

Model School Nursing Standard/Protocols – Medication Administration

PURPOSE OF DOCUMENT: This model school nursing standard/protocols is designed to assist the school district/school nurse in writing nursing policies/procedures for medication administration. Included in this document are: 1) a checklist for the content of school nursing standard/protocols based on best practice, 2) a sample Purpose & Standard (Section I), and 3) sample Delegation Protocols (Section V). Further medication administration guidelines and training checklists, which are referred to in this document, are found on the Alaska Division of Public Health’s [School Nursing/School Health](#) webpage.

MEDICATION ADMINISTRATION STANDARD/PROTOCOLS CHECKLIST

SECTION	CONTENT	SAMPLE LANGUAGE/NOTES	
I.	Purpose & Standard	<ul style="list-style-type: none"> <input type="checkbox"/> Purpose Statement <input type="checkbox"/> Define medication administration <input type="checkbox"/> Authorizations required <input type="checkbox"/> Responsibilities: parent, school nurse, health care provider <input type="checkbox"/> Appropriate reference material <input type="checkbox"/> Legal parameters and protections 	<ul style="list-style-type: none"> ✓ Purpose: Consistent safe procedures, enhance student health/stabilize medical condition for academic achievement ✓ Definition: assisting with ingestion, application, injection or inhalation of medication or monitoring self-administration ✓ Authorizations are needed prior to administration (i.e., parent, definition of authorized licensed healthcare providers and when their authorization is needed) ✓ Parent delivers medication, signs authorization form ✓ School nurse responsible for reviewing all medications ✓ Healthcare provider signs authorization, clarifies questions ✓ PDR and PDR for non-prescription or other suitable references ✓ Follow school district policy and nursing protocols, Alaska Nursing Regulations, <i>Medication Administration Delegation Decision Tree</i>, AS 14.30.141 (Self-Administration) ✓ Delegation, training and administration of medication by designated, qualified staff ✓ Administration of herbal nutritional supplements and delegation of non-herbal nutritional supplements prohibited ✓ System for approval for administration of off-label, experimental,

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			<p>investigational medications</p> <p>✓ 5 Rights of Medication Administration will be followed</p>
II.	Authorizations and Requirements	<p>Parameters for each:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prescription Long Term <input type="checkbox"/> Prescription Short Term <input type="checkbox"/> Non-Prescription <input type="checkbox"/> Travel medication authorizations <input type="checkbox"/> Field Trip medication authorizations <input type="checkbox"/> Parent delegation <input type="checkbox"/> Standing orders 	<p>✓ Definition of each (e.g., ST less than 15 days, LT over 15 days)</p> <p>✓ When authorizations are needed (e.g., annually, change in medication order)</p> <p>✓ Parameters for receiving forms (including verbal orders) and medications</p> <p>✓ Specific parameters for administering (e.g., non-prescription doses may not exceed label instructions without healthcare provider orders, when physician’s authorization is required)</p> <p>✓ Authorizations for travel, field trips, extracurricular activities (i.e., when to use)</p> <p>✓ Parent request for training of and delegation to unlicensed school staff (for protocol, see section on delegation)</p> <p>✓ Standing orders (e.g., emergency medication, non-prescription medications) from the school physician or medical director and how they are utilized</p>
III.	Care Planning/Emergency Plans	<ul style="list-style-type: none"> <input type="checkbox"/> Asthma Action Plan <input type="checkbox"/> Allergy/Anaphylaxis Plan <input type="checkbox"/> Seizure Action Plan <input type="checkbox"/> Diabetes Individualized Healthcare Plan 	<p>✓ If medication authorizations for prescription medications are included in the care plan signed by the healthcare provider and parent, additional medication authorizations (i.e., above forms) are not necessary</p>
IV.	Self-Administration	<ul style="list-style-type: none"> <input type="checkbox"/> Alaska Law AS 14.30.141 <input type="checkbox"/> Define school application <input type="checkbox"/> Authorizations required <input type="checkbox"/> Parameters for <input type="checkbox"/> Notifications 	<p>✓ Link to statute: AS 14.30.141 Self-administration and documentation of medication</p> <p>✓ What self-administration means in the school setting (e.g., student brings to and from home, on person at all times, capable of independently administering, etc.); does not include a controlled substance</p> <p>✓ Healthcare provider, parent, student, nurse assessments, permissions and agreements (note forms)</p> <p>✓ Notifications to school administrator and appropriate staff</p>
V.	Delegation Protocols	<ul style="list-style-type: none"> <input type="checkbox"/> Define 	<p>✓ NASN and NCSBN definitions of delegation</p>

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		<ul style="list-style-type: none"> <input type="checkbox"/> Legal parameters <input type="checkbox"/> 5 Rights of Delegation <ul style="list-style-type: none"> ○ What is delegable ○ Circumstance ○ Person ○ Communication ○ Supervision 	<ul style="list-style-type: none"> ✓ Alaska Board of Nursing Statutes and Regulations ✓ State of Alaska Medication Administration Delegation Decision Tree and Guidelines ✓ Indemnification AS 14.12.115 ✓ Define what is non-delegable by school nurse ✓ Define federal laws requiring equal access to education for all students (ADA, IDEA, Section 504); how school nurses must work with parents, administrators, healthcare providers to develop a safe plan of care for students needing medications at school; how some medications must be delegated by parents. ✓ Define who is appropriate to train (volunteer staff readily available to student) and responsibility of nurse to determine competency. ✓ Define what training materials and authorizations are required and how often: approved trainings, pre/post-tests, mastery of skills checklists, parent authorizations; how training is individualized; what communication is needed (written instructions and forms with predicted outcomes, possible adverse reactions and who/how to contact); level of training needed for 1)daily/frequent medication administration in nurses absence, 2) emergency medications, 3)field trips, 4) extracurricular activities, 5) diabetes management. ✓ Define level of supervision and evaluations needed (evaluation on-site every 90 days by delegating nurse; parental delegation, nurse follows up training program effectiveness, retrain as needed); episodic evaluations post-event.
VI.	Reactions and Anaphylaxis	<ul style="list-style-type: none"> <input type="checkbox"/> Define <input type="checkbox"/> Steps to follow (nurse, trained staff) <input type="checkbox"/> Standing Orders <input type="checkbox"/> Notifications (healthcare 	<ul style="list-style-type: none"> ✓ Observe for signs and symptoms of allergic reaction or anaphylaxis. ✓ If life-threatening, call 911 and implement standing orders for anaphylaxis if applicable ✓ Trained staff should notify school nurse. ✓ School nurse should notify parents, healthcare provider. ✓ Document in appropriate records and adjust the healthcare plan accordingly.

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		<p>provider, parent, etc.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation 	
VII.	Medication Errors	<ul style="list-style-type: none"> <input type="checkbox"/> Define <input type="checkbox"/> Steps to follow (nurse, trained staff) <input type="checkbox"/> Notifications: 911, Poison Control, healthcare provider, parent, etc. <input type="checkbox"/> Reporting to supervisor <input type="checkbox"/> Documentation <input type="checkbox"/> Link to error prone abbreviations and symbols 	<ul style="list-style-type: none"> ✓ Deviation from the standard of care (omitted doses, incorrect doses, incorrect time of administration, incorrect student, improper injection techniques, incorrect route of administration). ✓ Determine error and potential for emergency. ✓ If life-threatening, call 911 and implement standing orders for anaphylaxis if applicable. ✓ Call Poison Control (1-800-222-1222) if applicable. ✓ Trained staff should notify the school nurse and complete a medication error report. ✓ School nurse, if self-reporting, should complete a medication error report. ✓ Medication error reports should be submitted to school nursing/health services supervisor. ✓ Error should be documented in appropriate records and the healthcare plan adjusted, if need be. ✓ NOTE: incorrect documentation can also occur. Ink should be used for all written documentation. A single line should be drawn through any erroneous entry, correct information entered and entry initialed. Correction tape or solution or an eraser should NOT be used. ✓ Institute for Safe Medication Practices List of Error-Prone Abbreviations, Symbols and Dose Designations
VIII.	Handling, Storage and Disposal	<ul style="list-style-type: none"> <input type="checkbox"/> Receipt of medications <input type="checkbox"/> Secure Location <input type="checkbox"/> Accessibility (who/when) <input type="checkbox"/> Storage <input type="checkbox"/> Field trips and extracurricular activities 	<ul style="list-style-type: none"> ✓ Delivered by parent (except those for self-administration), appropriate container (OTC unopened original properly-labeled container, prescription in pharmacy container, with original label, accompanied by appropriate form(s). Reviewed by nurse. Controlled substances and prescription medications should be counted with parent (or staff member, if parent not present). No more than three month supply (ideally no more than 30 day supply). ✓ Maintain in locked cabinet in nurse’s office (other than self-administration or

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		<ul style="list-style-type: none"> <input type="checkbox"/> Auditing controlled substances <input type="checkbox"/> Missing medications <input type="checkbox"/> Disposal (how, when) 	<p>emergency medications)</p> <ul style="list-style-type: none"> ✓ Key should be accessible by limited people such as those trained staff who administer medications in the nurse’s absence. ✓ Do not pre-pour into medication cups. ✓ Store medications requiring refrigeration inaccessible to students and never with food; topical medications should be stored separately from internal medications. Store controlled substances in double-locked cabinet or drawer. ✓ How to prepare medications for field trips (e.g., AK BON Sept 2002 advisory opinion re: repackaging not dispensing; for longer FT requiring more than one dose recommended to send amount in original container), extracurricular activities (e.g., parent should send separate medication for activity rather than rely on nurse’s supply), any special authorization forms needed. ✓ Audit controlled substances at least weekly and keep record (note where). How to report missing medications. ✓ Medicinal preparations administered by injection shall be consistent with the Needlestick Safety Act and OSHA regulations. ✓ How and when to dispose of medications (e.g., needles, lancets, syringes and other medical sharps disposal in BIOHAZARD container; parent pick up at end of year, witnessing disposal of medications, not flushing drugs into water system) and proper documentation.
IX.	Documentation	<ul style="list-style-type: none"> <input type="checkbox"/> Where to document, where to keep orders <input type="checkbox"/> What to document <input type="checkbox"/> Timeframe <input type="checkbox"/> Erroneous entry correction <input type="checkbox"/> Healthcare Provider order changes <input type="checkbox"/> Who has access 	<ul style="list-style-type: none"> ✓ Specific district instructions regarding documentation (i.e., how to document via electronic records, paper copies and where to keep). What medication plan (as part of Individualized Healthcare Plan) should include (diagnosis, student allergies, potential side effects/adverse reactions, required storage conditions, duration of administration, location to be administered (if appropriate), plan for monitoring effects, designation of trained staff who will administer in absence of nurse, plans for field trips and school sponsored activities, self-administration (if appropriate). ✓ Documentation must be accurate, complete and legible and should include

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		<input type="checkbox"/> Auditing <input type="checkbox"/> Medication records retention	<p>student name, medication, dosage, administration time and route.</p> <ul style="list-style-type: none"> ✓ Documentation should take place at the time of administration, in ink (if paper copy) by the person administering. A single line should be drawn through any erroneous entry, correct information entered and entry initialed. Correction tape or solution or an eraser should NOT be used. ✓ New healthcare provider orders, with new authorizations, needed for any changes in medication administration (including dose and/or time). Additional review by nurse needed. ✓ FERPA prohibits disclosure of health records, including medication records, to outside entities (such as healthcare providers) without prior written parental authorization (note whether consent is included on medication forms). School officials and staff determined to have legitimate educational interests (i.e., student’s teacher, trained school staff administering the medication, school administrator) may have access to the records deemed necessary for safe administration without parental permission. ✓ Medication record review should take place monthly by school nurse (count all prescription medications at least monthly, controlled substances weekly, and after having a substitute or non-nurse administer). Where to report discrepancies. ✓ How long to keep medication records and how to destroy records.
X.	References – provide links as applicable	<p>Federal law – Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, Americans with Disabilities Act (ADA), Family Educational Rights and Privacy Act (FERPA), and Occupational Safety and Health Administration’s (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030)</p> <p>Alaska Board of Nursing Statutes and Regulations AS 08.68, 12 AAC 44</p> <p>Alaska Statutes AS 14.30.141, AS 14.12.115, AS 09.65.090</p> <p>State of Alaska Medication Administration Delegation Decision Tree Guidelines</p>	

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		<p>American Academy of Pediatrics (AAP) <i>Guidance for the Administration of Medications in Schools</i> (2009)</p> <p>National Association of School Nurses (NASN)</p> <p>Costante C, ed. <i>School Nurse Administrators Leadership and Management</i>. Silver Spring, MD: NASN; 2013.</p> <p>Schwab N, Gelfman M, eds. <i>Legal Issues in School Health Services</i>. Lincoln, NE: Authors Choice Press; 2005.</p> <p>School District Board Policy</p>
XI.	Appendices and Forms	Listing and location of all forms and supporting documents

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SAMPLE MEDICATION ADMINISTRATION PURPOSE & STANDARD (SECTION I)

PURPOSE

To provide a consistent protocol for the safe administration of prescription and non-prescription medications throughout the district, to enhance overall health, stabilize the student's medical condition while promoting and supporting their academic achievement.

DEFINITION OF MEDICATION ADMINISTRATION

Administration of medication includes assisting the student in ingestion, application, injection or inhalation of medication according to directions from a legal prescriber and/or manufacturer's label instructions or monitoring of self-administration. Medication administration responsibilities also include handling, storing, preparing or pouring of the medication; conveying it to the student according to the order; if indicated, observing the student inhale, apply, swallow or self-inject the medication; documenting that the medication was administered and counting remaining doses to verify proper administration and use of the medication.

STANDARD

Medications necessary to maintain or improve health for the student's participation in school may be administered upon the written request of a licensed healthcare provider with prescriptive authority (MD,DO, ANP, PA, DDS, DPM, and OD) and the parent. (Note: some districts approve parent authorization for non-prescription medications without individual healthcare provider orders). Medication administration is under the supervision of the assigned school nurse. All medications administered in school or self-administered at school must first be reviewed by the school nurse for (a) safety parameters according to pediatric practice standards, (b) medical necessity for administering during school hours, (c) appropriate documentation, and a medication plan established before a dose can be given at school. The school nurse, in consultation with the school administrator, nursing supervisor, parent or medical advisor, may deny any medication request not deemed necessary to maintain sufficient health and participation in the school program.

Parents or adult representative are responsible for delivering all medications (unexpired) to the school nurse in appropriately labeled, original containers accompanied by the appropriate form. The school nurse is responsible for reviewing all medication requests including those for a field trip or overnight student school travel. Adult students (18 and over) may sign for their own medications.

The indications and directions outlined in the Physicians' Desk Reference (PDR) is an appropriate reference for administration of prescription drugs. Questions on dosage and use must be answered/confirmed by the student's healthcare provider. The PDR for Non-Prescription Drugs is appropriate for over the counter medications. Each condition will be assessed for the most appropriate intervention.

Experimental, investigational and "off-label" medications that may not be recommended or approved for children or orders that provide the student with a single or cumulative daily dosage beyond recommended pharmacological parameters will be reviewed by the health services supervisor and school medical advisor to

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determine whether it is safe and appropriate for the medication to be administered in school as ordered by the prescriber.

Self-administration of certain medications is allowed under Alaska law AS 14.30.141, but must meet certain criteria including healthcare provider signature, parent signature and student agreement to the terms.

Medications eligible for self-carry include inhalers, epinephrine auto injectors and, **by district protocol**, insulin.

Registered nurses will follow the school district protocols for medication administration as well as the Alaska Nursing Regulations and the *Medication Administration: Delegation Decision Tree* regarding delegation, parent delegation, and types of medications they are authorized to administer.

Note: *Alaska Nursing Regulations prohibit the administration of herbal and the delegation of non-herbal nutritional supplements. A nurse may administer FDA-regulated vitamins and minerals in the manufacturer’s recommended dosage or as ordered by the student’s healthcare provider. A parent or guardian may administer a medication in school to his/her own child in an emergent or urgent situation or as an alternate plan if the medication/preparation cannot be safely administered by school personnel, including herbal, homeopathic or nutritional supplements.*

In the absence of the school nurse (i.e., when unavailable in the school and/or for field trips and other school-sponsored activities), a designated and trained school employee may administer required and approved medications. School nurses will provide the school-district approved training to qualified, voluntary staff and said staff will be delegated the responsibility of medication administration according to the *Medication Administration: Delegation Decision Tree* and Alaska Board of Nursing Regulations.

All medications will be administered according to safe practice standards including the 5 Rights of Medication Administration.

The 5 Rights of Medication Administration

1. **Right Student**—Ask the child to state their name. Prevent mix-ups! Check their photo in the Medication Administration Record (electronic or printed) and/or placed on the Medication Authorization.
2. **Right Medication**—Cross check the name of the medication on the bottle with the order before giving – EVERY TIME.
3. **Right Dose**—Check the dosage on the order with the dosage on the label of the container.
4. **Right Route**—Ensure understanding of any special instructions such as diluting a medication, crushing, etc.
5. **Right Time**—In order to be considered “On-Time” most medications have a window of administration 30 minutes before or after the scheduled time. If the child does not come to the nurse for a dose due, the nurse or trained school staff must call for the student.

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SAMPLE DELEGATION PROTOCOLS (SECTION V)

DEFINITION OF DELEGATION: “The act of transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegations.” The National Council of State Boards of Nursing 2005

The NASN further defines delegation in the school setting as: “A complex process in which the authority to perform a selected nursing task is transferred to a competent unlicensed individual (UAP) in a specific situation.”

LEGAL PARAMETERS: [Alaska Nursing Regulations at 12 AAC 44.950 – 12 AAC 44.975](#) define the scope of practice for registered nurse in the school setting. The Board of Nursing adopted the [Medication Administration Delegation Decision Tree](#) as an advisory opinion to clarify the school nurse’s role related to medication delegation.

[AS 14.12.115 Indemnification of school district employees.](#) A school board is responsible for insuring or indemnifying and protecting a school district employee, including paying legal fees and costs arising out of any claim, demand, suit or judgment by reason of alleged negligence, alleged violation of civil rights, or alleged wrongful act resulting in death or bodily injury to any person IF the employee was acting under the direction of the school board and within the course or scope of the duties of the employee. The school nurse and school staff are, therefore, protected by this statute as long as they are acting within their scope of duties and following school district policies and procedures.

5 RIGHTS OF DELEGATION:

1. Right Task
2. Right Circumstances
3. Right Person
4. Right Communication
5. Right Supervision
6. **Bonus Right=Right Documentation*

THE RIGHT TASK: The task should be within the nurse’s scope of practice, be reasonably routine and predictable, be based on healthcare provider orders and performed according to an established sequence of steps. A school nurse may delegate any medication **EXCEPT** for:

- ✓ Injectable medications
- ✓ Non-herbal nutritional substances
- ✓ PRN Controlled Substances
- ✓ Medications administered via gastrostomy

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- ✓ Medication management for unstable medical conditions requiring ongoing assessment and adjust of dosage or timing of administration

NOTE: Per the *Medication Administration Delegation Decision Tree*, parents may delegate injectables (including epinephrine, glucagon and insulin) and PRN controlled substances (including diazepam rectal gel) to unlicensed school staff following school district protocols. The nurse can train using approved school district curriculum and follow up the training program effectiveness.

THE RIGHT CIRCUMSTANCES: Federal law, including the Americans for Disabilities Act (ADA), requires equal access to education for all children. Some children qualify for an IEP under the Individuals with Disabilities Act (IDEA). . Other children qualify for a 504 plan under Section 504 of the Rehabilitation Act which requires schools to meet the needs of students to ensure they receive the same access to education as other students. In order to comply, schools MUST accommodate students with special healthcare needs, including medications that allow them to stay in school. Each medication must be assessed for its need at school and a plan developed with parent and school administrator input based on healthcare provider orders. An emergency plan must also be in place for trained school staff to activate when the nurse is not available to administer the medication or the student is on a field trip or other school sponsored activity. Some medications, such as injectables, must be delegated by parental delegation according to the Alaska Board of Nursing Delegation Decision Tree. The nurse and parents work together with the teacher and administration to provide safe parameters for giving medications. The child’s age, developmental level, cognitive abilities, gender and specific health issues should all be taken into account in developing a safe plan for the student.

THE RIGHT PERSON: The person who will administer medications in place of a nurse must be readily available to the student, must volunteer to be trained and take on the task willingly. They cannot be forced or assigned. After training, the nurse must determine that they are competent to perform the task safely and correctly and that they accept the delegation and the accountability for carrying out the duty correctly.

THE RIGHT DIRECTIONS/COMMUNICATION: Train the identified, designated staff by using district approved training materials, pre/post-tests, and mastery of skills checklists. *(Identify these here by title; if the district has adopted the State of Alaska Medication Administration: Guide for Training Unlicensed School Staff, Emergency Medication Administration: Guide for Training Unlicensed School Staff and/or Diabetes Management: Guide for Training Unlicensed School Staff, state so here)* When working with staff who is receiving a parental delegation, use the appropriate forms and authorizations. Provide the training booklet and train on each individual student for each particular medication. Mass trainings are not adequate to meet the delegation requirements. Provide back-up phone numbers for questions or problems, written instructions, predicted outcomes, possible adverse reactions and how the trained staff is expected to respond to these reactions. *(If State of Alaska guidelines are adopted by district add: See Medication Administration Training Checklists to determine the amount of training for unlicensed staff and proper forms and authorizations needed for the circumstance [i.e., daily, frequent and/or emergency medications; field trips, extracurricular, school sponsored activity]).*

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THE RIGHT SUPERVISION/EVALUATION: The delegating nurse must perform an evaluation on site every 90 days per 12 AAC 44.060 (c), and maintain a record of the evaluations conducted using the appropriate skills checklist(s). When parental delegation is received, the nurse provides the training and follows up the training program's effectiveness on a regular basis based on school nurse assessment. The nurse adjusts the training program as needed and retrain as appropriate. Episodic evaluations, such as in response to an anaphylactic reaction, should also be undertaken. Whenever an evaluation occurs, review all outcomes and adjust the Individualized Healthcare Plan accordingly.