



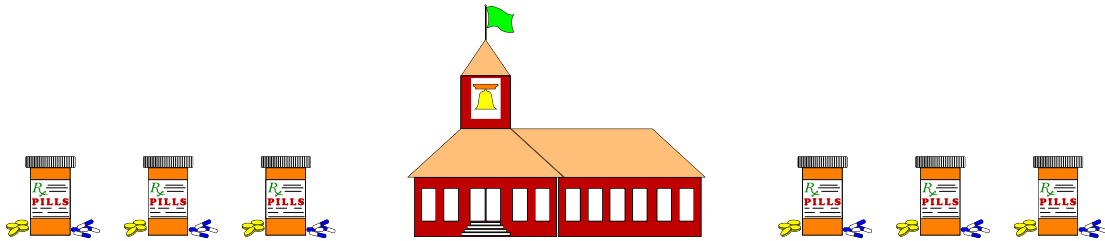
School Year



Student's Name

Plaquemines Parish School Board

ADMINISTRATION OF MEDICATION AT SCHOOL



Dear Parent / Guardian,

We would like to inform you of the school policies that have been put in place to ensure the health, safety and welfare of children who need medication during school hours.

Before medication can be administered to your child, you **must** do the following:

1. Read the attached “**Plaquemines Parish School Board - Policy on Medication.**”
2. Complete the **general information** and “**Parental Consent**” form.
3. Have physician complete “**Statement of Physician**”.
4. Return completed packet to your child’s school.

Thank you for your cooperation.

Sincerely yours,

School Principal

Plaquemines Parish School Board

POLICY ON MEDICATION IN SCHOOLS

Plaquemines Parish School Board will enforce vigorously the policy on medication in the schools. This policy states:

- φ As a general principle, medication should not be given at school
- φ Children should not be allowed to have any medication in their possession on the school grounds. Teachers and principals have the right to take the medication from the child and contact the parent for appropriate information.
- φ Dosage of antibiotics and other short-term medication, including non-prescription medication, should be adjusted so that none will be administered at school.
- φ Possible exceptions to the general policy:
 - Medication for behavior modification (i.e., Ritalin).
 - Insect sting allergy – Must have a note from the physician with specific instructions.
 - Anticonvulsive medication (i.e., Dilantin, Phenobarbital).
 - Medication for asthmatic conditions.

*Certain health conditions may be severe enough to require a student to administer his own medication because treatment cannot be delayed. These students are allowed to carry their medications with them at all times. These conditions are, but not limited to, severe asthma and severe anaphylactic allergic reactions. The physician must document the severity of student's condition. The student must demonstrate competency in self-administration of medication. The school nurse will determine if it is safe and appropriate for student to self medicate.

I. WRITTEN ORDERS, APPROPRIATE CONTAINERS, LABELS, AND INFORMATION.

- A. Medication shall not be administered to any student without an order from a Louisiana licensed physician or dentist and it shall include the following information:
 1. The student's name.
 2. The name and signature of the physician/dentist.
 3. Physician/dentist's business address, office phone number, and emergency phone numbers.
 4. The frequency and time of the medication.
 5. The route and dosage of medication.
 6. A written statement of the desired effects and the child's specific potential adverse effects.

- B. Medication shall be provided to the school by the parent or guardian in the container that meets acceptable pharmaceutical standards and shall include the following information:
 1. Name of pharmacy.
 2. Address and telephone number of pharmacy.
 3. Prescription number.
 4. Date dispensed.
 5. Name of student.
 6. Clear direction for use, including the route, frequency, and other as indicated.
 7. Drug name and strength.

8. Last name and initial of pharmacist.
9. Cautionary auxiliary labels, if applicable.
10. Physician or dentist's name.

II. ADMINISTRATION OF MEDICATION: GENERAL PROVISIONS

- A. During the period when the medication is administered, the person administering medication shall be relieved of all other duties. This requirement does not include the observation period required in Section II.E. The local school systems shall determine how to implement this requirement.
- B. Except in life threatening situation, trained unlicensed school employees may not administer injectable medications.
- C. All medications shall be stored in a secured locked area or locked drawer with limited access except by authorized personnel.
- D. Only oral, inhalant, topical ointment for diaper rash, and emergency medications shall be administered at school by unlicensed personnel.
- E. Each student shall be observed by a school employee for a period of 45 minutes following the administration of medication. This observation may occur during instruction time.
- F. School medication orders shall be limited to medications which cannot be administered before or after school hours.

III. PRINCIPAL

- A. The principal shall designate at least two employees to receive training and administer medications in each school.

IV. TEACHER

- A. The classroom teacher who is not otherwise previously contractually required shall not be assigned to administer medications to students.
- B. A teacher may request in writing to volunteer to administer medications to his/her own students. The administration of medications shall not be a condition of employment of teachers employed subsequent to July 1, 1994.

V. SCHOOL NURSE

- A. The school nurse, in collaboration with the principal, shall supervise the implementation of the school policies for the administration of medications in schools to insure the safety, health and welfare of the students.
- B. The school nurse shall be responsible for the training of non-medical personnel who have been designated by each principal to administer medications in each school. The training shall be at least six hours and include but not be limited to the following provisions:

1. Proper procedures for administration of medications including controlled substances.
2. Storage and disposal of medications.
3. Appropriate and correct record keeping.
4. Appropriate actions when unusual circumstances or medication reactions occur.
5. Appropriate use of resources.

VI. PARENT / GUARDIAN

- A. The parent / guardian who wishes medication administered to his/her student shall provide the following:
1. A letter of request and authorization what contains the following information:
 - a) Name of the student.
 - b) Clear instructions.
 - c) Rx number, if any.
 - d) Current date.
 - e) Name, dosage, frequency, and route of medication.
 - f) Name of physician or dentist.
 - g) Printed name and signature of parent or guardian.
 - h) Emergency phone number of parent or guardian.
 - i) Statement granting or withholding release of medical information.
 2. Written orders for all medications to be given at school, including annual renewals at the beginning of the school year.
 3. A prescription for all medications to be administered at school, including medications that might ordinarily be available over the counter.
 4. A list of all medications that the student is currently receiving at home and school, if that listing is not a violation of confidentiality or contrary to the request of the parent / guardian or student.
 5. A list of names and telephone numbers of persons to be notified in case of medication emergency in addition to the parent / guardian and licensed prescriber.
 6. Arrangements for the safe delivery of the medication to and from school in the original labeled container as dispensed by the pharmacist, shall be delivered by a responsible adult.
 7. Unit doses packaging shall be used whenever possible.
- B. All aerosol medications shall be delivered to the school in pre-measured dosages.
- C. No more than a 35 school day supply of medication shall be kept at school.
- D. The initial dose of a medication shall be administered by the student's parent / guardian outside the school jurisdiction with sufficient time for observation for adverse reactions.
- E. The parent / guardian shall also work with those personnel designated to administer medication as follows:
1. Cooperate in counting the medication with the designated school personnel who receives it and sign a drug receipt form.
 2. Cooperate with school staff to provide for safe, appropriate administration of medications to students, such as positioning, and suggestions or liquids or foods to be given with the medication.
 3. Assist in the development of the emergency plan for each student.

4. Comply with written and verbal communication regarding school policies.
5. Grant permission for school nurse / physician consultation.

F. Contact school nurse and parent if student refuses medication. Document.

G. If a student vomits after taking medication, you report to nurse:

1. Student's name and age.
2. Medicine and dosage.
3. Time interval after medication was taken.

VII. STUDENT CONFIDENTIALITY

A. All student information shall be kept confidential.

VIII. PROCEDURES FOR HANDLING MEDICATION

A. Accepting Medication

1. The parent, or his/her designated adult, is held responsible for delivering medication to the school employee designated to receive it.
2. In the presence of the parent or adult who delivered the medication, the unlicensed trained school employee specifically designated to receive the medication for the student verifies the label with the order on file. Both the employee and the parent/adult count the number of tablets received and sign the medication log to document the amount, date and time of the delivery.

B. Storage of Medication

1. Medications shall be stored in a locked space reserved for medication and refrigerated when appropriate.
2. Access to all stored medications shall be limited to persons authorized to administer medications.
3. Each school shall maintain a current list of person authorized to receive and administer medications.
4. Medications shall be stored in their original containers in a manner that assures security and efficacy.
5. Not more than a 35 day supply of medication for the student may be kept at school.
6. Storage of medications for student's who are to self-medicate should be in compliance with the school policy for a Drug Free School Zone whenever possible.

C. Stolen Medications

1. Notify the school administrator and follow established procedures for missing property on school grounds.
2. Notify school nurse.
3. Notify police if appropriate.
4. Notify the parents to replace the drugs.
5. Complete the school incident report and place in the appropriate file.

D. Medication Administration Plan for Field Trips

1. Medication should be administered to students on field trips only when absolutely necessary.
 - a) Unlicensed trained school employees may administer medication to a student while on a field trip in accordance with the student's medication administration plan.
 - b) Medication administered during field trips require all the documentation and conditions that any other medication at school requires.
 - c) If it is impossible to have a trained unlicensed school employee accompany the students and if the nurse determines the student should receive medication during the hours while away from school, the following guidelines should be followed:
 - (1) Person trained in administering medication will be responsible for the following:
 - (a) Checking with the school nurse to determine if medication must be given during field trip.
 - (b) Untrained person to administer medication during field trip will be determined by school principal.
 - (c) The trained person, along with the untrained person, will review the doctor's orders, check the medication label, and place the individual dose in a properly labeled zip-lock bag or envelope that can be sealed. Label should include.
 - (i) Name of student.
 - (ii) Name of medication.
 - (iii) Dosage of medication.
 - (iv) Time of administration.
 - (v) Route of administration.
 - (vi) Any possible adverse reactions.
 - (vii) Emergency numbers.
 - (d) Storage of medication while on field trip: Medication must be kept in a safe place and is the responsibility of the appointed person. No other person should have access to medication.
 - (e) Documentation should follow parish guidelines including: Name, time, medication, dose, route, date, person administering the medication, observations of desired and adverse effects or unusual occurrences, document it was given while on field trip.

E. Disposal of unused, contaminated, discontinued or out-of-date medications:

1. If not retrieved by a parent or responsible adult, all medication should be destroyed one week after the expiration date or at the end of the school year, following notification of the parent.
2. Unused and unclaimed medication, including controlled substances, should be disposed of by:
 - a) Flushing in the commode in the presence of at least one witness.
 - b) Removing and destroying the label.
 - c) Disposal of sharps (needles, lancets) in a puncture proof container. The school nurse will be responsible for disposing of sharp container.

IX. MEDICATION ADMINISTRATION PLAN FOR RESPONDING TO ERRORS IN MEDICATION

- A. A medication error includes any failure to administer medication as prescribed for a particular student, including:
1. Failure to administer the medication.
 2. Failure to administer the right medication.

3. Failure to administer the right medication to the right student.
4. Failure to administer medication within appropriate time frames (unless otherwise specified, the acceptable time is 30 minutes before or after the specified time).
5. Failure to administer the right medication in the correct dosage.'
6. Failure to administer the right medication by the correct route in accordance with accepted practice.

B. When an error is made the appropriate school employee shall:

1. Notify the school nurse and the principal and follow the written plan for the individual student for immediate notification of the parent/guardian (document every effort to reach the parent).
2. The registered nurse shall notify the prescriber of the medication incident.
3. The school employee responsible for the medication error shall document the error on the accident/incident report form.
4. The report is signed by the registered nurse and the principal and is placed in the designated file for the purposes of review by the registered school nurse and monitoring by the Louisiana Department of Education.
5. All suspected diversion, tampering, or misuse of drugs shall be reported to the appropriate supervisor.
6. The school nurse reviews reports of medication errors and takes necessary steps to ensure appropriate medication administration in the future.

X. DOCUMENTATION

A. All documentation shall be recorded in ink and shall not be altered.

B. Student information to be filed in the student's cumulative health record includes:

1. Authorization and permission for administration of medication., The request for the school to administer medication includes:
 - a) Clear instructions.
 - b) Name of student.
 - c) Prescription number, if any.
 - d) Current date.
 - e) Name of medication.
 - f) Dosage, frequency and route.
 - g) Name of physician or dentist.
 - h) Printed name and signature of the parent or guardian.
 - i) Parent or guardian emergency phone numbers and emergency contacts and their names and telephone numbers.

C. Records should be maintained for:

1. Receipt
 - a) Date received
 - b) Quantity received
 - c) From whom
2. Storage
3. Disposal of medication
4. Daily record of administration of medication to the student, including the name, time, medication, dose, route, date, person administering the medication, and observations of desired and adverse effects or unusual occurrences.
5. Monitoring of a student's self-administration of medication
6. Any special procedures such as vital signs

XI. STUDENT CONFIDENTIALITY

- A. All student information shall be considered confidential, shared only on a need-to-know-basis.

XII. PROCEDURE GUIDELINES

A. Hand washing

1. Check equipment (soap, paper towels, sink, running water).
2. Remove and/or adjust jewelry.
3. Approach sink without clothing touching sink.
4. Adjust water and temperature.
5. Hold hands, wrist downward and wet hands.
6. Lather hands with soap.
7. Continue scrubbing action for 1-2 minutes cleaning between fingers, backs and palms of hands and fingernails by rubbing in palms of hands.
8. Hold hands down and rinse hands.
9. Dry one hand with paper towel from the wrists to fingertips with one wiping motion discard towel; and repeat if necessary.
10. Repeat steps in item 9 for other hand (Do not use same towel twice).
11. Turn water off using clean paper towel.

B. Oral Medication (Tablets/Capsules)

1. Clean top of cart/cabinet where medication will be administered.
2. Wash hands.
3. Read Medication Administration record.
4. Obtain appropriate equipment.
5. Unlock medication storage area and obtain medication.
6. Do 1st Check using the 6 Rights of Medication Administration.
7. Take vital signs if necessary.
8. *Do 2nd check: using the 6 Rights of Medication Administration.
9. Pour correct dosage.
10. *Do 3rd check: using the 6 Rights of Medication Administration.
11. Identify individual by name and administer medication with cup of water.
12. Observe individual to ensure swallowing of medication.
13. Clean medication administration area.
14. Wash hands.
15. Document administration of medication in medication administration record.

C. Liquid Medication

1. Clean top of cart/cabinet where medication will be administered.
2. Wash hands.
3. Read medication administration record.
4. Obtain appropriate equipment.
5. Unlock medication storage area and obtain medication.
6. *1st check: Check medication label according to the 6 rights of medication administration.
7. Shake medication well.
8. *Do 2nd check: Using the 6 rights of medication administration.
9. Remove cap properly and place open side up on corner.
10. Place thumb nail a correct dosage line.

11. Place measuring cup on flat surface at eye level and pour the prescribed dose.
12. Wipe top of bottle and replace cap.
13. *Do 3rd check: of label using the 6 rights of medication administration.
14. Identify individual by name and administer medication.
15. Follow with water unless otherwise indicated and observe individual swallowing medication.
16. Clean medication administration area and wash hands.
17. Document administration of medication in Medication Administration Record.

D. Medication Inhaler

1. Attach mouthpiece to inhaler, which contains the medicine.
2. Stand up, feet slightly apart.
3. Shake inhaler for approximately two seconds.
4. Position inhaler with canister upside down above mouthpiece in mouth.
5. Breathe out naturally.
6. Open mouth wide and begin to inhale a deep breath slowly. If using an air chamber (spacer), seal mouth around mouthpiece and inhale a deep breath.
7. After the beginning of deep breath, squeeze canister down on mouthpiece and breath as slowly and deeply as possible.
8. Hold breath as long as possible – up to 10 seconds to allow medication to settle as deeply as possible into and onto air passages.
9. Wait approximately 1-2 minutes. Repeat the process. This technique should allow delivery of medicine into air passages opened by first whiff.

E. Emergency Medication Auto-Injector

1. Pull off safety cap.
2. Place tip on thigh.
3. Press auto-injector against thigh until mechanism activates, and hold in place several seconds. May be injected through clothing.
4. Follow the emergency procedure.

Note: Procedure Guidelines From:

National MCH Resource Center for Ensuring
Adequate Preparation of Providers
Of Care
Children's Hospital
New Orleans, LA

Plaquemines Parish School Board Medication Administration

GENERAL INFORMATION

Student's Name: _____ Date of Birth: _____

Teacher's Name: _____ Lunch Time: _____

Grade Entering This School Year: _____ Sex: _____ Ph #: _____

Name of Parent/Guardian: _____ Work #: (1) _____

Address: _____ Work #: (2) _____

In Case of Emergency, Notify:

(1) Name: _____ Ph #: _____ Relationship: _____

(2) Name: _____ Ph #: _____ Relationship: _____

(3) Name: _____ Ph #: _____ Relationship: _____

List known allergies: _____

PARENTAL CONSENT

I, the undersigned parent/guardian of _____, a student in the
Plaquemines Parish Public School System, hereby request that the Plaquemines Parish School Board be
allowed said child to be given medication prescribed by _____
(Physician's Name)

for the _____ school year under the supervision of the designated school personnel trained to
administer medication.

The medication is to be furnished by me, and is to be labeled with the name of the drug and the physician's
name as well as the name of the child. I assume all responsibility for furnishing the required amount of
dosages required and stated by the physician.

I do hereby, release, relieve and discharge the Plaquemines Parish School Board and/or any of its agents or
employees from any and all liability for any injury or damage to the health of said child arising out of, or
resulting from the necessity of said child having to take medication during school hours.

I have read, understand and agree to the school's regulations and policy concerning administering medication
at school.

Parent / Guardian Signature Date