is NOT considered an error, but should still be documented on the medication page. Please notify the nurse on duty as soon as possible.

RN providing Instruction: _____

Printed Name	Signature	RN Signature	Date

Guidelines for Medication Administration in Kansas Schools

“Delegation is defined as “the transfer of a responsibility for the performance of an activity to another; with the nurse retaining accountability for the outcome” (ANA & National Council of State boards of Nursing, 2006, p 4)

In the event of an off campus activity, or during activities that occur when the Health Center is closed, medications can be delegated to Non-licensed staff who have received the appropriate training and have accepted responsibility for the medications. When necessary, medications are sent with staff to administer to students participating in activities. This **“Delegation”** of medication administration is covered under the KS Nurse Practice Act 60-15-101. A copy of the Act is available in the Health Center/Health Clinic Procedure Book. Athletic, Academic and Dorm staff participates in delegation training biannually.

During the biannual Delegation training, Staff signs an agreement to follow the procedure. The document reads:

“Staff who accepts responsibility to give medication to students when a nurse is not available is required to follow the procedure and complete the paperwork. Any errors must be reported immediately.”

An error is defined as: The incorrect, wrongful administration or omission of medication as directed.

In the event of an error the following actions must be taken:

1. **Report the error to the nurse** on duty and immediate supervisor as soon as it is discovered. The nurse will determine the level of action/care needed for the situation.
2. **Notify parent/guardian** of error. The nurse will do this, if possible. If not, the staff or immediate supervisor will contact parent.
3. **An Incident report should be completed as soon as possible.** This will help evaluate, identify and correct the cause of the error. 1:1 training time will be spent with the employee to provide additional support and training in regard to the Delegation procedure. This will also be documented on the Incident report. These reports are kept for documentation purposes within the Health Center, related to our compliance with the KS Nurse Practice Act and Delegation practices.

Delegation errors can be classified as **Inadvertent** (unintentional) or **Intentional**.

Inadvertent errors include: situations where a student’s medication is lost, given at the wrong time or to the wrong student **without the intention** to change or ignore what is directed. *Staff is encouraged to report these errors and no disciplinary action should be taken if the error is deemed inadvertent by the Nurse Manager and Administration. Non licensed staff are NOT Nurses and should not be held to the expectations of being a Nurse.*

Repetitive or a severe error(s) made by the same employee will result in discontinuation of Delegation responsibilities to that employee at the discretion of the RN (re: KS NPA, KS Board of Nursing).

Guidelines for Medication Administration in Kansas Schools

Intentional Errors include: Blatant disregard for the Delegation procedure and policy and/or malicious interference with a student's health and safety. The Nurse Manager will communicate any such incidents to Human Resources and Administration for their review. This would include:

- The willful transfer of Delegated tasks from the designated student to another student;
- The willful transfer of Delegated medications from the designated student to another student;
- Staff independently obtaining and administering medications without the nurse's knowledge;
- Failure to report illness or injury to the nurse on duty and immediate supervisor;
- Failure to comply with the protection of Privacy and HIPPA laws;
- Any other action identified as inappropriate.

Human Resources and/or Administration will determine the level of discipline required according to the Employee Handbook, which can lead to disciplinary steps up to termination.

Clarifications:

If a student refuses to take their medication as directed during the activity, staff should notify the nurse on duty and their supervisor. This is NOT considered an error, but should still be documented on the medication page. This information is kept for documentation purposes within the Health Center, related to our compliance with the KS Nurse Practice Act and Delegation practices.

State Nurse Practice Acts and their associated rules and regulations define the guidelines and standards regulating delegation of nursing tasks. Some states and territories restrict the procedures that can be delegated; others do not allow delegation at all. (School Nursing: A Comprehensive Text/J. Selekman, editor. - 2nd Edition, p.1308)

"Nursing delegation is not appropriate for all students, all nursing tasks, or all school settings....The appropriateness of delegation can only be determined by the registered professional school nurse and is determined through a nursing decision-making process" (ANA & National Council of State boards of Nursing, 2006, p 3)

Only an RN can delegate nursing care. "If an individual who has been assigned by a school administrator is not suitable for the task, whether it is due to lack of education, attentiveness, availability or proximity, the registered nurse must work with administration to locate a better suited individual. The registered nurse adheres to the state nurse practice act and standards of nursing practice, even if it conflicts with an administrator's directive" (NASN 2010).

**SAMPLE
Medication Administration Delegation**

Employee Name: _____ RN/LPN _____

School Site: _____

Review USD #345 medication delegation and administration policy

Review medication administration forms: (Check all that apply)

- Medication Authorization
- Medication Administration Log
- Medication Incident (Error) Report
- Receipt of Medication
- Field Trip Medication Administration Record/Log

Review medication administration procedure

Demonstrate medication(s) administration (per procedure):

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Diastat (Rectal) <input type="checkbox"/> Epinephrine auto injector <input type="checkbox"/> Ear drops <input type="checkbox"/> Eye drops or ointment <input type="checkbox"/> Glucagon <input type="checkbox"/> Inhaler <input type="checkbox"/> Nasal spray <input type="checkbox"/> Oral medication <input type="checkbox"/> Topical ointment or cream <input type="checkbox"/> Transdermal patch <input type="checkbox"/> Review Confidentiality Statement (on reverse) | Other Specific Medications:

_____ |
|--|--|

Initial Delegation Date:	Review Date:	Review Date:	Review Date:
I hereby delegate the administration of the above medication(s) at school during the _____ school year to: Employee Name: _____ RN/LPN Signature: _____			
I accept the responsibility to give medications at school, or on a field trip, in conformity with the above directives. I accept the responsibility to safeguard health information confidentiality. Employee Signature: _____			

Adapted from Washington State "Guidelines for Medication Administration in Schools", 2015

Confidentiality of Student Health Information

In the course of my employment or association with USD #345 Seaman School District, I understand that printed, electronic and oral communications concerning ALL student health information are confidential. Such information can be accessed directly only by certain designated individuals and only for legitimate health purposes. Any keys to any files and computer password assigned to me for whom I am responsible will be kept confidential. I understand that release of any student health information in printed, verbal, electronic, or any other form by unauthorized personnel is a violation of school district standards for school employees and contracted service providers.

I understand that improper release of student health information in printed, verbal, electronic, or any other form is a violation of district policy for both employees, contracted service providers, and volunteers is cause for disciplinary action and can result in termination of employment and in some cases, civil liability.

If I have any questions concerning the confidentiality of student health information, I will consult my immediate supervisor, the school nurse, or the school administrator.

I have read, understand, and accept the above statements.

(Signature of School Staff Member)

(Date)



**UAP TRAINING OF MEDICATION ADMINISTRATION
AND HEALTH ROOM PROCEDURES.**

Medication can only be legally given by the school registered nurse or by school personnel whom the school registered nurse has trained and delegated the task of giving medication. The trained personnel may not further delegate to others.

1. Ask student to state their name (if student is able)
2. Identify medication:
 - Note student's name on medication
 - Note name of medication on medication label
 - Note time to be given that is written on label
 - Note dosage of medication on label
 - Note instructions on label for giving the medication, including the route of administration (e.g. orally, inhaler, etc.)
3. Compare the information in item #2 with the Medication Task List or PRN Medication List (attach August and January lists to this training sheet).
4. Check to see that the medication has not already been given for that day and time by another school person. Administer medication if it has not already been administered for that day and time or if required time interval is met for PRN medication.
5. Initial name to indicate dosage was given on the Medication Task List or PRN Medication List. **(Indicate the time if it is a prn medication)**
6. Return medication to cabinet and lock cabinet as applicable.

Registered Nurse _____

Names of unlicensed personnel trained	Date Trained (Aug. & Jan.)	Initials (Nurse & delegate)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appendix E

**Sample of Authorization for Medication / Procedure to be
Administered at School and Field Trips**

USD 489 Medication Authorization Form

When possible, medication should be administered at home using a schedule that will not require doses during school hours

Prescription medication must be sent to school by the parent or guardian in the original pharmacy container with the pharmacy label. The student's name, name of the medication, dosage, date and physician's name must be clearly noted on the label. Any change in time or dosage of medication requires a new prescription from the physician.

Over-the-counter medication must be sent to school by parent or guardian in the original container, marked with the student's name. Only the instructions on the container will be followed (instructions on container must be readable) unless a physician provides alternative instructions.

The following procedures must be followed for medication to be dispensed:

- 1. The parent or guardian must provide all medications to be administered at school. Because of limited space, medication should be brought to school in the smallest size you can purchase.
2. A medication authorization form signed by a parent or guardian must be on file at the school. This request will expire at the end of each school year.
3. The first dose of medication must be given by the parent or guardian.
4. All medication must be kept in the area designated by the Principal. Students requiring medications will be responsible for reporting to the Health Office at the specified time.
5. It is required that medication that is a controlled substance (Ritalin, Adderall, etc.) be brought to school by the parent or guardian in a bubble pack as it must be counted weekly.
6. If you child requires any exception to this general procedure, such as self-administration, see the school nurse.

Student Name: Birthdate Grade

Name of Medication: Dosage

Time of Administration Duration to be Given

Reason for Medication: Doctor's Name

Should short-term medication (cough medicine, antibiotics, etc) be sent home daily? Yes No

Permission/Release Statement to be completed by Parent or Guardian

I hereby give permission for designated school personnel to dispense the above named prescription or over-the-counter medication to my child, named above. I certify that he/she has previously had at least one dose of the medication and did not have an adverse reaction from it. I understand that any school employee who administers this medication to my child in accordance with the written instruction from the medication label shall not be liable for damages as a result of an adverse reaction suffered by the student because of administering such drug or because of mislabeled or altered product. For prescription medication, I hereby authorize a USD 489 school nurse to exchange information with the prescriber and with the pharmacy identified on the affixed pharmacy label.

Date Signature of Parent or Guardian Phone Number

Appendix F

Sample Controlled Substance Log/Medication Count Log

Appendix G

Statutes Pertaining to Epinephrine Kits

1. K.S.A. 72-8258 *Epinephrine kits; requirements.*
2. K.S.A. 65-1680 *Epinephrine kits in schools; rules and regulations.*
3. K.S.A. 65-2872b *Same; administration of epinephrine; limitation of liability.*

STATUTES PERTAINING TO EPINEPHRINE KITS

72-8258

Chapter 72. --SCHOOLS

Article 82. --ORGANIZATION, POWERS AND FINANCES OF BOARDS OF EDUCATION

72-8258. Epinephrine kits; requirements. Any accredited school may maintain an epinephrine kit. An epinephrine kit may consist of one or more doses of epinephrine. Epinephrine from an epinephrine kit shall be used only in emergency situations when the person administering the epinephrine reasonably believes that the signs and symptoms of an anaphylactic reaction are occurring and if administered at school, on school property or at a school-sponsored event. A school may not maintain an epinephrine kit unless the school has consulted with a pharmacist licensed by the state board of pharmacy. The consultant pharmacist shall have supervisory responsibility for maintaining the epinephrine kit. The consultant pharmacist shall be responsible for developing procedures, proper control and accountability for the epinephrine kit. Periodic physical inventory of the epinephrine kit shall be required. An epinephrine kit shall be maintained under the control of the consultant pharmacist. **History:** L. 2009, ch. 102, § 2; July 1.

65-1680

Chapter 65. --PUBLIC HEALTH

Article 16. --REGULATION OF PHARMACISTS

65-1680. Epinephrine kits in schools; rules and regulations. The state board of pharmacy may adopt any rules and regulations which the board deems necessary in relation to the maintenance of epinephrine kits under K.S.A. 2009 Supp. 72-8258, and amendments thereto. **History:** L. 2009, ch. 102, § 3; July 1.

65-2872b

Chapter 65. --PUBLIC HEALTH Article 28. -- HEALING ARTS

65-2872b. Same; administration of epinephrine; limitation of liability. (a) The practice of the healing arts shall not be construed to include any person administering epinephrine in emergency situations to a student or a member of a school staff if: (1) The person administering the epinephrine reasonably believes that the student or staff member is exhibiting the signs and symptoms of an anaphylactic reaction; (2) a physician has authorized, in writing, the school to maintain a stock supply of epinephrine; and (3) the epinephrine is administered at school, on school property or at a school-sponsored event.

(b) Any person who gratuitously and in good faith renders emergency care or treatment through the administration of epinephrine to a student or a member of a school staff at school, on school property or at a school-sponsored event shall not be held liable for any civil

damages as a result of such care or administration or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

History: L. 2009, ch. 102, § 1; July 1.

Appendix H

Six “Rights” of Medication Administration in the School Setting

SIX Rights of Medication Administration

1. The **right child / student**

- ✓ Confirm that the student to receive the medication is the correct student.
- ✓ Ask name if student unknown to you.
- ✓ If non-verbal, confirm identify with teacher or paraprofessional.
- ✓ If photograph provided on the medication administration record, confirm student identity.

2. The **right medication / drug**

- ✓ Confirm that the medication to be given is the medication ordered by the health care provider, is the medication the parents/legal guardians have given permission to be administered at school, and is the medication in the prescription labeled bottle or over the counter manufacturer labeled container.
- ✓ Check the medication label three times when administering the medication: 1) when removing it from secured storage, 2) when preparing the medication for administration, 3) when returning the medication to secured storage.

3. The **right dose**

- ✓ Confirm the amount of medication prescribed is the dose of medication to be given to the student.
- ✓ Give exactly the right amount of medication prescribed and authorized, e.g., 5ml or 5cc = one teaspoon.

4. The **right time**

- ✓ Confirm that the student is getting the medication at the time prescribed.

NOTE: The licensed professional registered nurse may reasonably work within a time frame or window of 30-45 minutes of the prescribed time for medication administration based on priorities and nursing judgment without creating an error of omission. Any window of time granted to trained unlicensed school staff to which medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.

- ✓ If an over-the-counter, PRN (as needed) medication, check with the parent when the medication was last given at home.
- ✓ Confirm that the medication has not already been given for the current scheduled time.

5. The **right route of administration**

- ✓ Confirm that medication orally is given orally.

NOTE: when drops are prescribed, it's essential that eye drops are administered in the eyes, ear drops are administered in the ears, and nasal drops /sprays are administered in the nose.

6. Often a 6th right of medication administration is added. **The right documentation**

- ✓ Each time a medication is administered it must be documented in the student medication administration record as indicated by the nursing protocol and procedure manual.
- ✓ When delegated to trained unlicensed school staff, this must be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.

Alaska Medication Administration: A Guide for Training Unlicensed School Staff, December 2014.

<http://dhss.alaska.gov/dph/wcfh/Documents/school/assets/Medication.Administration.Guide.for.Training.Unlicensed.School.Staff.pdf>

Appendix I

Sample Documentation of Medication Administration Forms

Guidelines for Medication Administration in Kansas Schools

Front of Medication Form

SAMPLE DAILY MEDICATION DOCUMENTATION RECORD

School Year _____

Student Name _____ DOB _____ School _____ Grade _____

Parent/Legal Guardian Name _____ H # _____ W # _____ C# _____

Delegation training completed by _____ including how to perform the task/treatment, review of the AHCP (if applicable), with satisfactory return demonstration to the following listed UAP's.

Initial each entry. Medication must be given within 30 minutes of prescribed time.

Nurse / Staff Signature	Initials						

Use the following key:

- ~ = No School
- R = Student Refused (notify parent/legal guardian)
- X = Student Absent
- A = Student at Activity

Name / Purpose for Medication:

Month	Medication	Strength	Dose	Hour	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	
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Guidelines for Medication Administration in Kansas Schools

SEAMAN SCHOOL DISTRICT #345 MEDICATION OR PROCEDURE RECORD

Student Name: _____

School: _____

Year: 2017-2018

Grade _____	DOB _____	Physician _____	Allergies _____
Medication _____	Dose _____	Route/Time _____	Start _____ DX/NCP _____
D Daily	D As Needed	D Emergency	D Approved to Carry
Procedure _____	Time _____	Start _____	DX/NCP _____

A = Absent; NS = No School; SN = Snow Day, PT = Parent Teacher Conference; PL = Professional Learning; NM = No Medication; R = Received Meds; E = Empty; ER = Early Release; REF = Refused Medication

Month	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	NS					NS	NS						NS	NS																		
September		NS	NS	NS					NS	NS						NS	NS						NS	NS						NS	XX	
October	NS						NS	NS					NS	NS	PL						NS	NS				PT	PT	NS	NS			
November				NS	NS	PL					NS	NS						NS	NS			NS	NS	NS	NS	NS				XX		
December		NS	NS						NS	NS						NS	NS					NS										
January	NS	NS	NS	NS	PL	NS	NS						NS	NS	NS						NS	NS					NS	NS				
February			NS	NS							NS	NS				PT	PT	NS	NS	PL					NS	NS				XX	XX	XX
March			NS	NS							NS	NS					PL	NS					XX									
April	NS						NS	NS						NS	NS							NS	NS					PL	NS	NS	XX	
May					NS	NS						NS	NS								NS	NS				PL	NS	NS	NS	NS	NS	
Summer School																																

SIGNATURE PAGE ON BACK

Guidelines for Medication Administration in Kansas Schools

SEAMAN SCHOOL DISTRICT #345 MEDICATION OR PROCEDURE RECORD

Student Name: _____ MEDICATION: _____ PROCEDURE(S): _____

Medication / Procedure Response																																
A = Absent ED = Early Dismissal FT = Field Trip NM = No Med NS = No Show O = Other (Noted on Nursing Notes) REF = Refused T = Tolerated well (No side effects) W = Withheld by nurse (reason noted on Nursing Notes)																																
Month	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	NS					NS	NS						NS	NS																		
September		NS	NS	NS					NS	NS						NS	NS						NS	NS						NS	XX	
October	NS						NS	NS						NS	NS	PL					NS	NS					PT	PT	NS	NS		
November				NS	NS	PL					NS	NS						NS	NS			NS	NS	NS	NS	NS					XX	
December		NS	NS						NS	NS						NS	NS					NS										
January	NS	NS	NS	NS	PL	NS	NS						NS	NS	NS						NS	NS					NS	NS				
February			NS	NS						NS	NS				PT	PT	NS	NS	PL					NS	NS					XX	XX	XX
March			NS	NS						NS	NS					PL	NS						XX									
April	NS						NS	NS						NS	NS							NS	NS					PL	NS	NS		XX
May					NS	NS							NS	NS						NS	NS					PL	NS	NS	NS	NS	NS	NS
Summer School																																

APPENDIX J

**Sample Authorization for Self-Medication: Emergency
Asthma/Allergy Medications**

Guidelines for Medication Administration in Kansas Schools

Health Services, USD 489

**Authorization for Self-Administration of
Asthma Medication, K-12**

...to be renewed annually...
Return to School Nurse

Parent to Complete:

Name of Student: _____ Date of Birth: _____ School: _____ Grade: _____

The above student has been instructed on self-administration of medication, and I hereby give my permission for him/her to administer at school as ordered the medication(s) listed. I understand that it is my responsibility to furnish this medication. **I acknowledge that the school district and its officers, employees or agents incur no liability for damage, injury or death resulting directly or indirectly from the self-administration of medication and agree to release, indemnify and hold the school, and its officers, employees and agents, harmless from and against any claims relating to the self-administration of such medication.**

I authorize USD 489 School Nurses to exchange information regarding this student's health care and treatment plan with:

Physician _____ **Clinic:** _____
Address _____ **Phone** _____

Signature of Parent _____ **Date** _____
Phone: Home _____ **Work** _____ **Cell** _____

IMPORTANT NOTES:

* The student shall carry, for the purpose of self-administering, only a single day's supply of medication, with the exception of inhalers. The medication must be in the **original, completely labeled container**. If a prescription, it should bear the **pharmacy label with correct, current dosage information**.

* In order for a student to have access to emergency medications at all times, it is recommended that an **additional supply of the listed self-administered medication(s) be kept at the school**.

=====

For School Nurse Use

The above student has demonstrated the skills necessary for responsible self-administration of medication(s). Yes ___ No ___
_____ school nurse signature _____ date

Teachers responsible for supervision of this student have been notified of permission to carry listed medication(s) and self-medicate on this date _____.

Names of teachers notified: _____

**Over for
Physician's Treatment Plan**

11-2011

Physician Treatment Plan for Self-Administration of Asthma Medication

Physician to Complete

Student: _____ Birthdate: _____ School: _____

Physician Diagnosis: _____

Medication <small>(to be self administered)</small>	Purpose	Dosage & Time <small>(regularly administered)</small>	How Soon Repeated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Circumstances for use: _____

Other medications: _____
(NOT self administered)

Asthma Peak Flow Information:

Green Zone is _____ to _____
(Breathing action is good)

Yellow Zone is _____ to _____ Treatment Action _____
(Caution)

Red Zone is _____ Treatment Action _____
(ALERT)

Skills Necessary for Responsible Self Administration of Medication:

1. Student is capable of identifying individual medication and medication is properly labeled.	Yes	No
2. Student is able to identify specific symptoms and purpose of this prescribed medication.	Yes	No
3. Student is knowledgeable of medication dosage and method of medication administration.	Yes	No
4. Student is knowledgeable of how to access assistance for self in an emergency.	Yes	No
5. Student is capable of self-administering the prescribed medication.	Yes	No
6. Student will carry medication in a responsible manner.	Yes	No
7. Student will not share medications with other students. Any abuse of self-administered medications or this plan will result in the loss of this privilege.	Yes	No

The above student has demonstrated the skills necessary for responsible self administration of medication Yes _____ No _____

This treatment plan expires at the end of each school year unless an **earlier date** is noted here: _____

Health Care Provider Signature

Physician (Printed Name)

Today's Date

OVER - PARENT AUTHORIZATION

11-2011

Appendix K

Statute K.S.A. 72-8252. Policies to allow student to self-administer certain medications.

SELF-ADMINISTER CERTAIN MEDICATIONS

72-8252

Chapter 72. --SCHOOLS

Article 82. --ORGANIZATION, POWERS AND FINANCES OF BOARDS OF EDUCATION

72-8252. Policies to allow student to self-administer certain medications. (a) As used in this section:

(1) "Medication" means a medicine prescribed by a healthcare provider for the treatment of anaphylaxis or asthma including, but not limited to, any medicine defined in section 201 of the federal food, drug and cosmetic act, inhaled bronchodilators and auto-injectable epinephrine.

(2) "Health care provider" means: (A) A physician licensed to practice medicine and surgery; (B) an advanced registered nurse practitioner issued a certificate of qualification pursuant to K.S.A. 65-1131, and amendments thereto, who has authority to prescribe drugs as provided by K.S.A. 65-1130, and amendments thereto; or (C) a physician assistant licensed pursuant to the physician assistant licensure act who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-28a08, and amendments thereto.

(3) "School" means any public or accredited nonpublic school.

(4) "Self-administration" means a student's discretionary use of such student's medication pursuant to a prescription or written direction from a health care provider.

(b) Each school district shall adopt a policy authorizing the self-administration of medication by students enrolled in kindergarten or any of the grades 1 through 12. A student shall meet all requirements of a policy adopted pursuant to this subsection. Such policy shall include:

(1) A requirement of a written statement from the student's health care provider stating the name and purpose of the medication; the prescribed dosage; the time the medication is to be regularly administered, and any additional special circumstances under which the medication is to be administered; and the length of time for which the medication is prescribed;

(2) a requirement that the student has demonstrated to the health care provider or such provider's designee and the school nurse or such nurse's designee the skill level necessary to use the medication and any device that is necessary to administer such medication as prescribed. If there is no school nurse, the school shall designate a person for the purposes of this subsection;

(3) a requirement that the health care provider has prepared a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours;

(4) a requirement that the student's parent/legal guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan prepared as required by paragraph (3) and documents related to liability;

(5) a requirement that all teachers responsible for the student's supervision shall be notified that permission to carry medications and self-medicate has been granted; and

(6) any other requirement imposed by the school district pursuant to this section and subsection (e) of K.S.A. 72-8205, and amendments thereto.

(c) A school district shall require annual renewal of parental/legal guardian authorization for the self-administration of medication.

(d) A school district, and its officers, employees and agents, which authorizes the self-administration of medication in compliance with the provisions of this section shall not be held liable in any action for damage, injury or death resulting directly or indirectly from the self-administration of medication.

(e) A school district shall provide written notification to the parent/legal guardian of a student that the school district and its officers, employees and agents are not liable for damage, injury or death resulting directly or indirectly from the self-administration of medication. The parent/legal guardian of the student shall sign a statement acknowledging that the school district and its officers, employees or agents incur no liability for damage, injury or death resulting directly or indirectly from the self-administration of medication and agreeing to release, indemnify and hold the school and its officers, employees and agents, harmless from and against any claims relating to the self-administration of such medication.

(f) A school district shall require that any back-up medication provided by the student's parent/legal guardian be kept at the student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.

(g) A school district shall require that information described in paragraphs (3) and (4) of subsection (b) be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

(h) An authorization granted pursuant to subsection (b) shall allow a student to possess and use such student's medication at any place where a student is subject to the jurisdiction or supervision of the school district or its officers, employees or agents.

(i) A board of education may adopt a policy pursuant to subsection (e) of K.S.A. 72-8205, and amendments thereto, which:

(1) Imposes requirements relating to the self-administration of medication which are in addition to those required by this section; and

(2) Establishes a procedure for, and the conditions under which, the authorization for the self-administration of medication may be revoked.

History: L. 2004, ch. 124, § 5; L. 2005, ch. 136, § 1; July 1.

Appendix L

Suggested Procedures for Medication Errors & Sample Medication Incidence (Error) Report Form

Seaman USD #345 Health Services Medication Error Procedures

If an error in medication administration occurs (such as *missing a dose, giving the incorrect dose, giving a dose at the wrong time, giving incorrect medication to the student, or giving another student's medication even if the medication was the same drug and dose*), follow the procedures listed below:

1. If the medication was administered at the **wrong time** (30 – 45 minutes outside of the prescribed/scheduled medication time), it is considered an error and a Medication Incident Form should be completed.
2. If an **incorrect dose or wrong medication** is found to have occurred, keep the student in the health room. If the student has already returned to class when error is determined, have student accompanied back to the health room.
3. Observe student for untoward side effects.
4. Identify the incorrect dose or type of medication taken by the student.
5. Notify the parent, school administrator, school nurse if not in building, Health Services Director and health care provider.
6. Take appropriate actions based on nursing judgment and/or physician order.
7. If unable to contact healthcare provider, or if warranted, contact the Poison Control Center by calling 1-800-222-1222 and provide them with the following:
 - Name and dose of medication taken in error.
 - Age and approximate weight of the student.
 - Name, dose, and time of last dose of any other medication begin taken by student if this information is available.
8. Follow the instructions provided from the healthcare provider or Poison Control Center, if at all possible. If unable to complete their directions, explain the problems and with their assistance determine if the student should be transported for emergency medical care.
9. Carefully document in the daily log student's status, all circumstances and actions taken, including instructions from the Poison Control Center or physician.
10. Submit a written report within 48 hours of the Incident Report – Medication Incident Report Form, keep a copy in the student's health folder and send the original to the Health Services Director.

Guidelines for Medication Administration in Kansas Schools

**Seaman USD #345 Health Services
Incident Report - Medication Observation**

A medication incident (error) is defined as failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form.

Student Name: _____ School: _____

Date of Birth: _____ Date of Report: _____ Time: _____

Date and Time of Incident (Error): _____

Name of person observing medication: _____

Name of medication and dosage prescribed: _____

Describe circumstances leading to incident, and include type of error that occurred - (*missed dose, giving the incorrect dose, giving a dose at the wrong time, giving incorrect medication to the student, or giving another student's medication even if the medication was the same drug and dose*).

Action Taken:

Health Services Director Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified: (month/day/year)	Time notified: <input type="checkbox"/> AM <input type="checkbox"/> PM
Parent/Guardian Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified: (month/day/year)	Time notified: <input type="checkbox"/> AM <input type="checkbox"/> PM
Building Administrator Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified: (month/day/year)	Time notified: <input type="checkbox"/> AM <input type="checkbox"/> PM
Licensed Prescriber Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified: (month/day/year)	Time notified: <input type="checkbox"/> AM <input type="checkbox"/> PM
Poison Control Notified (If Applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified: (month/day/year)	Time notified: <input type="checkbox"/> AM <input type="checkbox"/> PM

Describe Outcome:

(Use back of form if needed)

(Signature of Person Completing Form)

(Title)

Original of this form placed into student health folder & copy sent to Health Services Director; ___ Yes ___ No

This incident report form is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential or otherwise protected by law. Disclosure of confidential information is prohibited.
8/05; Revised 3/10; Revised 5/14



MEDICATION INCIDENT REPORT

Date of incident: _____ Time: _____ School or Location: _____

Person administering medication: _____ Title: _____

Student Name: _____ DOB: _____ ID #: _____

Current physician order states: _____

What was administered? _____

Who was notified? Parent ___ Nursing Coordinator ___ Principal ___ M.D. ___ Other _____

Did this result in an emergency where EMS needed to be contacted? Yes ___ No ___ If so, please explain:

Describe the incident: _____

How can this type of incident be avoided in the future? _____

Follow-up information: _____

Signature of Person Completing Report

Signature of Delegate (if applicable)

Signature of Delegating Nurse (if applicable)

Prepare two copies of document: Original remains with school nurse. A copy is sent to NLSC to the Director of Health Services and a copy is given to the building principal.

Appendix M

**Letter from Kansas State Board of Pharmacy Regarding Field
Trip Medication Administration**

Guidelines for Medication Administration in Kansas Schools

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Debra L. Billingsley, Executive Secretary



Board of Pharmacy

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Sam Brownback, Governor

August 9, 2013

Joann Wheeler BSN RN
KSNO President
Nursing Coordinator
Maize School District

Cindy Galemore MEd, BSN, RN, NCSN
KSNO Professional Standards Chair
Director of Health Services
Olathe District Schools

Dear Ms. Wheeler and Ms. Galemore:

The Board of Pharmacy is in receipt of your request for guidance to school nurses and unlicensed volunteers working in schools that may have to provide oral medications to students attending field trips. You specifically asked about pills and capsule oral medications.

The medications that are administered on field trips are those that have been prescribed by a licensed prescriber and the prescription has been filled by a licensed pharmacy. Once the drug has been dispensed to the consumer the pharmacy is no longer responsible. However, the schools are often placed in the position of administering a child's medication or handing it out to them. The current guidance document made available through the Kansas Department of Health and Environment (KDHE) titled *Guidelines for Administration of Medications in Kansas Schools* is a sound policy that provides the best policy for schools that are in this situation. The policy does recommend the use of pill bags and my only suggestion might be to use vials because they are intended to provide protection from light and meet the requirements under light transmission. They also have a child safety cap. You might be able to get a local pharmacy to donate some vials for that use. Since a field trip is of a short duration and the medication is not going to be readily available to a small child it is probably not going to be an issue but that was our only suggestion.

The Board of Pharmacy agrees with the guidance that you have been given by KDHE. Thank you for allowing us to review the policy.

Sincerely,

A handwritten signature in cursive script that reads "Debra Billingsley".

Debra Billingsley, JD
Executive Secretary