

STUDENTS

Administering Medication

- I. It is the intent of the Prince William County Public Schools (PWCS) to assist parents/guardians when they are unable to come to school to administer medication by giving needed medication to the student so that the student may maintain school attendance. Only PWCS employees who have completed the Medication Administration course may administer medications. Once the course is completed a school nurse shall provide annual one-hour refresher training for two consecutive years. Every three years the PWCS four-hour Medication Administration course must be repeated.
- II. Every effort shall be made by the parent/guardian for the student to receive needed medication outside of the school day. Prescription or over-the-counter drugs, pain relievers, cough medicine, inhalants, etc., shall be administered to students by parents/guardians outside of school hours except in unusual circumstances.
- III. The first or adjusted dose of medication shall be administered at home by the parent/guardian prior to delivery of medication to school.
- IV. It is the parent's/guardian's responsibility to provide the following for prescription or non-prescription medication.
 - A. The parent's/guardian's written authorization for the school staff to medicate his/her child. (Attachment I must be signed and returned by the parent/guardian before medication can be administered).
 - B. Medication must not have exceeded the expiration date.
 - C. Medication must be in the **original** sealed container.
 - D. The parent/guardian shall deliver the child's medication to the school office unless prior arrangements have been made.
 - E. The use of all prescription medication must be authorized, in writing, by a licensed provider (See Attachment I, Section A). This information is acceptable on a prescription pad or physician's letterhead that is attached to a PWCS authorization form. The written authorization shall include:
 1. The student's name.

2. The student's date of birth.
 3. The reason for the medication.
 4. The name of the medication.
 5. The exact dose to be given at school.
 6. The time to be taken at school.
 7. Exact condition of symptoms for repeating the medication.
 8. Duration of the order.
 9. Date of prescription, physician's name, signature, and telephone number.
- F. Any change in the original medication authorization requires a new written authorization and a corresponding change in the prescription label.
1. Faxed authorization may be acceptable as long as there is a signed parental consent for the medication authorized.
 2. Any medication that is changed or discontinued must have a new student medication log completed at the time of the authorization change.
- G. The over-the-counter (OTC) medication request form must be completed by the parent/guardian (see Attachment I, Section B).
1. A physician must authorize in writing any nonprescription medication that is to be given for more than the recommended duration as written on the label or manufacturer's recommendation. (See Attachment I, Section B.)
 2. Medication must be in the original, small, sealed container.
 3. Herbal medications will NOT be given in Prince William County Public Schools without written authorization by a licensed health care provider, that shall include desired and adverse effects.
 4. Under no circumstances are medications to be shared by other students.

5. Exceptions to these regulations may be necessary depending on individual circumstances. Exceptions may only be authorized by the principal, Supervisor of School Health Services, or school nurse.

H. Oxygen Administration in School

1. If a student has a known condition that warrants oxygen availability, the treating physician and school nurse shall communicate about the necessary equipment and supplies, including oxygen. An appropriate treatment plan shall be in place for all students who are prescribed oxygen.
2. The treatment plan shall include a written physician's authorization, medical diagnosis, contact information, parental consent, as well as any other pertinent medical direction.

I. Monitoring Supply of Medications

1. When medication is brought to the school by the parent/guardian, the supply of the drug must be counted (upon receipt) prior to the administration of the first dosage (i.e., number of tablets) and anytime medication returns after leaving the building (i.e., taken home by parent/guardian and on field trips).
2. The count, date, initials, and signature of the person counting must be recorded on the student's medication log.
3. The clinic attendant, principal's designee, or school nurse shall count medication.
4. Periodic counts of controlled substances shall be completed by the school nurse in each school.
5. Any medication discrepancies noted must be reported to the school principal and school nurse, and a medication incident report completed with a copy forwarded to the Supervisor of School Health Services. (See Attachment V).

V. Field Trips

All medications given on field trips must comply with the following listed requirements.

- A. Appropriate school staff (i.e., principal or designee) shall notify the clinic attendant, school nurse, or principal's designee at least five days prior to the field trip so that medication can be prepared.
- B. Requirements for one-day field trips (less than 24 hours):
 1. The amount of medication needed for the field trip may be taken from the pharmacy container and placed in a special sealed field trip envelope.
 2. The field trip envelope must specify:
 - a. Student's name.
 - b. Physician's name and telephone number.
 - c. Name of medication.
 - d. Dosage.
 - e. Time medication is to be administered.
 - f. Route (i.e., oral, eye drops, ear drops, injections, rectal, topical, inhalation, nasal) of medication.
 3. A separate envelope shall be prepared for each medication and each dose to be given.
 4. A copy of the medication chart must accompany the field trip envelope. The field trip envelope replaces the authorization form (Attachment I, Sections A or B).
 - a. The number of pills administered on the field trip needs to be documented on the original medication log.

- b. Persons administering the medication must sign the signature key section of the copy of the medication log.
- c. The completed medication log shall be returned to the school.
- d. Any medication not used during the field trip shall be returned to the school.
- e. If medication is returned, it must be discarded and witnessed in writing by two staff members.
- f. Any medication that is returned/discarded must be documented on the medication count section of the medication log.

- 5. Liquid medication must be transported in the original pharmacy container.
- 6. Documentation of training for the administration of medications on field trips must be completed by PWCS employee not previously trained who will be administering medications on the field trip. The school nurse must be notified at least five days in advance to ensure that training is completed.

C. Requirements for extended day/overnight field trip

Refer to Attachment VI, pages 1, 2, and 3.

- VI. Students shall keep in their possession certain medications such as prescription inhalers, EpiPens, glucagon kits, or other emergency/life-saving medication when the need for such medication is urgent and a delay could result in a serious health event. This is permitted provided it is in accordance with Regulation 757-5, Administration of Asthma Medications to Students; Regulation 757-2, Health Services - Allergic Reactions; and Regulation 757-6, Administering Insulin and Glucagon. The student will receive instruction regarding the discreet use of the medication, including keeping it from being used by other students.
- VII. No student may have in his or her possession while in any classroom, hallway, auditorium, gymnasium, or like area, any device designed for puncturing of the skin, whether or not the device has a valid medical use, except when the device is designated as needed in a life-threatening situation. Any device necessary for the treatment of a

diagnosed medical condition may be left with the appropriate school designee, who may administer such device or allow it to be used under the nurse's supervision. A student may possess the device in a hallway if transporting the device to or from the school office. All single-use devices must be disposed of properly.

- VIII. No medications or skin puncturing devices shall be allowed on school buses without the principal's permission except as noted in VI and VII above.
- IX. Health department rules do not permit the storage of medication in food service refrigerators. If there is not a designated refrigerator for medications, a small locked container must be used for all refrigerated medications and labeled appropriately by the clinic attendant, principal's designee, and/or school nurse and placed in the refrigerator.
- X. The school shall not be responsible for lost or spilled medications.
- XI. Storage of Medications
- A. All medications to be administered at school shall be kept in a locked area and placed in a secondary enclosed system. Acceptable storage systems are individual envelopes, plastic storage bags, or individual bins arranged in alphabetical order.
- B. Only the person(s) designated by the school principal shall administer medication to students. Under **no** circumstances shall students be allowed to get their own medication from the locked area.
- XII. A Student Medication Log (Attachment II) shall be completed and kept with an appropriate storage system for each medication. A medication log must be completed for each medication prescribed. This form is to be signed after **each** administration of medication.
- XIII. Prior to the end of the school year, parents/guardians shall be notified of disposal procedures of unused medications (Attachment III) and asked to make arrangements to pick up their child's medication by the last day of school. If parents do not make disposal arrangements before the last day of the current school year, unused/unclaimed medications are to be disposed of appropriately. Any medications disposed of by flushing or other means shall be documented on Attachment IV and witnessed by two school employees.
- XIV. The principal and/or school nurse shall be responsible for informing all parents of the procedures for administering medications by school personnel.

- XV. Regulation 757-3 refers to administering medication as required by a student's Health Treatment and/or Emergency Treatment Plan.
- XVI. All notes from parents/guardians and physicians' written orders shall be kept on file for five years.
- XVII. The Prince William County School Board prohibits school personnel from recommending the use of psychotropic medications for any student. These medications include but are not limited to Ritalin, Prozac, and Paxil. This does not prohibit school health staff, classroom teachers, or other school professionals from recommending that a student be evaluated by an appropriate medical practitioner, or prohibit school personnel from consulting with such practitioner with written parental consent.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2011.

OVER-THE-COUNTER OR PRESCRIBED MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PHYSICIAN - *ONE FORM PER MEDICATION

I certify that, in my opinion, it is medically necessary that the medication described below be administered to _____ during school hours and that this medication be administered by school personnel.

Student: _____ **DOB:** _____ **SCHOOL:** _____

Reason for medication: _____

Name of medication: _____

Dosage and time: _____

Symptoms for repeating medication: _____

Duration: _____

Date of prescription: _____

Date: _____ **Name of physician:** _____

(Print)

Signature of physician: _____

Note: Please return this form with medication, or have your physician mail or fax it back to your child's school, Attention: School Nurse.

Attachment I
Section B

OVER-THE-COUNTER OR PRESCRIPTION MEDICATION REQUEST BY PARENT/GUARDIAN

Student: _____ **DOB:** _____ **School:** _____

Reason(s) medication is to be given: _____

Name of Medication: _____

Dosage and time to be given: _____

Duration: _____

I/We agree to furnish the medication in the **ORIGINAL** sealed container with the label intact. **A physician must authorize in writing any nonprescription medication that is to be given for more than the recommended duration as written on the label or manufacturer's recommendation.** I/We authorize the school nurse to communicate with the physician as allowed by HIPAA. I/We are aware that non-medical personnel may be administering medication to my child. **I/We hereby release the Prince William County School District and all of its employees of and from any and all liability in law for damages either we or our child may incur as a result of this request.**

Date: _____

Signature of Parent/Legal Custodian

Calendar Codes: (Please use appropriate code on front of log)

- (A) Absent (N/S) No Show
- (E) Early Dismissal (W) Withheld
- (F) Field Trip (X) No School
- (N) No Med Available

Medication Count: (Count and document total number of pills received)

Initials	Signature	Date	No. Received	Initials	Date	No. Received	Initials

Signature Log: (Required for each staff member administering medication)

Initials	Signature	Initials	Signature

Documentation of Training for Administration of Medications for Field Trips

I, _____,
 (print name)
 acknowledge that I have been instructed on the proper procedure (s) to safely administer and document medication (s) required to be given.

 (Individual) (Date)

 (School Nurse) (Date)

Comments:

Attachment III
Regulation 757-4

Dear _____:
(Parent/Guardian)

We request that you pick up all of your child's unused medication by the last day of school. Please make arrangements to do so with the school office as soon as possible. If unused medication is not picked up prior to the last day of the current school year, it will be disposed of by school personnel.

Thank you for your cooperation.

Sincerely,

MEDICATION INCIDENT REPORT

A medication incident is defined as any incorrect administration of a medication, i.e., an incorrect dosage, drug, route, incorrect time of administration, or giving to incorrect student. (We allow ½ hour leeway before or after time prescribed.)

Date of Report _____ School _____ Prepared by _____

Name of Student _____ DOB: _____ Sex _____ Grade _____

Date & time incident occurred _____

Person Administering Medication _____
(Name) (Title)

Licensed Prescriber _____
(Name) (Address)

Reason medication was prescribed _____

Date of Order _____ Instructions for Administration _____

Medication _____ Dose _____ Route _____ Scheduled Time _____

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

Action Taken

Parent/guardian notified: Date _____ Time _____

Principal notified: Date _____ Time _____

Follow-up information _____

Outcome:

Name _____
Type or Print Signature Title Date

Medication Permission Form
For Extended Day/Overnight Field Trips
(One form for each medication)

Any medication that must be administered during an overnight field trip, either over the counter or prescribed requires a physician's written order and a parent/guardian authorization. A signed permission form is necessary for all the following: medicines given by mouth, inhaled, by nebulizer, on skin, patch, injection, etc. Only FDA approved medicines will be accepted. The required medications shall come in the original container with proper labeling. This permission form is valid for the current field trip only. Medications may only be given by Prince William County Public School employees unless an accompanying parent administers it to their own child.

I hereby certify that it is necessary for _____ DOB: _____
(Students Full Name)

Teacher/Homeroom: _____ Grade: _____ School: _____
to be administered the medication listed below when she/he is away from school property on an approved school field trip.

Name of Medication: _____

Reason for Medication (Diagnosis): _____

Dosage to be given: _____ Route (mouth, injection, etc.) _____

Time(s) of administration: _____ Allergies: _____

Beginning Date: _____ Ending Date: _____ Amount of Liquid or Count of Pills: _____

Physicians Signature: _____ Date: _____

Emergency Telephone Numbers:

Parent/Guardian: _____ H: _____ W: _____ C: _____

Parent/Guardian: _____ H: _____ W: _____ C: _____

Doctor's Name: _____ Phone: _____

Parents are requested to pick up any leftover medication at the end of the field trip. Medications that are left after this time will be discarded.

(continued on back)

I hereby consent to protected health information being used and disclosed to carry out treatment or health care of my child. I understand that Prince William County Public School (PWCS) District may need to give and receive protected health information pertaining to the management of my child's medical condition with the health care provider listed above, and I hereby authorize the exchange of this information as needed to carry out the treatment or health care of my child. I also give permission for the information on this form to be reviewed and utilized by staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

I hereby authorize PWCS employees to assist my child with medication administration and/or to supervise my child's self-administration of medication(s) as directed by his or her prescribing physician(s). I acknowledge and agree that non-health professionals, trained in medication administration specific to this field trip, may assist my child with medication administration and/or supervising my child's self-administration of medication(s), provided they follow the physician's orders on this record.

I/We hereby release the PWCS District and all of its employees of and from any and all liability in law for damages either we or our child may incur as a result of this request.

Signature of Parent/Legal Guardian _____ Date: _____

**Prince William County Public Schools
 Medication Administration Log
 For Extended Day/Overnight Field Trips**

Student's Name: _____ School: _____

Grade: _____ Teacher/Homeroom: _____

Reason for Medication/Diagnosis: _____

Allergies: _____

Medication: _____

Dosage: _____ Amount: _____ Route: _____ Time(s) to be given: _____
(mg) (# of pills, tsp., cc, drops) (by mouth, in ear, etc.)

Date Received (original Rx) _____ #Amt. of Pills/Capsules/Liquid _____ Signature _____

Date Returned (end of year/use) _____ #Amt. of Pills/Capsules/Liquid _____ Signature _____

Date (Use new line for each date)	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Signature

Turn form in to school clinic after trip.