

**SECTION VI:
MEDICATIONS IN THE SCHOOL**

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MEDICATION ADMINISTRATION

INTRODUCTION

Some children and adolescents are able to attend school outside of the home because of the effectiveness of medications in the treatment of certain disabilities and illnesses. However, if at all possible, students' medications should be administered at home. "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." (Guidelines for over the counter medication use in the school setting, 2013, available in the resource section of this chapter)

The State of New Mexico Nursing Practice Act Rules governing administration of medication should be followed (16.12.2 NMAC

<http://www.nmcpr.state.nm.us/nmac/parts/title16/16.012.0002.htm>).

Additional guidance is available in "Delegation of Health Services", Section XVIII of this Manual.

To ensure that students are medicated at school under maximum protection, the following guidelines should be followed:

- A school board approved policy and procedure for medication administration which includes an approved authorization form to administer prescription medications.
- An authorization to administer prescription medication, signed and updated annually by both the student's primary health care provider and parent/guardian should be on file at the school.
- The signed medication authorization form should be reviewed and approved by the Public Education Department (PED) **licensed** school nurse in the school district.
- A parent/guardian should provide the school with a pharmacy-labeled container or original manufacturer's/provider's container that holds the appropriate medication to be administered in the school setting.
- Unused medication should be disposed of or returned according to the school board approved policy and procedure for medication administration, FDA, DEA and NM Board of Pharmacy (BOP)
16.19.11 NMAC <http://www.nmcpr.state.nm.us/nmac/parts/title16/16.019.0011.htm>

MEDICATION ADMINISTRATION OPTIONS

The following options are suggestions for the PED-licensed school nurse to consider when developing plans, and obtaining signed authorization, for student medication administration at school. With all options, it is essential that the PED-licensed school nurse be involved in the development of the medication administration plan for each student with medication needs. Clear and explicit written communication between the primary health care provider, parent/guardian, and PED-licensed school nurse is essential for safe medication administration to occur in the school setting. (See sample medication authorization forms in the Resource

Section of this Manual.) Regardless of the method of medication administration, each student should be instructed about his/her individual medication plan according to the student's level of ability and understanding.

PED-Licensed School Nurse Administration

Optimally, all student medications should be administered by a PED-licensed school nurse. The school nurse has the educational background, knowledge and licensure that provide the unique qualifications to administer (or direct the administration of) medications in the school setting.

All medications administered at school should be made available to the school nurse in a pharmacy-labeled container that provides the following information:

- Name of student
- Name of medication
- Drug strength and prescribed dosage
- Route of administration
- Time schedule of administration
- Name of prescribing health care provider

For Over the Counter medication the original container with dosing instructions should be available, as well as the students name should be on the container. It is up to the PED-licensed school nurse to verify that dosage of medication is in congruency with recommended dosage for age/weight of the student. For further information review the OTC section of this chapter.

Nurse Assigned/Delegated Medication Administration

In situations where a PED-licensed school nurse is not available to administer student medications, other arrangements to provide services must be made by the responsible PED-licensed school nurse. The NM Board of Nursing practice act rules allow nurses to assign or delegate to licensed and unlicensed persons only those nursing actions which that person is prepared, qualified, licensed or certified to perform. However, the nurse may not delegate the specific functions of nursing assessment, evaluation and nursing judgment to non-licensed persons. Based on his/her nursing assessment & judgment, the PED-licensed school nurse may assign the task of medication administration to a licensed practical nurse or delegate the task to a certified medication aide, health assistant, or other qualified unlicensed person (See "Delegation of Health Services", Section XV111, and 16.12.2.12.b NMAC <http://www.nmcpr.state.nm.us/nmac/parts/title16/16.012.0002.htm>).

Certified Medication Aide Administration

New Mexico certified medication aides (CMA) are unlicensed assistive personnel who have completed specialized training and are certified to administer medications under the supervision and direction of a registered nurse in New Mexico Board of Nursing approved facilities. (See 16.12.5 NMAC at <http://www.nmcpr.state.nm.us/nmac/parts/title16/16.012.0005.htm>). This additional training has been demonstrated to increase unlicensed assistive personnel competence and may therefore decrease the likelihood of errors.

Student Self-Administration

Students may be allowed to assume responsibility for carrying and administering their own medications (excluding controlled substances), provided that self-administration is approved in writing by the prescribing health care provider and the parent/guardian. Medication self-administration instructions should be provided by the parent/guardian or health care provider, followed by the PED-licensed school nurse's written assessment to evaluate the student's ability

to perform safe and accurate self-administration. If School Board policy allows self-administration, it is recommended that only a one-day supply of medication be carried by a student at any given time.

STUDENTS' RIGHTS REGARDING ASTHMA, ANAPHYLAXIS, AND DIABETES MEDICATIONS

New Mexico law requires all schools, whether public or private, to grant to any student in grades K-12 authorization to carry and self-administer provider prescribed asthma treatment medication, anaphylaxis emergency treatment medication, and diabetes treatment medication under specific conditions. (See <http://www.nmcpr.state.nm.us/nmac/parts/title06/06.012.0002.htm> and <http://www.nmcpr.state.nm.us/nmac/parts/title06/06.012.0008.htm>).

Those specific conditions include:

- appropriate instruction has been given by the provider to the student in the correct and responsible use of the medication;
- the student has demonstrated adequate skill level to the school nurse to carry and self-administer identified medication;
- there is a written treatment plan on file with the school nurse;
- the school liability policy and the extent and duration of the authorization has been discussed with the parent/guardian.

SIX RIGHTS OF MEDICATION ADMINISTRATION

The six rights (Six R's) of assisting with medications include the following.

- Right student
- Right medication
- Right dosage
- Right time
- Right route
- Right documentation

The Six R's should be **triple** checked each and every time medication is administered.

- First, when taking medication out of storage area;
- Second, prior to administering the medication to the student; and
- Third, when returning medication to the storage area.

MEDICATION STORAGE

As part of fulfilling the role of guardian (loco parentis) for children entrusted to their care during the school day, schools need to provide for the safe and appropriate storage of all medications ordered by a physician for individual children's' use at school. Storage of certain emergency drugs and non-prescription medications may also be necessary.

The following guidelines should be considered when developing a policy for storage of medications kept at school.

- Routine medications should be stored in a locked cabinet in a secured area; in a cool, dark place, unless otherwise indicated. An exception is self-administered medication that students have permission to keep in their possession.
- Controlled substances require special attention in the school district's policies. FDA , DEA and NM Pharmacy rules require that all controlled substances always be stored in a double locked narcotic cabinet that is equipped with two separate locks and keys.
- Some medications, such as antibiotic elixirs, may require refrigeration. The refrigerator should be in a secure area, which is not accessible to unauthorized individuals. The temperature should be checked daily when school is in session, and should be maintained between 36 and 46 degrees Fahrenheit. Food should not be kept in the same refrigerator as medications.
- All medications (prescription and over-the-counter) should be kept in original labeled containers provided by the dispensing pharmacy/provider or the manufacturer.
- Any exceptions to the above guidelines should be noted on the relevant student's individualized health care plan.

TRANSPORTING MEDICATION

Each school district should develop a written School Board policy to ensure the safe and secure transporting of medications. Issues to address in this policy include:

- Medications transported to school
- Medications transported from school
- Medication transportation for emergency evacuation during the school day

UNUSED MEDICATION DISPOSAL

Parents/guardians should be informed that it is their responsibility to retrieve any unused doses of medication if the student is withdrawn from the school and/or at the end of the school year. The school should maintain a written policy to cover the following issues regarding those medications that are not retrieved.

- Written communication should be sent to the parents/guardians prior to the end of the school year with notification that unused medications must be retrieved by a specified date. The same communication needs to occur for any student who withdraws during the school year.
- Any medications not picked up by the designated date should be disposed of by the PED-licensed school nurse in the presence of another school employee in a manner to prevent any possibility of further use of the medication. Environmental considerations should be kept in mind when disposing of unused medications. Guidelines for safe disposal can be found at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm> .
- The school nurse and school employee in charge of the disposal of unused medications should document the name of the medication and amount disposed of along with the name of the student for which it was prescribed. Both individuals should sign the documentation.
- Unused medications should not be released to the student regardless of age, even with parental/guardian consent.

CONTROLLED SUBSTANCE TRACKING

Maintaining a daily pill count of all controlled medications stored at school is not usually necessary. If there is a concern regarding controlled substances, the following steps might be taken.

- When the medication is received in the health office, the amount should be documented by the PED-licensed school nurse or her/his designee and the parent/guardian or another school employee with both adults signing the documented count.
- The signed documentation that a student has received his/her daily dose can serve as the tracking log for any medication including controlled substances.

FIELD TRIP MEDICATIONS

Field trips often create challenging situations regarding those students who require medication administration. School district policy should address this issue from the standpoint that medications which cannot be self-administered require the services of the PED licensed school nurse or an adult, who is trained and deemed competent by the PED licensed school nurse, to administer the medication(s). It should be noted that the NM Nursing Practice Act Rules allow nurses to administer and (where appropriate) to delegate the administration of medications, but not prescribe or dispense (<http://www.nmcpr.state.nm.us/nmac/parts/title16/16.012.0002.htm>). Parental/guardian sign-off of all medication administration arrangements is recommended, and may provide the school district with some protection regarding legal responsibility in this arena.

Same-Day Field Trips

A separate single dose field trip supply of medications, in an originally-labeled pharmacy container, should be prepared by a pharmacist and brought to the school by the parent/guardian for the scheduled field trip. In the event that a separate supply of medication in an originally-labeled pharmacy container is not available for same-day field trips, the PED-licensed school nurse should use the originally-labeled pharmacy container being held at school. The PED-licensed school nurse or the adult who is trained and delegated the task of administering the medication should return the originally-labeled pharmacy container to the authorizing PED-licensed nurse, and sign-off on the school's daily medication log that the student received prescribed medication.

Extended Field Trip

Extended field trips include those that begin before and/or extend beyond the duty day for school staff. For such field trips the parent/guardian should be involved with school staff in making arrangements for safe administration of his/her child's medication during the field-trip day(s). It is also the parent/guardian's responsibility to provide all medications required during the field trip in an originally-labeled pharmacy container for the student; these medications should not come from the individual student's supply held at school. It is the school nurse's responsibility to collaborate with parents/guardians and trip chaperons and provide guidance regarding all medication issues for students on all field trips.

MEDICATION ERROR/INCIDENCE REPORT

A medication incident report form should be used to report medication errors and must be filled out every time a medication error occurs. Routine errors include the following.

- Wrong student
- Wrong medication
- Wrong dose
- Wrong route
- Wrong time

All medication incident reports should be shared between the PED-licensed school nurse, the parent/guardian and other appropriate school and health care personnel according to school policy. (Sample forms are available in the Resource Section of this Manual.)

Any medication error that requires an ambulance to be called, or requires the student to be transported to an emergency room or urgent care facility, is considered an adverse event and must be reported to the NM Dept. of Health Regional Health Officer (See Adverse Event Reporting in Section II, and in the Resource Section of this Manual).

The NM Poison Center : 1-800-222-1222 may be used as a resource for medication errors.

RECORD KEEPING/MEDICATION LOG

Documentation of medication given at school should be part of the school's written policy and practice for administering medications. Each dose of medication administered or witnessed by school staff should be documented on a medication log in ink or electronically. This log becomes a permanent health record for parents and health care providers, and provides legal protection to those who assist with medications at school. It also helps ensure that students receive medications as prescribed, and can help reduce medication errors.

Any hand written error should be corrected by drawing a single line through the error, recording the correct information, then initialing and dating the corrected entry, as with any medical record. PED-licensed school nurses, who maintain medication log on computer software programs should use strikeover to reflect the information in error, then enter correct information that reflects when and by whom the error was corrected.

The medication log should contain the following information:

- Student's name
- Prescribed medication and dosage
- Schedule for medication administration
- Name(s) and signature(s)/initial(s) or electronic identification of individual(s) authorized and trained to supervise self-administration of medications
- Picture of the student for identification purposes (optional)

Sample forms are available in the Resource Section of this Manual.

EMERGENCY MEDICATIONS

School districts are encouraged to have written policies and procedures regarding the administration of emergency medications in the school setting as part of the routine medication policies and procedures, as well as in the school district's emergency plan.

While schools are not expected to function as emergency care centers, there are students at high risk for life-threatening situations and for whom access to prescribed emergency medications may be life-saving. Policies and procedures for providing emergency care in the school setting in the absence of a licensed school nurse should be included in the school emergency plan.

Below are some guidelines to consider when developing local policy and plans.

- The most common emergency medications usually required in the school setting are epinephrine, albuterol, glucagon, seizure medications, and oxygen. Most often these medications are designated for high-risk individuals attending or staffing the school. The high-risk student's health care provider is responsible for writing medication orders and for providing clear guidelines regarding the circumstances under which emergency medications should be administered. These guidelines along with other emergency interventions that include mobilization of emergency services should be included in the student's individualized emergency care plan and signed by the parent/guardian. This plan should be developed in collaboration with the student, parents, primary care provider, and appropriate school staff, and with the student's safety and the school's capability in mind.
- Schools may need to identify unlicensed personnel to be trained to assist with emergency medications in the absence of a school nurse. Witness by unlicensed personnel of self-administration of any medication which the patient's condition and skill level allows should always be documented. The NM Nursing Practice Act Rules allow nurses to "assign/delegate to licensed and unlicensed persons only those nursing actions which that person is prepared, qualified, or licensed or certified to perform." (See Section SVIII, "Delegation of Health Services", for specific guidelines regarding delegation.)
- Emergency response to high-risk students/staff for whom emergency medications may be kept in the school setting, as well as those students/staff who are not known to be at risk but who might benefit from treatment with medications designated for a high-risk student, should also be considered in the school emergency plan.
- Depending upon the availability of 911 emergency services and the proximity to the school, 911 response might be the most appropriate solution for emergency response needs in the absence of a licensed health care provider to administer care. It is recommended that discussion between school district administration, school health personnel and the local 911 responders take place to determine the feasibility of this option as policy.

- The Individualized Health Plan (IHP) can establish acceptable and safe emergency intervention procedures and parameters. Such plans require parental signature as well as signature of responsible school staff. *Loco parentis* designation may be considered in such an IHP, specifically as it relates to mobilizing emergency response service.
- Potential legalities involved in not responding with emergency medication (if available), and intervention by a trained unlicensed individual in the absence of a licensed school nurse, should be considered when establishing school district policy, and developing the IHP for individual students. Keeping any emergency medication on school premises involves certain legal/ethical issues and may create even more complex issues around emergency medication administration. An example would be a situation in which a student is discovered in anaphylaxis and the only treatment readily available is epinephrine designated for a different high-risk student. Administration of the available epinephrine by any trained individual could be a life-saving step; failure of the individual to receive treatment could result in death for the victim and legal action against the trained licensed or unlicensed individual who does not respond.

PSYCHOTROPIC MEDICATIONS

Psychiatric medications treat mental disorders. Sometimes called psychotropic or psychotherapeutic medications, they have changed the lives of people with mental disorders for the better. Many people with mental disorders live fulfilling lives with the help of these medications. Without them, people with mental disorders might suffer serious and disabling symptoms. It is important for PED-licensed school nurses to understand adverse effects as well as withdrawal symptoms of psychotropic medications, in case a student is presenting with these concerns.

Common Side Effects (Adverse Effects)

Anticholinergic effects (ACEs): Dry mouth, blurred vision, constipation and urinary hesitancy. These effects result from the suppressive action of antipsychotic and antidepressant medications on the pyramidal nerve pathways.

Neuroleptic malignant syndrome: High fever, muscle rigidity and fluctuating levels of functioning.

Orthostatic hypotension: A sudden drop in blood pressure that occurs when rising from a lying or sitting position to a standing one, accompanied by dizziness, lightheadedness, weakness and unsteady walk.

Tachycardia: An increase in heart rate resulting from adverse effects of antidepressant medications.

Indicators of Medication Withdrawal

- Trouble sleeping (too much, too little)
- No energy
- Difficulty concentrating
- Irritability
- Confusion

- Feeling something terrible is going to happen to you
- Speech problems
- Thinking everyone can hear your thoughts
- Headaches (or pressure in your head)
- Heart pounding

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

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.

Note: It is not appropriate for unlicensed assistive personnel (UAP) to make an assessment or determination to offer OTC medications. However, an appropriately trained UAP may collect and report data to the licensed school nurse, who can make an assessment and determine whether or not to delegate the task of administering a single dose of an OTC to a specific student.

INTEGRATIVE THERAPIES

INTRODUCTION

Traditionally, western medical doctors (MDs) and doctors of osteopathy (DOs) have had prescriptive privileges in the state of New Mexico. In recent years the NM State Legislature has granted ***limited*** prescriptive privileges to the following health care providers.

- Nurse Practitioners (CNP)
- Nurse Midwives (CNM)
- Physician Assistants (PA)
- Rural Anesthetists
- Nurse Specialists
- Doctors of Oriental Medicine (DOM)
- Chiropractors (DC)

A licensure board with the authority to grant license, as well as to discipline and/or revoke licenses, oversees the practice of each of these groups.

Under the NM Nursing Practice Act (NMNPA), nurses may administer medications prescribed

by any of these licensed health practitioners provided it is within the scope of the nurse's training, knowledge and experience. Administration of any prescribed medication should not contradict the NMNPA or any standing orders or protocols for school nurses. (See NMNPA www.state.nm.us/nursing.)

All providers with prescriptive privileges are expected to meet the same standards when prescribing medication for administration in the school setting as in any other situation. Medications delivered for administration at school should be in pharmacy-labeled containers or in the original provider-issued container, labeled with the same information routinely included on pharmacy labels. All medications administered in the school setting should be prescribed by a licensed practitioner with prescriptive authority; all medications are administered, stored, transported, disposed of and tracked according to the same guidelines.

Respect for the needs of all students and wishes of their parents/guardians should always be a consideration in providing safe, competent and culturally sensitive care in the school setting. However, the school nurse should keep in mind that medication administration in the school setting should take place only if permitted by local school district policy, by DOH guidelines in this School Health Manual, and in compliance with NMNPA. (See NMNPA at www.state.nm.us/nursing and NASN Position Statement at www.nasn.org).

RISK PERSPECTIVE

The following statements were extracted from *Legal Issues in School Health Services* by Schwab and Gelfman (2001).

- School nurses are expected to know and practice within the laws of their respective states.
- When the law does not sufficiently address an issue or ethical issues arise for the school nurse, a written opinion should be obtained from the local Board of Nursing. Collaboration with other Boards of Nursing, Medical and Pharmacy Boards, and the state departments of health and education are encouraged when appropriate.
- To explore and advise on issues, consideration should be given to convening a committee on ethics with appropriate representation and expertise from the school and community.
- School district policies should be developed to meet professional standards of practice and should be followed consistently through out the district.
- School policy should address students carrying and personnel administering any substance that could be identified as a medication (including natural remedies, herbs and nutritional supplements). Such policy should include requirements for an explicit order from an authorized provider in the state, parent authorization, verification that a product is safe to administer in the prescribed dosage, and information regarding therapeutic and untoward effects.
- There are no legal restrictions preventing a parent/guardian from administering a medication product in the school setting to his/her child. However school policy should include the parameters under which this activity may take place.

OXYGEN STORAGE/MAINTENANCE/PRECAUTIONS

See Section VIII, Emergency Services/First Aid.

RESOURCES FOR MEDICATION ADMINISTRATION

New Mexico Nursing Practice Act

<http://www.nmcpr.state.nm.us/nmac/parts/title16/16.012.0002.htm>

NASN Position Statements

<http://www.nasn.org/Default.aspx?tabid=61>

Allergy/Anaphylaxis Management
Diabetes in the School Setting
Asthma Rescue Inhalers in the School Setting
Delegation
Medication Administration in the School Setting
Research Medications in the School Setting
Alternative Medication Use in the School Setting

Sample Forms

(Available in the Resource Section of this Manual)

Medication Incident Report
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