

# GUIDELINES FOR OVER THE COUNTER MEDICATION USE POLICY FOR THE SCHOOL SETTING

## Introduction

When school districts consider whether or not to use over the counter (OTC) medications in schools, there are multiple factors to consider. The benefits include keeping students in school and providing symptom relief. Risks include occurrence of side effects from the OTC medications, masking underlying serious health conditions and potential liability for school districts.

The 2009 American Academy of Pediatrics **Policy Statement: Guidelines for the Administration of Medication in School** addresses issues related to providing over-the-counter (OTC) parent-recommended medications:

*“School administrators and health personnel should consider whether the benefits of administration of OTC medications outweigh the risks. Some states and school districts apply the same standards for OTC as for prescription medications. Others permit parent recommended OTC medications or dietary supplements to be administered without a physician order. Either approach can be problematic. Providing parent-approved short-term medications, such as pain relievers, anti-inflammatory medications, and antihistamines, for example, may provide symptomatic improvement for the student, which enables attendance for learning and causes less classroom disruption. However, this practice can result in liability for a school district, because nonprescribed medications have potential to cause harm or adverse effects that may impede learning. There are also issues of school safety and security of drug use (eg, sharing of medication between classmates when OTC medications are not stored in the school health office). On the other hand, the social realities of parents who work, often in jobs that do not allow for medical leave to attend to their children’s illnesses, may require that they send their children to school with mild illnesses. It can be difficult to obtain physician authorization for OTC medications. Because of these realities, it may be necessary to consider allowing the administration of nonprescribed, parent-recommended medications for students during the school day on a short-term basis. The relative value of OTC medications for the specific population should guide policies. Cold and cough OTC medicines have not been shown to be effective in children younger than 6 years and are not appropriate for use at school without a physician order. When OTC medications are permitted, school physicians and school nurses should develop standing protocols or standing orders that support 1-time verbal parental permission for specific OTC medications (eg, acetaminophen and ibuprofen).”*

These guidelines are designed to give guidance to school districts that choose to allow the administration of OTC medications to assure appropriate safeguards are in place to promote optimal health and safety of students. When possible, it is preferable for school districts to avoid the use of over the counter (OTC) medications. This guidance does not address policies and procedures on the use of prescription medications or herbal remedies.

## Guidelines

District school administrative and health personnel, with support from other healthcare professionals as desired, should develop a process for considering the use of OTC medications in school(s) within their district. This may include not only whether or not to allow use, but also specific conditions (e.g., mild fever, mild headache, symptoms of seasonal allergies) that will be

managed, and which OTC medications may be given. There are excellent resources for developing OTC medication use policy and procedures. These resources include:

- American Academy of Pediatrics Policy Statement Guidelines for the Administration of Medication in School, *Pediatrics* 2009;124;1244.  
<http://pediatrics.aappublications.org/content/124/4/1244.full.pdf+html>
- National Association of School Nurses Position Statement [NASN Position Statements- Medication Administration in the School Setting \(Amended January 2012\)](#).

### Evaluation of Children

- **When students present with symptoms of minor illnesses, the use of non-pharmacologic comfort measures is recommended as first line measures (e.g., rest, ice, elevation, warm/cold compress).**
- A student with symptoms of a minor illness or health condition **must be assessed by a school nurse (RN) before an OTC is given.** No OTC medications should be given without assessment by a school nurse (RN); if an LPN does the initial assessment, a supervising RN needs to review the assessment.
- After an assessment is made and it is determined that comfort measures are not providing relief from symptoms, an OTC may be indicated. Administration of OTC medications should use the following principles:
  - **Written parental/guardian consent for providing an OTC medication is required.** It is ideal to obtain this at the beginning of the school year, but may be provided or amended at any point during the school year. Parental consent lasts until the end of the current school year.
  - Follow directions on the medication label carefully, including age- or weight-based dosing.
  - Document the administration in the school health record as well as on the individual student medication (see attached)
- If OTCs are used for more than **3** consecutive days, an order from a primary care provider (MD, DO, CNP, PA) is needed. Assessment by a primary care provider can be done in a school-based health clinic, if one is located in the school or a nearby school.

### OTC Supplies

- Parents/guardians who permit a school nurse to administer an OTC medication, supply the medication in an unopened bottle of the OTC medication for which they are giving consent to be given to their child. (The smallest bottle possible is helpful due to space and monetary considerations). All medications need to be stored securely.
- All medications need to be labeled with the name and date of birth of the child for whom they are intended. If more than one child from a family is in the school, the names and dates of birth of all children may be placed on a single bottle of OTC medication. After initial opening to treat the child, the date of opening should be marked on the bottle with permanent marker – the bottle may be re-used to treat that child until empty, the medication expires, the school year ends, or one year from opening has passed, whichever comes first.
- The Office of School and Adolescent Health of the Public Health Division of the New Mexico Department of Health strongly recommends that stock bottles of OTC medications not be used for students. It is preferred that schools that permit the administration of OTC medications have the parents bring in an unopened bottle of the permitted OTC medications and labeled with their child's name. One of the disadvantages of using stock bottles of medications is that it is more difficult to determine which child received medication and how much medication was used for an individual child.

This guidance piece on OTC medications should be part of a larger policy and procedure on medications that also includes use of prescription medications and herbal remedies.

## References

1. New Mexico Nursing Practice Act Chapter 61, Article 3  
<http://nmbon.sks.com/uploads/files/New%20Mexico%20Nursing%20Practice%20Act.pdf>.
2. New Mexico Medical Practice Act Title 16, Chapter 10, Part 16 Administering, Prescribing and Distribution of Medication  
[http://www.nmmb.state.nm.us/pdf/files/Rules/NMAC16.10.16\\_PrescribingMedications.pdf](http://www.nmmb.state.nm.us/pdf/files/Rules/NMAC16.10.16_PrescribingMedications.pdf).

## Supplemental Information

Supplemental information for your reference follows, including:

- Sample policy and procedure for " Over the Counter Medication" in the School
- Parent Authorization for OTC Medication  
[http://www.nmschoolhealthmanual.org/forms/sectionVI/SHMVI\\_Parent%20Authorization%20for%20OTC%20Med%20or%20Short%20Term%20Prescription\\_English\\_2012.pdf](http://www.nmschoolhealthmanual.org/forms/sectionVI/SHMVI_Parent%20Authorization%20for%20OTC%20Med%20or%20Short%20Term%20Prescription_English_2012.pdf).
- School Health Manual form:
  - Medication Log  
[http://www.nmschoolhealthmanual.org/forms/sectionVI/43\\_medication\\_log.pdf](http://www.nmschoolhealthmanual.org/forms/sectionVI/43_medication_log.pdf)

## Sample Policy and Procedure:

### Over the Counter Medication Policy and Procedure

Over the counter (OTC) medications such as ibuprofen, acetaminophen, diphenhydramine and others can be provided to the school by a parent/guardian for individual student use during the school day. The nursing function of assessment cannot be delegated to an unlicensed trained designee. The determination of the need for an OTC must be made by the licensed school nurse. If it is likely that an OTC will alleviate the student's discomfort and allow him/her to return to school participation then the school nurse may choose to administer or delegate the administration of the medication. Unlicensed trained designees may collect data and report to the school nurse to assist him/her with the determination of the need for OTC medication.

It is best if medications, including OTCs, are administered at home. If the licensed school nurse and the parent determine that it is necessary that an OTC medication be administered during the school day the following procedures must be adhered to.

1. OTC medication for student use is provided by the student's parent/guardian. Medication should be provided in the original unopened manufacturer container. It is recommended that the smallest container available be provided to the school. Medication must be stored securely.
2. A Parent Authorization for OTC Medication form must be signed and completed by the parent/guardian.
3. The licensed school nurse will verify that the parent has completed the form and that the dose is appropriate for the child based on height and weight and in accordance with manufacturer's recommendations.
4. The licensed school nurse will transcribe the information onto the OTC Individual Log.
5. The authorization form will be maintained in a medication notebook in the OTC Medication section.
6. The school nurse will assess the student and/or data provided by the unlicensed trained designee and make the determination of need for medication.
7. Parent/guardian will be contacted to determine when the last dose was administered. If the parent/guardian cannot be reached the OTC will **NOT** be administered.
8. The school nurse may administer the medication or delegate administration to the trained designee following his/her assessment.
9. All medication administered will be recorded on an OTC Individual Log AND in the student school health record.

\*Adapted from Albuquerque Public Schools.

**PARENT AUTHORIZATION FOR  
OVER-THE-COUNTER MEDICATIONS**

*(Please complete every item on this form)*

Student's Name \_\_\_\_\_ Student No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Time of administration \_\_\_\_\_  
This student is expected to be receiving this medication for \_\_\_\_\_  
(How long?)  
Special instructions regarding this medication \_\_\_\_\_  
\_\_\_\_\_

Will this student be carrying and taking this medication on his/her own? \_\_\_\_ Yes \_\_\_\_ No  
*Students are not allowed to carry controlled substances (for example, Tylenol #3) and will be required to come to the Health Room to take any medication classed as a controlled substance.*

*If NO is selected. I/We understand that our child \_\_\_\_\_ will be assisted to self administer the over-the-counter medication by designated school personnel and the parent will be notified each time the dose is taken by the child and of the circumstances regarding the dose being taken.*

*If YES is selected. I/We understand that our child \_\_\_\_\_ will be responsible for carrying and taking his/her own medication (if we have selected this option), and that he/she is only authorized to carry one day's worth of medication in the ORIGINAL LABELED container that indicates the name of the medication, and the dose of the medication or dosing recommendations.*

*I/We understand that if our child \_\_\_\_\_ needs to take a non-prescription over-the counter medication for more than 5 consecutive school days we will be asked to get a written physician/provider authorization before any more of the medication will be given.*

Parent/Guardian Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_ Phone no(s) \_\_\_\_\_  
Home Mobile

**Medication brought by student for storage in the Health Room \_\_\_\_\_**  
**Date \_\_\_\_\_**  
**Amount of medication \_\_\_\_\_ (two adults count pills and record amount)**

\_\_\_\_\_  
**Signature of person counting**

\_\_\_\_\_  
**Signature of person counting**

\*Adapted from Albuquerque Public Schools.

# MEDICATION LOG

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School RN: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time Scheduled: \_\_\_\_\_ Route: \_\_\_\_\_

Health Care Provider/(PCP): \_\_\_\_\_ Phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials
8/13/13			10/18/13			1/08/14			3/14/14		
8/14/13			10/21/13			1/09/14			3/17/14		
8/15/13			10/22/13			1/10/14			3/18/14		
8/16/13			10/23/13			1/13/14			3/19/14		
8/19/13			10/24/13			1/14/14			3/20/14		
8/20/13			10/25/13			1/15/14			3/21/14		
8/21/13			10/28/13			1/16/14			3/24/14		
8/22/13			10/29/13			1/17/14			3/25/14		
8/23/13			10/30/13			1/21/14			3/26/14		
8/26/13			10/31/13			1/22/14			3/27/14		
8/27/13			11/01/13			1/23/14			3/28/14		
8/28/13			11/04/13			1/24/14			3/31/14		
8/29/13			11/05/13			1/27/14			4/01/14		
9/03/13			11/06/13			1/28/14			4/02/14		
9/04/13			11/07/13			1/29/14			4/03/14		
9/05/13			11/08/13			1/30/14			4/04/14		
9/06/13			11/12/13			2/03/14			4/07/14		
9/09/13			11/13/13			2/04/14			4/08/14		
9/10/13			11/14/13			2/05/14			4/09/14		
9/11/13			11/15/13			2/06/14			4/10/14		
9/12/13			11/18/13			2/07/14			4/11/14		
9/13/13			11/19/13			2/10/14			4/21/14		
9/16/13			11/20/13			2/11/14			4/22/14		
9/17/13			11/21/13			2/12/14			4/23/14		
9/18/13			11/22/13			2/13/14			4/24/14		
9/19/13			11/25/13			2/14/14			4/25/14		
9/20/13			11/26/13			2/18/14			4/28/14		
9/23/13			12/02/13			2/19/14			4/29/14		
9/24/13			12/03/13			2/20/14			4/30/14		
9/25/13			12/04/13			2/21/14			5/01/14		
9/26/13			12/05/13			2/24/14			5/02/14		
9/27/13			12/06/13			2/25/14			5/05/14		
9/30/13			12/09/13			2/26/14			5/06/14		
10/01/13			12/10/13			2/27/14			5/07/14		
10/02/13			12/11/13			2/28/14			5/08/14		
10/03/13			12/12/13			3/03/14			5/09/14		
10/04/13			12/13/13			3/04/14			5/12/14		
10/07/13			12/16/13			3/05/14			5/13/14		
10/08/13			12/17/13			3/06/14			5/14/14		
10/09/13			12/18/13			3/07/14			5/15/14		
10/14/13			12/19/13			3/10/14			5/16/14		
10/15/13			12/20/13			3/11/14			5/19/14		
10/16/13			1/06/14			3/12/14			5/21/14		
10/17/13			1/07/14			3/13/14			5/22/14		

## Medication Log

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time Scheduled: \_\_\_\_\_ Route: \_\_\_\_\_

Physician/PCP: \_\_\_\_\_ Phone #: \_\_\_\_\_ School RN: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

### Medication Count:

Controlled medications will be counted when received and recorded. The count will be witnessed by another school employee.

Date	Pill#	Initials	Date	Pill#	Initials	Date	Pill#	Initials	Date	Pill#	Initials

Name and title of person **administering** medications (RN only): \_\_\_\_\_

Name and title of person **delegating self-administration** medications: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Initials: \_\_\_\_\_

### End of Year Disposal of Medications:

Medications will be disposed of at the end of the year if parent/guardian does not pick up by the designated date. The disposal will be witnessed by another school employee and then verified by signing below.

Number of pills destroyed: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_