

**SCHOOL DISTRICT OF PITTSVILLE
BOARD POLICY**

STUDENTS

STUDENT HEALTH AND WELFARE

ADMINISTER MEDICATIONS TO STUDENTS

453.4

SCHOOL STUDENT MEDICATION POLICY

MEDICATION ADMINISTRATION TRAINING

1. All school staff involved in medication handling and administration in the school will follow the School District Student Medication Policy (Wisconsin Statute 118.29).
2. The Principal will designate in writing staff to administer medication (Wisconsin Statute 118.29). The **Contracted Nurse (CN)** will provide the training needed to ensure medication is administered in the safest manner. If not resolved, the Principal and the **CN** will jointly develop a plan. If the **CN** and principal are unable to develop a plan, the **CN** Supervisor and District Administrator will be notified immediately.
3. All school staff assigned to administer non-oral medication must attend an annual in-service provided by the **Contracted Nurse** or their designee. The **CN** will determine the frequency of ongoing trainings.
4. The Health Department and school will maintain a record of medication training, staff attending and content covered. The Documentation of Instruction for Registered Nurse to Unlicensed School Personnel form will be completed with the original kept at the school.
5. School staff with access to student medication information needs to be aware that this is medical information and must, by law, remain confidential. The parent of any student with a fragile medical condition that should be shared with daily school staff must be offered an annual Authorization for Use or Disclosure of Protected Health Information form to allow sharing of medical alerts (Wisconsin Statute 146.81-146.84).

MEDICATION STORAGE AND HANDLING

1. Over-the-counter medications need to be in the original container.
2. Prescription medications must be provided in the original prescription bottle and must have the following information printed on the container;
 - a. Student's full name
 - b. Name of the drug, dosage, route, and frequency of administration
 - c. Prescribing clinician's name
 - d. Dispensing pharmacy
3. Only non-expired medications in limited quantities will be stored at school.
4. Medications will be in a safe location, not accessible to students (i.e. locked locations) and checked out only by designated authorized personnel.
5. Medications requiring refrigeration will be stored in a separate well-marked container.
6. Asthmatic Students' Use of Inhalers (Wisconsin Statute 118.291). An asthmatic student may possess and use a metered dose inhaler or dry powder inhaler while in school, at a school-sponsored activity, or under the supervision of a school authority if all the following are true:
 - a. The student uses the inhaler before exercise to prevent the onset of asthmatic symptoms or uses the inhaler to alleviate asthmatic symptoms.
 - b. The student has provided the school with written approval from their prescribing clinician and, if the student

is a minor, the written approval of the student's parent or guardian.

7. Expired medication or medications without current signed medical orders will be removed from the school by the parent or an older student with parent permission.
8. At the end of the school year, the parents will pick up remaining medications. Medication will be sent home with the older reliable high school students with written permission from the parent on file. Remaining medication will be destroyed.
9. The school cannot be responsible for any accident/injury/lost medication that results from a student transporting medication(s) to and/or from school. If a student must transport medication, parents must give written permission when the Parent/Guardian Consent Form for Medication is signed.
10. School Staff will not administer their own personal supplies of over-the-counter medications to students.
11. School purchased supplies of over-the-counter medications will not be administered without parental permission.

WRITTEN PRESCRIPTION ORDERS

1. New written prescription orders must be received annually for students on yearly medication. All prescription orders expire at the end of the school year.
2. A current binder of students receiving medications is maintained in the school office for reference which included the following information:
 - a. Student's name, address, phone number, emergency contact information, school grade.
 - b. A separate Electronic Medication Log must be completed for each medication to be administered in the school. This will be printed and filed yearly in the student's health record.
 - c. Parent/Guardian Consent Form for Medication; Clinician's Order for Administration of Prescription Medication must be dated for the current school year.
 - d. Medication name.
 - e. Dose and route of administration that is ordered.
 - f. Frequency and duration for administration.
 - g. Clinician's signature (if prescription) and clinic contact information.
 - h. Signed Parent/Guardian Consent Form for Medication (both prescription and over-the-counter medications.)
3. Signed medical orders from a licensed clinician can be accepted by fax. Only a registered nurse can accept a verbal order from a prescribing clinician.
4. The Contracted Nurse may call prescribing clinician to verify medical orders.
5. Orders to discontinue the medication will require parental written permission and must be verified with signed medical orders within 48 hours.
6. Parents shall report any changes in the original medical order. The school, prior to the administration of medication, must receive a new Parent/Guardian Consent Form for Medication: Clinician's Order for Administration of Prescription Medication.
7. It is recommended the school place the above forms on the school web site for easy access by parents and clinicians.

NON-PRESCRIPTION MEDICATIONS

1. Non-prescription medications will not require a signed clinician's order unless deemed advisable by appropriate school personnel.
2. School personnel should under no circumstances administer any over-the-counter medications to students without having written authorization from the student's parent or guardian.
 - a. A Parent/Guardian Consent Form for Medication is preferred but if for some reason it is not brought to school, at the same time/day as the student brings the medication to be taken, but the student brings the non-prescription medication to school in the original bottle, along with written permission from the parent, the

School District will allow the medication to be taken, however, a Parent/Guardian Consent Form for Medication will be sent home with the student and this form must be returned immediately.

3. Diagnosis and treatment of illness and the prescribing of drugs are never school responsibilities and should not be undertaken by any school personnel.
4. The school shall administer over-the-counter medication for a maximum of five consecutive school days. It is the district's philosophy that if a student requires over-the-counter drugs for more than five consecutive school days, the student should be seen by a clinician.

MEDICATION ADMINISTRATION

1. No prescription medication may be administered by school personnel without a signed Parent/Guardian Consent Form for Medication; Clinician's Order for Administration of Prescription Medication.
 - a. If for some reason the Parent/Guardian Consent Form for Medication; Clinician's Order for Administration of Prescription Medication is not brought to school, at the same time/day as the student brings the medication to be taken, but the student brings the prescription medication to school in the prescription bottle, along with written permission from the parent, the School District will allow the prescribed medication to be taken, however, a Parent/Guardian Consent Form for Medication; Clinician's Order for Administration of Prescription Medication will be sent home with the student and this form must be returned immediately.
2. Person administering medications will check the expiration date. Parent will be notified within two weeks of approaching expiration date.
3. Student may self administer asthma inhalers. See Medication Storage and Handling #6 (Wisconsin Statute 118.291).
4. If a student refuses to take medication, the parent or guardian will be notified.
5. Errors in medication administration will be reported to the parent immediately. If there is question of significant harm to the student, the student's licensed clinician shall be notified. Errors in medication administration included:
 - a. administration of the wrong dosage of medication to the student,
 - b. administration of a medication to the wrong student,
 - c. administration of the wrong medication to the student,
 - d. administering the medication via the wrong route,
 - e. administration of the medication at the wrong time, and
 - f. failure to administer a medication with appropriate medical provider and parent instructions.
 - g. Each medication error must be documented.
6. A Medication Incident Report will be completed and signed by the school principal, and filed in the student's Health Record.
7. School personnel are asked to report to the parent any significant side effects or unusual behavior of students on medication. Medication may be held until parent is contacted about the concerns. Students should be monitored until concern is resolved.

EMERGENCY MEDICATION ADMINISTRATION

1. The most skilled available person will administer emergency medication.
2. An Emergency Action Plan (EAP) may be kept in a separate binder that includes:
 - a. Procedures for emergency medication administration.
 - b. A copy of the Emergency Action Plan.
 - c. Documentation of the staff training to administer this medication.

A template of common Emergency Action Plans **can** be provided by the **Contracted Nurse**.

3. Administration of Epinephrine to Students (Wisconsin Statute 118.29)

- a. School employees, school volunteers, and bus drivers may administer epinephrine to any student who appears to be experiencing a severe allergic reaction with the School District authorizing such medication administration.
- b. Employees, volunteers, or bus drivers must report the allergic reaction, as soon as practical, by calling EMS at 911.
- c. Immunity is provided from civil liability for those persons who administer epinephrine in the above situations.

4. Pupil's possession and use of an epinephrine auto-injector

- a. Under current law, a pupil may possess and use an epinephrine auto-injector while in a public, private, or tribal school, at a school-sponsored activity, or under the supervision of a school authority if the pupil uses the injector to prevent the onset or alleviate the symptoms of an emergency situation. An emergency situation is a situation in which a pupil reasonably believes that he or she is experiencing a severe allergic reaction, including anaphylaxis, that requires the administration of epinephrine to avoid severe injury or death.
- b. The pupil must obtain the written approval of their physician and, if the pupil is a minor, the written approval of the pupil's parent or guardian, and must provide the school principal with a copy of the approvals.
- c. The pupil has to be informed that if he or she uses an epinephrine auto-injector, he or she must notify a school employee as soon as possible.
- d. If the pupil notifies a school employee, report the pupil's use of the epinephrine auto-injector by dialing "911".

MEDICATION DOCUMENTATION AND RECORDS RETENTION

1. A record of medication administration shall be maintained for each student who received medication during the school day. This record will include:
 - a. Individual Medication Chart
 - b. Clinician Order for Administration of Prescription Medication if applicable
 - c. Parent/Guardian Consent Form
 - d. Parental hand-written consent notes
 - e. Medication Incident Report if applicable
2. The record of medication administration will be filed by the school district in the student's Individual Health Record. The Health Record must be maintained for one year post enrollment.
3. Staff assigned to medication administration will be complete the student's Individual Medication Chart. The Individual Medication Chart will contain:
 - a. Name of student
 - b. Name of medication
 - c. Dose, route, and frequency of medication
 - d. Date and time of administration
 - e. Documentation of reason medication was not received
 - f. The Individual Medication Chart must contain the full signature of all designated school personnel administering the medication. Doses may be initialed on the daily schedule once the full signature is on the form.
4. Staff assigned to administer medications shall document in the student's **electronic** health record any significant observations, including adverse reactions or harmful side effects, as well as any action taken.
5. All documentation will be in black or blue ink, and shall not be altered.
 - a. If an error occurs in documentation, draw a line through the error, write "error" and initial beside it. Write in the corrections.

6. Medication disposal will be documented with date, signature, and signature of witness on the backside of the Individual Medication Chart.
7. A Medication Incident Report will be completed in case of medication administration error.
 - a. This form will be kept on file in the student's health record.
 - b. A copy will be given to the nurse. The **CN** will review the reports and provide consultation to ensure appropriate medication administration in the future.

Policy Addendums:

1. Authorization for Use or Disclosure of Protected Health information
2. Documentation of Instruction from Registered Nurse
3. Emergency Action Plans (EAP)
 - Blank for Specific Student Needs
 - EAP Severe Allergy
 - EAP Asthma
 - EAP Insulin Dependent Diabetes
 - EAP Seizures
4. First Aid Equipment and Supplies
5. Individual Medication Chart
6. Medication Incident Report
7. Parent/Guardian Consent Form for Medication; Clinician's Order for Administration of Prescription Medication.

Legal References:

Wisconsin Statutes Sections:

1. 118.29 Administration of drugs to pupils and emergency care
2. 118.291 Asthmatic pupils; possession and use of inhalers
3. 121.02(1)(g) School District standards provision for emergency nursing services
4. 146.81-146.84 Patient health care records
5. 441 Board of Nursing (Nurse Practice Act)
6. **118.292(1V) and 118.292 (2)(c) Pupil's possession and use of an epinephrine auto-injector**

Wisconsin Administrative Code:

Chapter PI 8.01 (2)(g)

Adoption: *September 13, 2010*

Updated: *August 13, 2012*

Pittsville School District

**Parent/Guardian Consent Form for Medication
Clinician's Order for Administration of Prescription Medication**

(Please Type or Print)

This order and consent for medication is required to be completed and presented to the child's school before any medication may be administered to a child during the school day.

Name of Student: _____ DOB: _____ Grade: _____
Address: _____
Home Phone Number: _____ Mother's Cell: _____ Father's Cell: _____

ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER

- I grant permission to the persons designated by the principal to give medication(s) to my child according to the directions.
- I authorize school personnel to exchange information with my child's clinician regarding this medication or the condition for which it is prescribed.
- I release the school district from any liability claims of the administration of this medication as directed.
- I will notify the school in writing of any changes. Prescription medication changes require a new clinician order.
- I understand all medication must be picked up at the end of the school year or it will be destroyed. I give my student permission to transport medication to and from school, and will not hold the school liable for any accident, injury, or loss of medications that may occur during transport. YES NO

Name of non-prescription medication (example Tylenol): _____
Scheduled time for dose: _____ As needed at student's request: _____
Dosage: _____ Frequency: _____ Entire school year: YES NO or
number of days: _____ (maximum 5 consecutive days without medical prescription)

Authorized school personnel may give my child medication as listed by parent or clinician.

Signature of Parent/Guardian: _____ **Date:** _____

Clinician's Order for Each Prescription Medication (Additional space on back)

Clinician's Name: _____

Clinic: _____ Clinician's Phone Number: _____

Diagnosis: _____

Medication Allergies: _____

Medication: _____

Dose: _____ Frequency: _____

Route: Oral Other Duration: Entire school year: _____ Number of days: _____

Condition under which medication should be given (PRN medications): _____

The student may take medication at school without authorized school personnel dispensing the medications. YES NO
(Example asthma inhalers or insulin)

Clinician's Signature: _____ Date: _____

Clinician signature required for all prescription medications

#2 Prescription Medication: _____

Dose: _____ Frequency: _____

Route: Oral Other Duration: Entire school year: _____ Number of days: _____

Condition under which medication should be given (PRN medications): _____

The student may take medication at school without authorized school personnel dispensing the medications. YES NO
(Example asthma inhalers or insulin)

Clinician's Signature: _____ Date: _____

Clinician signature required for all prescription medications

#3 Prescription Medication: _____

Dose: _____ Frequency: _____

Route: Oral Other Duration: Entire school year: _____ Number of days: _____

Condition under which medication should be given (PRN medications): _____

The student may take medication at school without authorized school personnel dispensing the medications. YES NO
(Example asthma inhalers or insulin)

Clinician's Signature: _____ Date: _____

Clinician signature required for all prescription medications

#4 Prescription Medication: _____

Dose: _____ Frequency: _____

Route: Oral Other Duration: Entire school year: _____ Number of days: _____

Condition under which medication should be given (PRN medications): _____

The student may take medication at school without authorized school personnel dispensing the medications. YES NO
(Example asthma inhalers or insulin)

Clinician's Signature: _____ Date: _____

Clinician signature required for all prescription medications