

Minnesota Guidelines for Medication Administration in Schools

May 2005
(Updated: September 2005)



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Division of Community and Family Health
P.O. Box 64882
St. Paul, MN 55164-0882
651-215-8960 *PHONE*
651-215-8990 *TDD/TTY*
800-627-3529 *MINNESOTA RELAY SERVICE TTY*
www.health.state.mn.us

In Collaboration With:



Minnesota Board of Nursing
2829 University Ave. SE, #200
Minneapolis, MN 55414-3253



Minnesota Department of Education
1500 Highway 36 West
Roseville, MN 55113



Minnesota Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155-3865

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Preface

As the number of Minnesota students taking medication during the school day grows, it becomes increasingly important to address this issue thoroughly to help students maintain an optimal state of health to enhance their education. The issue has become more complex due to factors, such as federal and state laws that protect children who require medications to fully benefit from free and appropriate public education, new pharmaceutical and medical technologies, evolving mental and medical health practices, and changes in school nurse staffing patterns.

The goal of the Minnesota Guidelines for Medication Administration in Schools (Minnesota Guidelines) is to increase the safe and efficacious administration of medications to students in schools by providing crucial information. As the Centers for Disease Control note (Wheeler, 2004, p. 1), the benefits of meeting the needs of students with chronic health conditions include “better attendance, improved alertness and physical stamina, fewer symptoms, fewer restrictions on participation in physical activities and special activities, such as field trips, and fewer medical emergencies.”

According to the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care (2002), a guideline is “a statement of advice or instruction pertaining to practice. . . . it originates in an organization with acknowledged professional standing. . . . a guideline is developed in response to a stated request or perceived need for such advice or instruction.” The Minnesota Guidelines define student-centered goals of medication administration that are evidence-supported and draw from best practice throughout the nation, including those recognized by the National Association of School Nurses and the National Council of State Boards of Nursing, and in accordance with federal and state laws. The Minnesota Guidelines address both student-specific needs and the school

health system.

The study originally requested by the Minnesota Legislature (Minnesota Department of Health, 2002) led to a collaborative process and publication of the guidelines by four state agencies—Minnesota Department of Health, Minnesota Board of Nursing, Minnesota Department of Education, and Minnesota Department of Human Services. In addition, a statewide multidisciplinary work group was established and met regularly to provide direction to and discuss the details of this project. The Minnesota Guidelines offer advice on what ultimately needs to be in place for students to be safe in Minnesota schools.

Members of the four state agencies and the statewide work group brought multiple perspectives to their invaluable contributions to the guidelines’ development and review processes. Thus the final document does not represent a consensus, but

The comprehensive process involved a broad search and rigorous evaluation of pertinent literature, including numerous states’ standards and guidelines, and analysis of key concepts. This process reflects diverse input from a large number of individuals in a variety of agencies and organizations.

The comprehensive process involved a broad search and rigorous evaluation of pertinent literature, including numerous states’ standards and guidelines, and analysis of key concepts. From an initial pool of 686 pieces of literature published from 1990 to 2004, 475 of the highest quality were selected for evaluation by 16 trained graduate students and Department of Health staff members who scored them using a system of 51 criteria and reported results on an online database. The top-ranking literature was then examined by expert panels held throughout the state and made up of 193 parents, educators, school administrators, nurses, other health professionals, paraprofessionals, regulatory board representatives, and advocacy group members, among others. Expert panelists drew from



the literature a long list of key concepts that they considered most significant for inclusion in the Minnesota Guidelines. These concepts were sorted into categories that form the 10 content areas in the final Minnesota Guidelines.

The articles reviewed by the expert panels is available on the Minnesota Department of Health web site entitled, “Support from the Literature with Select Annotations,” at www.health.state.mn.us/divs/fh/mch/schoolhealth/medadmin/annotated.html or by individual request.

These guidelines, published in January 2005, serve as an update to the Minnesota Legislature on the study recommendations discussed in the Report to the Minnesota Legislature: Medications dispensed in schools study (Minnesota Department of Health, 2002). Key intended users are health and education organizations across the state that are developing and updating medication administration policies and procedures.

Thanks to the National Association of School Nurse Consultants for sharing medication guidelines from their member states for our review. Our appreciation goes to the numerous individuals, ad hoc groups, and multidisciplinary teams of students, health and education professionals, and parents who contributed across the state. Literature evaluators, who spent hundreds of hours reading, analyzing, scoring, and reporting on articles and books, and members of the multidisciplinary work group are listed in the appendices. The work group, which provided direction for this project, represented 20 statewide agencies and organizations.

Special acknowledgment goes to the core Minnesota Department of Health team — Gwen Willems, Kathy Wittnebel, Cheryl Smoot, Nancy Blume, Gretchen Griffin, Sue Strohschein, and Chad Kielas — and members of the State Interagency Staff Team — Joan Lee, Minnesota Department of Health; Gayle Hallin, formerly Minnesota Department of Health; Shirley Brekken and Mariclaire England, Minnesota Board of Nursing; Cathy

Griffin, Ruth Ellen Luehr, and Debbykay Peterson, Minnesota Department of Education; Jan Bodnia, formerly Minnesota Department of Education; Colleen Olson, Minnesota Department of Human Services; and Pat Brandstaetter, Northeast Service Cooperative.



Guidelines

The extensive literature review and discussion processes revealed 10 thematic categories which were subsequently used to organize the Minnesota Guidelines for Medication Administration in Schools:

1. Legal Considerations
2. Roles
3. Staffing
4. Delegation of Medication Administration by the Licensed School Nurse/Registered Nurse
5. General Procedures for Medication Administration
6. Education and Training
7. Policies and Procedures
8. Quality Assurance, Monitoring, and Assessment
9. School and Family Relationships
10. Finances

The Minnesota Guidelines relate to the system that needs to be established to manage safe medication administration and to the day-to-day logistics of receiving a medication administration request from parents, have staff trained and ready to provide the medication, document and store the medicine, and communicate with the family and health care provider. Both the system and the individual levels are interwoven in the 10 sections of the Minnesota Guidelines.

GUIDELINE #1: LEGAL CONSIDERATIONS

1.1 Relevant Laws

The legal basis for the Minnesota Guidelines for Medication Administration in Schools is a set of federal and state laws. Short descriptions of them and web sites are available in the appendices.

Medication administration in schools is a complex

issue in part because it intersects health laws and education laws. The laws give guidance and set a foundation for the process that local school districts use to develop, staff, and maintain a safe system for medication administration. (A summary of the following federal and state laws can be found in Appendix D: Relevant Laws.)

Federal Laws

Federal laws emphasize (1) the rights of students with special needs, medical or otherwise, to have access to and to be educated in public schools, and (2) the sensitive topic of records, including family access to education and health records in schools.

- Americans with Disabilities Act (ADA) (42 U.S.C. § 12101 et seq.) and regulations promulgated by the Department of Justice
- Drug and Alcohol Treatment Records (D&A) (42 USCS § 290dd, 42 CFR 2.1 et seq.)
- Family Educational Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. Part 99)
- Health Insurance Portability and Accountability Act (HIPAA), and regulations adopted under it (45 C.F.R. chapters 160 and 164)
- IDEIA is the Individuals with Disabilities Education Improvement Act (IDEIA), (Public Law 108-446) previously IDEA - see next
- Prohibition of Mandatory Medication (Child Medication Safety Act (25; Public Law 108-446; Dec 2004))
- Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1400 et seq.)
- OSHA Blood-borne Pathogen Standard 29

Medication administration in schools is a complex issue in part because it intersects health laws and education laws.



of C.F.R. 1930.1030

- Proposed New Drug, Antibiotic, and Biological Drug Product Regulations (21 C.F.R. 312.3 (b))
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794)

State Laws

State laws pertain to school systems, health care practice, records, and individual rights. In particular, they focus on access to education and data; the provision of school health services; the establishment of local school district medication policies; the rights of students; regulation of health care providers, such as nurses, physicians, and pharmacists; access to care by students; emergency care; and protection of children.

- Administration of Drugs and Medicine (Minnesota Statutes §§ 121A.22, 121A.221, 121A.2205 and 121A.222)
- Children with a Disability (Minnesota Rules, chapter 3525)
- Children with a Disability (Minnesota Statutes, chapter 125A)
- Emergency Treatment of Minors Act (Minnesota Statutes § 144.344)
- Hazardous Substances, Employee Right-to-Know (Minnesota Rules, chapter 5206)
- Health Standards; immunizations; school children (Minnesota Statute § 121A.15, subd. 7.) File on Immunization Records
- Minnesota Board of Teaching Personnel Licensing (Minnesota Rules, chapter 8710.6100, School Nurse)
- Minnesota Children’s Mental Health Act (Minnesota Statutes § 245.4876, subd. 5)

- Minnesota Medical Practice Act (Minnesota Statutes, chapter 147)
- Minnesota Medical Records Act (MMRA) (Minnesota Statutes § 144.335; Access to Health Records)
- Minnesota Mental Health Act (MMHA) (Minnesota Statutes 245.467)
- Minnesota Nurse Practice Act (Minnesota Statutes §§ 148.171 to 148.285) and Minnesota Rules, chapters 6301 through 6340
- Minnesota Pharmacy Act (Minnesota Statutes, chapter 151, and Minnesota Rules chapter 6800)
- Minnesota Government Data Practices Act (Minnesota Statutes, chapter 13; see § 13.32, subd. 2)
- School Health Services (Minnesota Statutes § 121A.21)
- Vulnerable Adult Act (Minnesota Statutes §§ 626.557 to 626.5573), and Maltreatment of Minors Act (Minnesota Statutes §§ 626.556 to 626.5563)

1.2 School District Policies

Within the framework of existing federal and state laws and these Minnesota Guidelines for Medication Administration in Schools, school districts’ medication administration policies are to reflect recommended practice and be developed in collaboration with the licensed school nurse/registered nurse (LSN/RN), physician, and others, as listed in Minnesota Guideline 7.2.

Local policies and procedures can be individualized based on the evaluation of the student population (e.g., individualized student health needs, speakers of English as a second language, free and reduced lunch numbers, and student mobility) and based on school district personnel and resources.



The various pertinent laws and the Minnesota Guidelines offer a foundation upon which to develop and maintain individual local district policies.

The role of the school board is outlined in Minnesota Statutes § 121A.22, subd. 4:

Drugs and medicine subject to this section must be administered in a manner consistent with instructions on the label. Drugs and medicine subject to this section must be administered, to the extent possible, according to school board procedures that must be developed in consultation:

- (1) with a school nurse, in a district that employs a school nurse;
- (2) with a licensed school nurse, in a district that employs a licensed school nurse;
- (3) with a public or private health or health-related organization, in a district that contracts with a public or private health or health-related organization, according to section 121A.21; or
- (4) with the appropriate party, in a district that has an arrangement approved by the commissioner of education, according to section 121A.21.

The authors of this document would like to acknowledge that the ideal system for health and safety in Minnesota schools is to have an LSN to manage the health services program that includes aiding school administration in developing the system for medication administration and directing specific procedures. An LSN with a bachelor's degree in nursing and a certificate in public health is an expert in nursing assessments and plans based on knowledge of the student, school, home, and community (see National Association of School Nurses, 2002). Using the nursing process, school nurses develop individual health plans for students. Delegation of nursing tasks can be a safe and effective way to perform some of the nursing interventions

identified in the individual health plan (see National Association of Schools Nurses, 2004).

In school districts without LSNs/RNs on staff, educational administrators working with school boards are responsible to set up a system through which medication administration policies are developed, acceptable LSN/RN/physician coverage for medication administration oversight via contract or other arrangements is found, people are assigned and trained, the procedures are done safely and consistently, and all necessary documentation is completed. Educational administrators are also responsible to find appropriate resources and medical expertise to address their students' medication administration needs. School administrators cannot legally fulfill the role of LSNs/RNs.

Those districts with LSNs/RNs on staff or on contract will be able to call on staff to take the lead on these responsibilities.

1.3 Data Privacy

State and federal requirements ensure privacy of student education, health, and medication records, and restrict the sharing of that information. These laws specify how information about medication is handled, including procedures for health records and the documentation of health information, administration of medication, and medication errors. The state laws influencing data privacy are the Minnesota Government Data Practices Act, the Minnesota Medical Practice Act, the Minnesota Medical Records Act, and the Minnesota Mental Health Act, and on the federal level, Drug and Alcohol Treatment Records, FERPA, HIPAA, and IDEA.

Once a parent/legal guardian disclose health information to the school, it becomes private educational data; it is the district's responsibility to protect the data, make sure that school employees who need the information have it, and guarantee that staff are trained in and follow appropriate data privacy practices.

School personnel should be cautious about easily



overheard verbal communications. There need to be firewalls for personal student health information stored on computers.

Educators should have access to health information on a “need to know” basis for “legitimate educational interests” as defined in FERPA (see 34 C.F.R. § 99.31 and Health in Schools, 2003). Schools should rely on the privacy requirements of FERPA to meet the need to protect student privacy and the need to provide school staff with relevant information about students (e.g., when students have medical conditions that affect their learning and safety, such as students who have hearing or vision problems, are subject to seizures, or have asthma or allergies). For school staff to remain current on this topic and use student data appropriately, training must be provided, per FERPA, HIPAA, and IDEA.

1.4 Licensed Medication Prescribers

All states, including Minnesota, have professional practice laws that govern who is authorized to prescribe medications.

Who is a licensed authorized prescribing practitioner in Minnesota?

- Physician
- Advanced practice registered nurse with prescriptive authority (includes clinical nurse specialist practice, nurse-midwife practice, nurse practitioner practice, or registered nurse anesthetist practice)
- Physician’s assistant who has direction from a physician or written protocol
- Dentist
- Podiatrist
- Osteopath
- Psychiatrist

Who is not a licensed authorized prescribing practitioner in Minnesota?

- Licensed school nurse
- Registered nurse
- Licensed practical nurse
- Medical assistant
- Nutritionist

- Psychologist
- Naturopathic provider
- Chiropractor

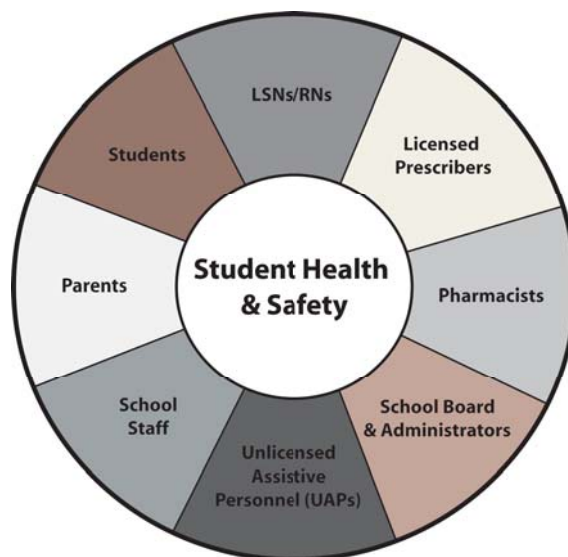
In addition, laws address who can delegate medication administration. Delegation allows flexible planning to meet individual student needs and best utilize staff available in the schools. Delegation of medication administration by LSNs/RNs is allowed in Minnesota schools. For schools, this is a balance between safety standards and reasonableness, given limited resources in schools, rights and needs of students and parents/legal guardians, and the assumption that students constitute a healthy population. Whether or not an LSN/RN is on school staff or contracted by the school, Minnesota law requires that school boards be responsible for policy and procedure development leading to safe medication management.

GUIDELINE #2: ROLES

2.1 Responsibilities

Accountability and responsibility for linking systems of student health needs and educational success is shared among LSNs/RNs, licensed prescribers, pharmacists, the school board and administrators, unlicensed assistive personnel (UAPs), school staff, parents, and students (see Figure 1). The contribu-

Figure 1: Accountability and Responsibility Systems for Student Health Needs and Educational Success





tion of persons in each of these roles is important to student success and the safe administration of medication within the framework of district policies. No employee may be coerced into compromising student safety by being required to administer medication if that person determines that it is inappropriate to do so.

2.2 Collaboration

Each person shares and depends upon the responsibility of others to contribute to maintaining a safe system of medication administration. Examples include a student who wears a medical alert bracelet and carries emergency medication per school district policies, a person administering medication who in a timely manner reported any irregularities to the LSN/RN, and a parent who keeps track of medication expiration dates and sends replacements to school without being reminded. This involvement sets a community norm with shared expectations and knowledge.

Guidelines
should include safe, coordinated practices (as age and skill level appropriate) that enable the student to successfully manage his or her health in the classroom and at all school-related activities.

Education personnel and parents have varying levels of understanding of and ability to comply with school district health policies. Factors could include socioeconomic, physical, or psychosocial status, and cultural understanding and practices (e.g., the school might need a translator for verbal and written information related to medication administration). School administration will need to work with staff members and families to ensure understanding and compliance with policy.

2.3 Communication

The school administration should establish procedures and tools for communication among persons in various roles (e.g., parents' and school staff members' need for interpreters and translated materials).

Three channels of communication—among staff members, with students and their families, and with the community—clarify expectations, provide edu-

cation, and facilitate discussion related to student medication administration issues.

Encompassed in communication of policy and procedures are a handbook, health advisory committee, newsletter, web site, posters, and job descriptions. Translators, translated materials, and advocates should be made available when needed.

With ongoing open communication between the parent/legal guardian and LSN/RN, changes in medication can be quickly communicated by the parent/legal guardian to the LSN/RN, and the parent/legal guardian can receive student medication updates from the LSN/RN in a timely manner. The LSN/RN can also, with parent permission, contact the student's health care provider to ensure continuity of care and changing medications over time. This is especially critical for students with chronic health problems and/or special needs.

All communications need to be tailored to the diverse populations served in the school district and done in a manner consistent with data privacy regulations in D&A, FERPA, HIPAA, IDEA, the Minnesota Government Data Practices Act (Chapter 13), MMHA, and MMRA.

2.4 Planning

In response to requests from parents/legal guardians and students for medication administration in school, the LSN/RN will assess and create with the family and students a means for safe administration of medication, utilizing district policy and procedures. The LSN/RN may develop a more formal plan based upon individual student health needs (e.g., an individualized health plan and/or emergency care plan) and participate as appropriate in an individualized education plan (IEP) and/or 504 plan. See the glossary for further information on these plans.



In addition, it is important that community resources be utilized to support a system of safe medication administration. A health advisory committee can help achieve this goal; see further discussion in Minnesota Guideline 2.5.

2.5 Duties

School board members, school administrators, parents, students, LSNs/RNs, licensed practical nurses (LPNs), paraprofessionals, UAPs, and teachers are expected to comply with school district medication policy regarding prescription, over-the-counter (OTC), complementary and alternative medicines (CAMs), and/or emergency medicines.

According to Minnesota Statutes § 121A.22, subd. 4, the **school board** is to develop procedures for their school district. Ways in which the school board ensures the procedures are carried out include: periodically reviewing aggregate data on the health of district students (e.g., analysis of the number of students taking medications, changes over time, and medication administration procedures that need changing); allocating funding from the district budget for health-related resources (personnel, materials, space, etc.); being accountable for enforcement of the medication administration policy; reviewing medication policy annually and updating it as necessary; ensuring school staff training that includes administration of medication; planning for improved access to specialty support, which is especially important for school districts without full-time LSNs/RNs on staff; and setting up an agreement for school health consultation with an individual physician, an LSN/RN, local community clinic, hospital, or public health agency.

To ensure optimal student safety regarding medication administration, the school district needs to have an LSN/RN to administer the health services of the district. Whether the school district has its own school nurse staff, a nurse hired under contract, or no school nurse, the law (see Minnesota Statutes §§ 121A.21) states that schools need to develop and use district policy in conjunction with a knowledgeable LSN/RN or public/private health providers or

health related organizations.

School administrators are accountable for implementing the medication administration policy; guiding the planning, gathering, and periodic board review of aggregate student health information, in conjunction with the LSN/RN; providing the needed staff, financial, and material resources for safe medication administration; drawing on the advice of other medication experts in the community when making decisions; assist the LSN/RN in arranging for staff development; and studying demonstration projects on medication administration for information to enrich local policies and procedures.

The Emergency Treatment for Minors Act (Minnesota Statutes § 144.344) allows schools to make emergency decisions about sensitive health issues and concerns and physicians to provide immediate care while parents are being contacted.

A **health advisory committee** can provide input to school policy and procedures. It should reflect a balance of the internal school community and external community at-large—such as LSNs/RNs, paraprofessionals, UAPs, teachers, parents, school board members, public health agency representatives, licensed prescribers, pharmacists, and non-public school members—who counsel the school board and school administration.

The role of **parents/legal guardians**, along with their children, is to follow and support the school district policy and procedures regarding medication administration; provide representation on the health advisory committee and advocate for safe administration of medication; and communicate with the school about their children's medication needs in schools. Communication might focus on getting medications to school; participating in development and use of an IHP or other plan; signing the parent authorization form; obtaining a licensed prescriber's order for medications; transferring medication self-carrying requests; and discussing student self-administration of medications, refusal, or non-compli-



ance with medication administration.

The roles of *students* vary, depending on their age and developmental stage. Students at every age are learning about their health conditions and the role that medications have in managing or curing the problems. In the early years, the emphasis might be on students as recipients of medication, but even at young ages, students can take increasing responsibility for their medications. As students develop, it is important for them to learn to make decisions regarding their medication administration and skills in self-administration.

The students' responsibilities are to be knowledgeable about their medications, take their medications correctly, and communicate any medication issues or concerns to parents/legal guardians, LSNs/RNs, LPNs, teachers, paraprofessionals, or UAPs, as appropriate. For example, younger students with diabetes using insulin will know about their medications but might need assistance administering sliding-scale insulin amounts, carbohydrate counting, and glucose monitoring; older students are likely to be able to do these activities themselves. One option is a written self-administration contract agreed to by the school, licensed prescriber, LSN/RN, parent/legal guardian, and individual student.

As employees who bring extensive knowledge of health services, medical systems, and best practices to the school setting, the *LSNs or RNs* take the lead in policy and procedure development for the district and assess the health needs of students, including those taking medications (prescription, OTC, CAMs, and/or emergency medications) as necessary. The practice of each nurse (salaried, contracted, or volunteer) is regulated by Minnesota Statutes §§ 148.171-148.285 and Minnesota Rules, chapter 6301 through 6340, commonly referred to as the Minnesota Nurse Practice Act. See the definition of the practice of professional nursing in the glossary.

To oversee and keep medications secure, the LSN/RN sets up the school's medication system, recom-

mends the purchase of supplies, sets up a double-lock storage system, decides where keys are kept, refrigerates medication as needed, and purchases medication resource documents, such as the drug formulary and training materials. The LSN/RN sets up, maintains, and secures private medication and health records, which include medication documentation, medication counts, authorizations, and prescription orders.

The LSN/RN has input into choosing current staff members for delegation of medication administration and hiring of new health services staff. The LSN/RN trains and supervises staff members to whom the LSN/RN is delegating medication administration, communicates the delegation plan to delegates, assesses their competencies, and provides sufficient oversight and supervision.

The LSN/RN also assesses the medication needs of the aggregate student population. In this way, the LSN/RN can see patterns of population-based health problems that call for further investigation or reporting.

LPNs can administer medications to students under the delegation of a physician or LSNs/RNs. An LPN is able to monitor students' responses to medication administration. LPNs would be expected to communicate significant information to physicians/prescribers, LSNs/RNs, and parents regarding students' health. Responsibility for delegation to other nursing personnel and supervision of the nursing personnel are within the scope of practice of LSNs/RNs. If a physician or LSN/RN delegates medication administration to a UAP, it is within the scope of an LPN to monitor that individual's performance of these activities

Anyone designated, willing, and trained can serve as a *UAP* in schools (e.g., a health assistant, teacher, school administrator, or student services staff member); they are "unlicensed" in terms of providing health services. Under the delegation and supervision of an LSN/RN, UAPs can perform medication administration based on school district policy



and procedures. In order to perform medication administration functions, the UAP needs to have appropriate training to perform these functions, written documentation, and annual evaluation of this individual's competency; knowledge of policy and procedure; and be willing to communicate to the LSN/RN his or her own ability to perform medication administration, document medications administered, and report to the LSN/RN any inconsistencies or deviations from expected procedures. If uncomfortable with performing medication administration, a staff member has the right to ask for education and additional supervision about medication administration.

GUIDELINE #3: STAFFING

3.1 Student-Focused Staffing

The number of health personnel needs to be in proportion to student numbers and the breadth and severity of health issues. The overall needs of the total population of students should drive the health program, rather than current staffing, existing funding, or available supervision for medication administration.

Health services staffing should enable students to successfully manage their medication needs in the classroom and at all school-related activities. If a student is moving towards self-administration, the LSN/RN needs to be available to assist the student through health assessment and planning; teach about medication administration; and supervise changes for medication administration.

3.2 Health Services Staffing Options

Healthy People 2010 (U.S. Department of Health and

Human Services, 2000) recommends a school nurse: student ratio of 1:750. In schools with a significant number of special needs students, the ratio should be adjusted accordingly. (See Minnesota Statutes § 121A for Minnesota requirements - Appendix D: Relevant Laws, School Health Services, page 51.) Although the involvement of an LSN/RN in each school's provision of health services to students is crucial and a legal requirement, resources are uneven throughout the state, so alternative staffing options can secure participation of an LSN/RN. These options include sharing an LSN/RN or substitute with another school district or hiring health services staff or contract staff through a local community's best available resources, such as an education cooperative, public health agency, hospital, clinic, or home-care agency.

Whether or not an LSN/RN is physically at the school during all school hours, nursing coverage and availability needs to be arranged. Therefore, when medication administration is delegated, the delegatee must be able to communicate during that time with an LSN/RN or other health professional with medication administration knowledge and expertise.

Each school district should consider having a part-time medical advisor working with its health services program. The physician or provider could review policies, develop model policies, and provide individual medical consultation.

3.3 Preparing for Emergencies

When developing school health staff positions, keep in mind that emergencies will inevitably take place and sometimes involve medication administration. Two types of emergencies can arise, those involving individual students receiving medications and system-wide emergencies (e.g., violence, threat, or natural disaster).

School staff should be trained and available to administer first aid and CPR any time students are in school. It is also important that for times when an LSN/RN is not available during health emergencies, each school has a plan in place that delineates the

Clarify the roles and obligations of specific school staff, and provide education and communication systems necessary to ensure that students' health and educational needs are met in a safe and coordinated manner.



roles and responsibilities of staff members, including communication channels. School policy and procedures need to include guidelines for intervention in an emergency or crisis and for debriefing following it.

Schools request emergency information from parents/legal guardians each school year. This information may necessitate the development of emergency care plans (ECPs) or individualized health plans (IHPs) to ensure student safety.

The Emergency Information Form for Children With Special Health Care Needs (EIF) is a tool to transfer critical information to physicians, parents, emergency medical service (EMS) professionals, and nurses when dealing with a student's acute illness or injury (American Academy of Pediatrics, 1999, and American College of Emergency Physicians, 1998). The EIF, also called a safety plan, concisely summarizes the child's complicated medical history and makes it available when the child's parents and pediatrician are not immediately available. See a sample EIF in the appendices.

GUIDELINE #4: DELEGATION OF MEDICATION ADMINISTRATION BY THE LSN/RN

4.1 Definition of Delegation by the Licensed School Nurse/Registered Nurse

This section is specific to schools with RNs on staff or contract.

According to the National Council of State Boards of Nursing (1997), delegation is the “transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.” The dictionary meanings of delegation—direction and prescription—each contain the same elements: a giver, a recipient, and a degree of authority. The concept includes authoritative instruction and the acts of empowering one person to act for another.

The Nurse Practice Act (Minnesota Statutes sec-

tions 148.171 to 148.285 and Minnesota Rules, chapters 6301 to 6330) says that both professional (LSN/RN) and practical nursing (LPN) include, but are not limited to the performance of acts or functions that are delegated to the nurse by another health care professional. However, only the LSN/RN has the direct statutory authority to delegate to others (see also National Association of School Nurses, 1994/2002), and the UAP may carry out only those nursing acts or functions that have been delegated by an LSN/RN.

4.2 The Responsibilities of Nursing Delegation

In Minnesota, LSNs/RNs can delegate medication administration as a delegated medical function as authorized by state regulation and within their legal scope of practice. The LSN/RN uses professional judgment to decide what is delegated and to whom. The LSN/RN may choose to not delegate some medication administration activities. It is the judgment of the LSN/RN whether the delegated functions can be properly and safely performed by the person without jeopardizing the student's welfare. Some activities that require specialized nursing knowledge and skill may be delegated to LPNs, but not to UAPs. Some activities that do not require specialized nursing knowledge may be delegated to UAPs by LSNs/RNs. It is the responsibility of the LPN and/or UAP to perform the delegated activities correctly. The LSN/RN is accountable to verify that the delegatee can perform the activity and do so safely. Delegation to UAPs is determined on a case-by-case basis and is most appropriate when they are caring for students with routine, repetitive, ongoing medication administration. When medication administration is not routine and the student's response to medication is less predictable, nursing delegation should be carefully considered.

When LSNs/RNs have responsibility for medication administration, they are the only ones who can make delegatory decisions.

When delegating medication administration to UAPs, the LSN/RN shall assess the situation and



consider the following nursing delegation principles:

Principle 1: The delegating LSN/RN must assess student needs prior to delegating.

Principle 2: The LSN/RN must provide adequate oversight of the medication administration activities.

Principle 3: The LSN/RN must keep written documentation of the UAP's initial and ongoing competency.

Principle 4: The medication administration function must be one in which:

- The nursing care needs of the student are stable.
- Performance of the function does not pose potential harm to the student.
- The function involves little or no modification.
- The function has a predictable outcome.
- The function does not inherently involve ongoing assessment, interpretation, or decision making.
- The UAP has appropriate skills and competency levels.
- Supervision is available.

If medication administration is delegated, those accepting delegation cannot re-delegate those nursing functions to anyone else without the involvement of and supervision by an LSN/RN. As an essential component of delegation, appropriate training must be conducted. See section 2 of the Minnesota Guidelines for further information about delegation of medication administration by the registered nurse.

4.3 The Medication Administration Decision-Making Tree

The decision-making tree is a tool developed to assist LSNs/RNs in making delegation decisions. It offers a series of questions for the delegator to ask with a specific student, caregiver, and nursing activity in mind. If any questions are answered with a “yes,” the medication administration is delegatable.

See the decision-making tree in the appendices.

GUIDELINE #5: GENERAL PROCEDURES FOR MEDICATION ADMINISTRATION

5.1 Principles That Influence Medication Administration Procedures

It is important that these principles of medication administration be known and followed by anyone (nursing and non-nursing personnel) who is administering medications.

Principle 1: Guarantee that medication administration is a clean procedure by washing hands.

Principle 2: Give medication exactly as ordered by the health care provider or indicated on manufacturer's instructions.

Principle 3: Everything should be done to avoid “no-shows,” especially for seizure medications and antibiotics.

Principle 4: Prevent errors! Do not allow yourself to be distracted. Do not use one student's medication for another.

Principle 5: Keep individual student information private.

Principle 6: Apply child development principles when working with students (e.g., students do not want to be considered unique.)

Principle 7: If there is an error or medication incident, it must be reported. Follow district procedure for notifying your school nurse, administration (within 24 hours), the student's parent/legal guardian, and physician. Complete documentation. It is important to act as soon as the error is discovered. The school administrator or supervisor should evaluate errors by all persons administering medications.

For detailed information about what to do in the case of medication administration errors, see section 9 of the Minnesota Guidelines: Quality Assur-



ance, Monitoring, and Assessment.

5.2 Step-by-Step Procedures

When medications are administered by any school personnel, procedures such as the following should be in place:

Procedure 1: Wash hands. Administration of medication is a clean (not sterile) procedure, unless otherwise specified.

Procedure 2: Verify authorization from parent and/or prescriber; check the label and/or manufacturer's instructions. Seek help when questions arise.

Procedure 3: Gather necessary items.

Procedure 4: Prepare and give medications in a well-lit, dedicated area. Remove medication from locked cabinet.

Procedure 5: Check the label for name, time, medication, dose, and route. Use current resources (e.g., medical pharmacopoeia) to verify the accuracy of the physician's order.

Procedure 6: Prepare the correct dosage of medication without touching medication, if possible.

Procedure 7: Check the label and/or manufacturer's instructions for name, time, medication, dose, and route while preparing the correct dose.

Procedure 8: Check the label and/or manufacturer's instructions for name, time, medication, dose, and route before returning the container to the locked cabinet.

Procedure 9: Do not leave medication unattended.

Procedure 10: Provide equipment and supplies (e.g., medication cups and alcohol wipes) as needed.

Procedure 11: Identify the student. Ask the student to say his or her name. Nonverbal students may need third party assistance with identification. Take measures to maintain

data privacy.

Procedure 12: Verify the student's allergies verbally by asking the student and by checking the student health records. Also verify contraindications to medicine. Watch for typical adverse medication reactions. If an adverse reaction is evident, contact the supervisor, parent/legal guardian, or licensed prescriber, according to school policy.

Procedure 13: If the student questions whether it is the right medication, stop and verify the medication against records, with parent/legal guardian, or with registered pharmacist.

Procedure 14: Explain procedure to student.

Procedure 15: Position the student properly for medication administration.

Procedure 16: Administer medication according to the six rights (right student, right time, right medicine, right dose, right route, and right documentation).

The Six Rights of Medication Administration

- ▶ Right Student
- ▶ Right Time
- ▶ Right Medicine
- ▶ Right Dose
- ▶ Right Route
- ▶ Right Documentation

Procedure 17: Discuss administration procedure and carefully observe the student



as medication is administered.

Procedure 18: Record name, time, medication, dose, route, person administering the medication, and any unusual observations.

Procedure 19: Ensure accurate documentation of all medications, including the witnessed disposal of medications.

Procedure 20: Clean, return, and/or dispose of equipment as appropriate.

Procedure 21: Wash hands.

This set of medication administration procedures is modified as needed, based on routine or emergency administration and the route of administration: oral, inhaled, topical, rectal, intravenous, pumps, gastrostomy-tube, intramuscular, subcutaneous, or ear and eye.

5.3 The Six Rights of Medication Administration

The six rights can be used as a mental checklist to assist those administering medication to remember and clarify the critical elements of the process. They are the:

- **Right student.** Properly identify the student (e.g., rather than asking the student, “Are you Jane Doe?” before administering the medication, ask the student to state his or her name).
- **Right time.** Administer medication at the prescribed time. This can usually be within 30 minutes earlier or later than the designated time unless otherwise specified by the provider or the pharmacist.
- **Right medicine.** Administer the correct medication. Check three times, prior to administration.
- **Right dose.** Administer the right amount of medication.
- **Right route.** Use the prescribed method of medication administration.
- **Right documentation.** Promptly and accurately document the medication administration.

5.4 Field Trips

Each school district’s medication administration policy and procedures should address medication administration on school-sponsored field trips. In most schools, education staff are assigned responsibility for handling and administration of medications. Parents may choose to accompany their students and administer medications.

School children on medication(s) have to be accommodated on field trips.

One option is to take the medication in its original container and put it in a small, zip-lock bag along with a copy of the prescriber’s orders and a copy of the parent authorization form. Send that package with the person who is delegated or designated to administer medications on the field trip. The school district should establish a document and process for check-in and check-out of medications for field trips.

A second option is that the parent/legal guardian provide the required amount of medication (depending on the length of the trip) in a separate container with an original label (i.e., an extra from the provider or pharmacist), with a copy of the prescriber’s orders and a copy of the parental authorization form specific to the event or trip. This may be useful for any trips that exceed one day in length.

A third option is that the policies may allow the preparation of a supply of medications by the LSN/RN or parent/legal guardian, not to exceed the duration of the trip, in paper envelopes or other more suitable containers for use by a student temporarily off-campus. A container may hold only one medication. A label on the container must include the date, the student’s name, the school, the name of the medication, its strength, dose, and time of administration, pharmacy, pharmacy phone number, prescription number, and the initials of the person preparing the medication and label. Accompanying the envelope will be a copy of the prescriber’s orders and the parental authorization



form. Note that the additional steps involved in transferring medication to an envelope present another opportunity for medication error.

Some schools provide a designated volunteer with appropriate health information on students requiring medication administration, medication in properly labeled bottles, and forms on which to document medication administration. The school should provide a job description for the medication administration volunteer, make sure the volunteer has the education and training necessary to safely administer the medication, verify and document his or her competencies, and provide procedures for how medication administration is handled on field trips. The volunteer needs to follow the procedures.

When a volunteer is used, parents must be informed and sign a health data privacy release form. Some experts (Schwab, 2001) recommend the volunteer be paid, even nominally, as a school employee, perhaps as a substitute. In so doing, the volunteer becomes a school employee and is bound by policies on medication administration including documentation and data practices.

Although parents can accompany students on field trips, it is not a requirement for students with medication needs. Staff designated the responsibility for medication administration should be trained and accompany the student and ensure that all the medical supplies are brought along and appropriate documentation is completed.

The plan for coverage and care during extracurricular activities sponsored by the school that take place outside of school hours should be carefully set out in the student's health/education plan (504, ECP, IEP, or IHP).

5.5 Before-School, After-School, and Summer-School Activities

Medication administration during these school-

based times (e.g., extended day programs and sporting practice and events) should follow district policy for school staff who administer medications and for students who self-carry and self-administer. School staff (e.g., educational assistants, bus drivers, lunchroom staff) will be designated medication administration or monitoring activities on a case-by-case basis. The school staff members who are designated responsibility for medication administration will be trained and supervised related to their responsibilities and have immediate access to the health offices and school resources (e.g., student health records/emergency information, high school league physical examinations, and emergency equipment). Training and supervision will be documented in the staff personnel file. These programs are often run by contracted groups, not the school. For information on emergency medication administration, see Minnesota Guideline 7.11.

When specific health information is known about a student and her or his potential for a health emergency, the school should have a plan for medication administration, including information that enables the student to possess emergency medication and/or have immediate access to it at all times.

The plan for coverage and care during extracurricular activities sponsored by the school that take place outside of school hours should be carefully set out in the student's health/education plan (504, ECP, IEP, or IHP).

GUIDELINE #6: EDUCATION AND TRAINING

6.1 Content and Competencies

Education and training on medication administration need to be conducted on an ongoing basis to keep students safe and to ensure ongoing competency of staff members. Coordination of training of other school staff about medication administration is

School staff (e.g., educational assistants, bus drivers, lunchroom staff) will be designated medication administration or monitoring activities on a case-by-case basis.



an essential part of the job descriptions of LSNs/RNs. The role of an LSN/RN is to determine what training is needed, for whom, the content, and available and appropriate training resources (e.g., medication training course through a local college). Education and training can range in format from formal classroom lectures to one-on-one discussions, and in content to be student-, disease-, or procedure-specific; competency-based; technical; and/or theoretical.

After training, medication administration procedures should be demonstrated by the person being taught, and that person's competencies need to be documented in writing.

Topics to be included in periodic training and refresher training about medication administration include district policies, directions and time of administration for all medications, verification procedures for setting up medications for administration, proper documentation, data privacy, individualized student health information, emergency protocols, equipment, the six rights of medication administration, and infection control procedures (e.g., hand-washing). Demonstrations of medication administration are an excellent method of testing competencies.

It is especially important that staff members be sensitive to changing community and school populations and their diverse characteristics. All education and training needs to have a component that addresses the diverse needs of the communities and cultures within which the school is situated.

6.2 Training for Delegation

Training needs to be provided to all individuals (primary and substitute) responsible for medication administration. When planning the training that is needed for delegation, the LSN/RN must keep the following questions in mind:

- Who is being trained?
- What is the content of the training?
- How much time is there for training?
- Where is the training location?

- Why is the training necessary?
- How will competencies be evaluated and documented?

These questions must be asked and answered for appropriate delegation training to have occurred.

6.3 Education and Training Needs

Different participants in students' health care have varying needs for information, as outlined below. Documentation and evaluation of training must follow the training.

Training needs to be done before medication administration is performed. It is important that four types of staff training be conducted. The supervisor informs the trainee of (1) school policies and availability of resources, (2) available written criteria that indicate when to contact a supervising LSN/RN or EMS, (3) student-specific information, and (4) procedures for safe medication administration. The first, second, and fourth are best done before students begin their school year (e.g., during workshop week) and the third before delegates work with specific students.

Although there are a variety of curriculum resources available, Minnesota has no required materials at this time. A training program should have the following: (1) a general medication overview that includes the purposes of medications and the various medication administration routes; (2) information on medication handling and administration techniques that includes cleanliness, care, storage, the six rights of medication administration, preparing medications, administration procedures, guidance for field trips, proper medical abbreviations, student plans, and emergency information; (3) need for authorizations and record keeping that includes legal requirements, policy and procedure review, record keeping, errors and omissions, and forms; and (4) rights and responsibilities that include delegation and reporting, data privacy, and Minnesota statutes, rules, and guidelines.

Well-designed education of *members of the com-*



munity at-large will draw on the expertise of local health care and health education professionals, and advocacy organizations. These individuals, who may be members of the district's health advisory committee, will ideally work with the school district to proactively address medication administration issues, including an understanding of staffing, expectations, compliance, and resources/financing. To be able to make good decisions about district health services, school board members must receive information about financial needs (health care staff and resources) and the health of their student population. The latter can be done through periodic statistical reports from lead health personnel regarding medication administration in schools, such as the number of students taking medications, who is giving those medications, and the training needed.

Parents/legal guardians have a responsibility to convey the following student-specific health information about their children to appropriate school staff: their children's health conditions, medications, allergies, medication side effects, level of knowledge about their medications, and any issues with student ability or willingness to take medication.

Parents/legal guardians should be informed of the district policy and be as involved as possible in their children's health care, including training of staff on specifics such as their student's response to medication administration (e.g., Glucagon™, Diastat™, or Epi-pen™). When parents/legal guardians provide this information to schools, they have a right to legal protections of data privacy under A&D, FERPA, HIPAA, IDEA, the Minnesota Government Data Practices Act (chapter 13), MMHA, and MMRA.

Education of **students** is geared to their knowledge, skill, and developmental levels—ranging from students who have no knowledge about their medications and administration, to students with limited knowledge who need to know more, to competent students who need observing as they self-administer their medication, to students who are completely experienced in self-administration of medication and self-monitoring of their health conditions and

don't need assistance.

School district policies and staff members should enable students to grow in their self-care abilities as part of their life-long learning experiences. In turn, students need to take an active and responsible role in their health care, self-administer according to the six rights, and learn to become their own health advocates. Students should be assured that their health information is kept private.

Both the Minnesota Board of Nursing and Minnesota Board of Teaching require continuing education units for licensure renewal for **RNs and LSNs**. These continuing education units are necessary to stay up to date on nursing practice, medical conditions, medication use, and student health needs. Since paraprofessionals will sometimes be **LPNs**, an evaluation of their skills and knowledge-based competencies are necessary. Refresher courses can be used to fill any gaps in skills or competencies, such as information about new medications, pediatric care, and school nursing procedures.

School staff who serve as **UAPs** working with medications need to be knowledgeable about medication administration procedures on campus and during extended day experiences (e.g., field trips and sporting events). The training content should include (1) hands-on student care that is specifically related to the assigned medication administration, (2) school district policy and procedures, such as safety measures, general emergency procedures, and how and when to contact the LSN/RN, and (3) federal, state, and local regulations.

In Minnesota, there are at present no specific training requirements for UAPs who are assisting with medical functions in the school. However, it is recommended by national and state nursing organizations that UAPs who administer medication be trained to:

- Recognize the student's right to privacy
- Recognize the student's skills and abilities.
- Follow facility policies and procedures regarding medication administration, stor-



age and handling of medications, medication expiration dates, documentation, and disposal of medication, and similar policies and procedures implemented in the facility to safeguard medication provision to students.

- Demonstrate safe medication administration procedures.
- Understand the relationship between the LSN/RN and UAP and the importance of observation and reporting.
- Recognize the limits and conditions by which a UAP may administer medications.
- Recognize the student's property rights and physical boundaries.
- Recognize the responsibility to report and the mechanisms for communicating such to the appropriate authorities if reasonable cause exists to believe that a child or adolescent has been subjected to maltreatment or neglect.

GUIDELINE #7: POLICIES AND PROCEDURES

7.1 Health Policies as Legal Responsibilities

It is the legal responsibility of school boards to put health policies in place. According to Minnesota Statutes § 121A.22, subd. 4, school board health procedures must be developed in consultation with health specialists. See additional information in Minnesota Guideline 1.2.

7.2 Characteristics of Sound Policies

Local district policies and procedures on medication administration should be balanced, consistent, periodically updated according to school district directives for policy review, adaptable, based on the needs and ages of the student population at-large, consider community resources, and be aligned with professional practice.

Decisions made at the school district level will impact how students are ultimately served. The best policies are developed collaboratively, with the advice and assistance of the following: school board

members, medical advisors, physicians, families, school staff (LSN/RN, UAPs, principal, etc.), local partners (pharmacists, public health workers, social workers, health care administrators), and other community members (see National Association of School Nurses, 1993/1997/2003). These individuals might already be serving on a school health advisory committee. School staff, students, and parents all need to be aware of, understand, comply with, and aid in successful implementation of district policy and procedures. Parents should be advised annually of the district's medication policy and procedures.

7.3 Contents of Policy and Procedures

A policy is a framework for operational decisions, which specifies a recommended course of direction consistent with the intent of the organization. It is an understanding by members of a group that make the actions of each person more predictable. Procedures are specific steps outlining how to implement policy, a way of telling how to perform activities or tasks (e.g., who does what and when).

District policies and procedures on medication administration should address the following: types of medications administered (see glossary for definitions of prescribed, OTC, CAMs, emergency, investigational, and controlled substances); required information and authorization for initiating medication administration; desired medication administration outcomes; delegation of medication administration; training and supervision; procedures for medication administration; secure handling, storage, and disposal of medications; self-carrying of medications and self-administration; extended-day activities; emergency protocols; documentation and record keeping; and errors and omissions. District policy and procedures also need to address students' individual health needs (short-term to long-term medication requirements), which might or might not involve a health/education plan.

See model and sample policies and a checklist in the appendices.



7.4 Requests to Administer Medications in Schools

When medication administration in a school is requested by a parent/legal guardian, the policy will specify: (1) who will give the medications (LSNs/RNs, or in their temporary absence, delegation to paraprofessionals/UAPs, and in schools with no LSNs/RNs on staff, individuals trained and qualified to administer medication and assigned by school principals) and (2) whether and under what conditions self-medication by students is allowed.

No prescription medication may be administered without: (1) the written order of a licensed prescriber and (2) the written or oral authorization of the student's parent/legal guardian. **If the parent's/legal guardian's authorization is oral, then the oral authorization must be reduced to writing within two school days.** Prescribed medication shall be administered to and taken by only the person for whom the prescription has been written. The district board and school personnel need to carefully consider the student safety ramifications for allowing OTC medication administration without a prescription. If a decision is made to administer OTC medication without orders from a licensed prescriber, directions should be taken from the official container's label.

When queried, the State of Minnesota Office of the Attorney General concluded in a letter dated February 14, 2000, that, "school nurses do have the authority to provide over-the-counter medications to students upon a parent's request, even without a physician's order. It is important to note, however, that the school nurse has the ultimate authority and responsibility to reject a parent's request and to decline to administer an over-the-counter medication [our emphasis] if the nurse believes that such medication is unnecessary, inappropriate, or could lead to patient harm. Further, school districts retain independent authority to implement policies that govern the administration of non-prescription drugs by school nurses. A school district, or an individual nurse, could choose to adopt a policy that requires a physician's order before a school nurse

administers a non-prescription medication to a student." See the full letter in the appendices.

7.5 Medication Types

A number of different types of medications may be requested to be administered in schools: prescribed, OTC, CAMs, emergency, investigational, and/or controlled substances. These are not exclusive categories. For example, Ritalin™ is a prescription medicine and also a controlled substance, and ibuprofen is an OTC, but can also be a prescription medication. Responses to requests should be based on school district policies, the judgment of the LSN/RN, staff capabilities and training, and the school district administration's level of support for established health policies.

Schools and school staff should not purchase or have a supply of any OTC medications or distribute them to students.

See definitions of types of medication in the glossary.

7.6 Self-Carrying and Self-Administration of Prescription Medication

An authorization form completed by the parent/guardian and physician and on file in the school will allow a student to responsibly carry medications for self-administration (see Minnesota Statutes §§ 121A.22, 121A.2205, 121A.221 and 121A.222, and Wheeler, 2004). This authorization is renewed each school year. Documentation from the prescriber should include:

- records verifying that the student is capable of and has received training on administering the prescribed medication,
- the name and purpose of the medication,
- the prescribed dosage of the medication,
- the times at which or circumstances under which the medication may be given,
- the period for which the medication is prescribed,
- route of administration,
- potential side effects, and
- the duration of time the student can self-ad-



minister.

In the case of a disagreement regarding a student's self-carrying and self-administration of medication, a meeting should be held among all those involved to sort out differences of opinion and develop a plan, keeping as a priority the student's educational goals and health safety. If the meeting is unsuccessful and the situation is related to special education, a number of organizations can be drawn up for advice, such as PACER, Children's Disability Law Center, or the Minnesota Department of Education's No Child Left Behind Consolidated Programs or the Special Education, Compliance, and Assistance unit.

The LSN/RN, in consultation with the parent/legal guardian and physician, needs to evaluate the student's health status and abilities for safe self-administration of prescription and non-prescription medications, observe the student's first self-administration at school, and communicate regularly with the parent/legal guardian about any medication administration difficulties or successes. Two ways for an LSN/RN to assess student competence are to have the student come to the health office to self-administer, where the LSN/RN can periodically observe the procedure, or by written documentation from a licensed prescriber stating that the student is administering appropriately. A student self-administering medications may document it on a personal daily medication form.

When the request for self-carrying includes controlled substances, the individual request and privilege needs to be examined and a plan made for keeping the student as independent as possible (e.g., medications could be self-administered, but stored in the health office).

When students are self-carrying and self-administering medications, the student teaching team and other appropriate staff can be informed on a need-to-know basis for legitimate educational interests, as specified by FERPA. The student and his or her parent/legal guardian are to be informed of how

and to whom this information is shared. If there are difficulties with the student's ability to safely self-administer, including medication security issues, the building administrator discusses with the student and parent/legal guardian the possible discontinuance of the student's self-administration. This privilege can also be discontinued if medications are shared with other students or not taken as authorized by parents/legal guardians.

In school districts without LSNs/RNs on staff, educational administrators under the direction of school boards are responsible to set up a system through which: policies are developed in consultation with LSNs/RNs, people are assigned and trained to do health services, the procedures are done safely and consistently, and all necessary documentation is completed. They are also responsible to find appropriate resources and medical expertise to address their students' medication administration needs. School administrators cannot legally fulfill the role of RNs.

Those districts with LSNs/RNs on staff or on contract will be able to call on staff to take the lead on these responsibilities.

According to the Minnesota Nurse Practice Act, the LSN/RN has the authority and responsibility to reject a request if the LSN/RN believes the request is unnecessary, inappropriate, or could lead to harm.

For further information on the duties of students, see Minnesota Guideline 2.5.

7.7 Self-Carrying and Self-Administration of *Non-Prescription* Medication

According to MS 121A.222 (2005), a secondary student may possess and use non-prescription pain relief in a manner consistent with the labeling if the district has written parental or guardian authorization.

The FDA states there are two categories of over-the-counter pain reliever/fever reducers: acetaminophen and nonsteroidal anti-inflammatory



drugs (NSAID). “Acetaminophen is used to relieve headaches, muscle aches and fever. It is also found in many other medicines, such as cough syrup and cold and sinus medicines. OTC NSAIDs are used to help relieve pain and reduce fever. NSAIDs include aspirin, naproxen, ketoprofen and ibuprofen, and are also found in many medicines taken for colds, sinus pressure and allergies.” It is important that students are not taking medications with aspirin as research has established a link between Reyes Syndrome and the use of aspirin and other salicylate containing medications.

If a student happens to take medications that contain the same active ingredients, they might be taking two times the normal dose and not realize it. To avoid multiple dosing, it would be best practice if the school health staff (e.g., school nurse) knew and could provide education and guidance related to student’s self administration of OTC medications. In addition, a student self-administration agreement should be in place.

School districts can offer the following two options:

First, as was required for *prescription* medications, an authorization form completed by the parent/legal guardian and physician and on file in the school or a temporary oral authorization will allow a student to responsibly carry *non-prescription* medications for self-administration.

No request for self-carrying or self-administration will be honored if dosage exceeds the recommendations on the manufacturer’s label. Physician authorization is especially important when there is no LSN/RN available to the school district.

No request for self-carrying or self-administration will be honored if dosage exceeds the recommendations on the manufacturer’s label.

A second option for schools is to have written parental/legal guardian authorization, a student contract, and LSN’s/RN’s assessment. If

the LSN/RN assesses that it is appropriate, a request would be made for a physician’s order. If the student is allowed by school policy to carry medication, the LSN/RN performs an assessment and works with the parent/legal guardian and student to draw up a written contract. This privilege can be discontinued if medications are shared with other students or not taken as authorized by parents/legal guardians.

In school districts without LSNs/RNs on staff, educational administrators under the direction of school boards are responsible to set up a system through which: policies are developed in consultation with LSNs/RNs, people are assigned and trained to do health services, the procedures are done safely and consistently, and all necessary documentation is completed. They are also responsible to find appropriate resources and medical expertise to address their students’ medication administration needs. School administrators cannot legally fulfill the role of LSNs/RNs.

Those districts with RNs on staff or on contract will be able to call on staff to take the lead on these responsibilities.

For further information on the duties of students, see Minnesota Guideline 2.5.

7.8 Handling, Storage, and Disposal of Medications

Although ideally parents/legal guardians deliver their students’ medications to the LSN/RN assigned to the school, this is most often done by students. The LSN/RN should be notified in advance when students will be bringing medication. This is the first step in student accountability for medication administration.

It should be made clear in advance where emergency medications such as rescue inhalers, Diastat™, Epi-pen™, and Glucagon™ are stored and who is responsible for supplying or administering them. District policy or procedures should specify that emergency medications should be accessible to staff



or students who might need them, but be inaccessible to others.

The LSN/RN must examine on-site any new medication, medication order, and permission form and assess the appropriateness of delegating medication administration to any other school personnel.

All medications should be stored in a locked drawer or cabinet used exclusively for medications and kept no longer than the medication expiration date or end of the school year, whichever is sooner. Cabinets should not contain glass doors and should be anchored securely to a solid surface. Access to stored medication and medication cabinet keys must be limited to school personnel authorized to administer medications. Medication requiring refrigeration should be stored in a locked refrigerator or in a locked container in the refrigerator specifically for medications. Medications should not be stored in individual classrooms unless all of the above standards can be met and the individuals responsible for administration have been properly trained. Each medication should be stored in the original pharmacy- or manufacturer-labeled container with the student's name on it.

Expiration dates should be checked, medications disposed of upon expiration, and parents notified. All unused, discontinued, or outdated medications shall be returned to the parent/legal guardian and the return appropriately documented. With parent/legal guardian consent, such medications may be destroyed by the school when two individuals are present to witness and document the disposal.

Needles and syringes should be disposed of in a manner consistent with the following guidelines (see OSHA Blood-borne Pathogen Standard 29 of C.F.R. 1930.1030 and Minnesota Rules, chapter 5206):

- Needles should not be recapped and should not be purposely bent or broken.
- Disposable syringes and needles (and other

sharp items) should be placed in approved sharps containers and labeled "biohazard."

- Custodial staff or other agents must be given directions for disposing of containers according to established procedures for regulated medical waste.

7.9 Planning and Standardized Forms

The school district should establish standardized record-keeping forms that are uniform and consistent across the district and make them available in a variety of ways (e.g., district web site and handbook).

Medication management plans include overall district plans and individual student plans, which give contingency directions for when the LSN/RN or designee is not available. Plans need to be flexible for the number of staff who interact with the students on medication regimes in school. Parents and appropriate school staff all give input into the medication administration plan for individual students. See the glossary for more information about the types of student plans.

7.10 Record Keeping

School health personnel should maintain accurate written or electronic records specific to each student receiving medications, including parental consent forms, authorization from licensed prescribers, individual documentation, and emergency procedures.

A picture of the student attached to the medication log or the medication authorization form can help ensure that the proper student gets the proper medication. Documentation must contain student name and identification number; room; name of medication; dosage; route; date and time given; beginning and end dates; any special circumstances related to the procedures; the student's unusual reactions or responses; omissions, absences, or refusals; name of the individuals giving the medication; count of controlled substances, and medication disposal. Documentation must be done

School health records should be kept in a central location with a locked system to assure record security.



in unalterable ink (no erasing, no white out) and should include significant reactions. These are legal documents and provide protection to those who administer medications in schools.

Health room documents/logs should be retained by the school district for six years after student graduation or leaving the district (State of Minnesota School District General Record Retention Schedule, 2000). Health and immunization information should be retained for at least five years after the student attains the age of majority (18), so until the age of 23 (Minnesota Statutes § 121A.15, subd. 7). More information is available from the local district retention policy, which is filed in school administration files, and from the following web site: www.region1.k12.mn.us/payroll/pdf/DistrictGeneralRecordsRetention.pdf.

A summary of individual student medication records should be transcribed (e.g., 9/15/00 – 5/1/01 – Ritalin™ 20 mg. at lunch time) to a student's cumulative health record. Logs should not be destroyed if summary information has not been transferred to the cumulative health record. Student privacy must be protected as outlined in A&D, FERPA, HIPAA, IDEA, Minnesota Government Data Practices (chapter 13), MMHA, and MMRA.

School health records should be kept in a central location with a locked system to assure record security. All files should be locked at the end of each day. Policy and procedures must define who has responsibility for maintaining files, entrance and exit of records, tracking, security, and when files are pulled and sent to another school.

7.11 Procedures for Emergency Medications in Schools

Students with known chronic health conditions sometimes need emergency medications to prevent or treat anaphylaxis, respiratory distress, diabetic hypoglycemia, seizures, cardiac incidents, and social/emotional crises. In an emergency, if two or more people are available, one can administer the emergency medication while the other calls 911. If

only one person is available, that person should first administer the medication and then call 911.

Some students will have individual emergency care plans and parental and physician's authorization forms and instructions that need to be accessed and adhered to.

See Minnesota Guideline 3.3 for further information on preparing for emergencies.

7.12 Investigational Drugs

The National Association of School Nurses recommends that a parent's/legal guardian's request to have investigational drugs administered at school should be evaluated on a case-by-case basis with the parent/legal guardian, the prescribing physician or provider, and the school nurse. It must be done in accordance with state laws regarding investigational drugs.

7.13 Complementary and Alternative Medicines (CAMs)

No substance should be administered to any child or adolescent without the express written request of the parent or guardian. Schools should exercise caution about CAMs administration in school, and the LSN/RN should assess the necessity of administering CAMs in school. Such products should be provided by the parent (as with all medications administered at school) and in an original container with proper labeling (name of student, date, name of medication, dose, time of administration, prescriber as appropriate, and expiration date) and manufacturer's indications and contraindications. CAMs can frequently interact with other prescribed and non-prescribed medications, enhancing or inhibiting effects, so parents/legal guardians should seek guidance from their licensed prescribers about drug interactions.

GUIDELINE #8: QUALITY ASSURANCE, MONITORING, AND ASSESSMENT

8.1 Definitions

If a medication error occurs, districts are best



protected from liability when policies and procedures are established collaboratively with input from school nursing personnel, district administrators, and parents.

Medication errors include any failure to administer a medication as prescribed for a particular student and may include not administering to the right student, at the right time, the right medicine, the right dose, by the right route, or with the right documentation.

8.2 Procedures to Follow in Case of Medication Errors

If an error in medication administration occurs, the following steps should be initiated:

- Identify the nature of the error.
- Keep the student in the health office. If the student has already returned to class when the error is determined, have the student accompanied to the health office.
- Monitor the student's behavior and physical symptoms. If the student's symptoms are life-threatening, call 911 prior to calling parents.
- Notify parents/legal guardians, supervising LSN/RN, principal/designee, and student's physician.
- If unable to contact the physician or licensed prescriber, contact the Poison Control Center for instructions. Give the name and dose of the medication given in error; the age and approximate weight of the student; and the name, dose, other medications being taken by the student, and time of last dose of other medication, if possible.
- Carefully record in the student's health record all circumstances and actions taken.
- Submit an occurrence report (see sample in appendices) to the principal or program administrator within 24 hours. Include the name of the student, the parent/legal guardian's name and phone number, and a specific statement of what the medication error was, who was notified, and what remedial actions were taken.

8.3 Refusal to Take Medication

Schools should have consistent policies to address handling situations with students who do not appear or who refuse to take ordered medications. It is best to address these situations on an individual basis depending upon what the medication is and how often the student fails to take the medication. If a medication is not given, policies should address the extent to which school personnel will attempt to administer the medication, as well as procedures for notifying a parent/legal guardian and licensed prescriber and completing an occurrence report.

Health services staff should monitor student noncompliance with medication administration. Action or issues of medication administration refusal or noncompliance should be reported by the LSN/RN or designated school health personnel to the licensed prescriber, parent/legal guardian, and student.

School administrators and/or the LSN/RN should review medication error reports and take steps to develop a correction plan to avoid future problems.

8.4 Reducing Errors and Omissions

The LSN/RN or designated school health personnel should review reports of medication errors, analyze patterns, and take necessary steps to avoid future problems. The purpose of monitoring medication errors is for system correction rather than individual blame. Eliminating distractions and/or other responsibilities during periods of concentrated medication administration can increase safety and decrease the potential for errors. School administration and/or the LSN/RN should review medication error reports and take steps to develop a correction plan to avoid future problems.

8.5 A High Quality School Health Program

The following are significant actions leading to a high quality school health program (for additional information, see National Heart, Lung, and Blood Institute et al., 2003):

- The school would identify students with



conditions that require IHPs and utilize applicable health information to develop IHPs.

- Schools would have highly qualified staff members who have access to an LSN and are trained in student health issues, first aid, and CPR; teachers would be informed of their students' health needs.
- All students who need IHPs would have them.

GUIDELINE #9: SCHOOL AND FAMILY RELATIONSHIPS

9.1 Communication and Collaboration

Communication and collaboration between students, parents, and school personnel keep all informed, improve their interactions, resolve conflicts, and better utilize the school resources to help students be successful.

The best student educational and medication administration outcomes will result from communication and collaboration among all involved—students, parents/legal guardians, physicians, school health office personnel, teachers, pharmacists, health advisory committee members, school board members, and school administrators.

Together, with everyone contributing his or her own part, the quality of health care decision-making and actions can be maximized.

A variety of communication methods—such as telephone, electronic, and in-person—can facilitate prompt and accurate transmittal of information. All communication, even phone contacts, should be documented. All communication with the school is subject to federal and state data privacy laws. These laws are not barriers to communication, but can be used to enhance communication by developing trust in the sharing of health and educational information. See Minnesota Guideline 1.3 for additional details.

All communication, even phone contacts, should be documented.

Schools need to reach out to families and develop a standard mechanism for two-way communication, with language translation as needed, between parents and school personnel regarding students' health. Examples include when medication is needed at school; when students receive medications in school, or when a scheduled medication is missed at school, or there are changes in students' medication needs; when issues arise about reactions to new medications or medication effectiveness (e.g., a student's educational performance changes based on a new dosage of Ritalin™); and what the alternative plans are for medication administration. Medications given outside of the school day may still affect student performance at school.

Student health plans (504 plans, ECPs, IEPs, and IHPs) can better address specific health and educational needs and can serve as the mechanism to bring everyone together for efficient planning and collaboration.

9.2 Documentation

Student health documents related to communication include written, telephone, and verbal orders for medication, parents' written and oral authorizations for medication, medication administration records (medication, date, time, who administered it, etc.), controlled substance records, and medication error notations. The LSN/RN is ultimately responsible for maintaining and securing documentation of medication administration in students' private health records, but anyone who gives medication (LSN/RN, LPN, paraprofessional, UAP, or student) needs to chart his or her activities on student records, be knowledgeable about records, and keep them updated. The school district can standardize forms for all of its students' health records and make blank forms available through web sites or as hard copies.

All medication administration records need to be kept secure, so when someone takes a record out of the file, it must be signed out.



GUIDELINE #10: FINANCES

10.1 Funding Sources

The school board's responsibility is to ensure resources to support its school health program. The school board can also raise and successfully package funds from a variety of other sources, such as third-party reimbursement, general funds, local time-study dollars, special education funding, and grants.

Some students need medication to benefit from special education. The time spent by eligible staff, such as nurses, can be eligible for state aid if accurately documented and reported in the district's Electronic Data Reporting System (EDRS). In addition, the district is able to bill third parties such as Medical Assistance (MA) or MinnesotaCare (MnCare) for those students who are eligible for MA or MnCare and when all billing requirements are in place.

Under the direction of the board, people from within the system, such as members of the health advisory committee, can identify financial sources and write grant applications to strengthen their district's health services program. Some grants will pay for equipment and some will pay for pilot programs, allowing the district to try out different levels of staffing.