

Manual for the Training of Public School Employees in the Administration of Medication

A manual to be used by a registered professional school nurse for teaching unlicensed assistive personnel—health assistants, instructional assistants, secretaries, teachers, and principal's designee—in administering medication to students in Virginia public schools.

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A manual to be used by a registered professional school nurse for teaching unlicensed assistive personnel—health assistants, instructional assistants, secretaries, teachers, and principal's designees—in administering medication to students in Virginia public schools.

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Special recognition is given to the Iowa Department of Education for permitting content from its publication *Administering Medications to Students in Iowa Schools: A Guide* (June 1995 Edition) to be used throughout the first edition of this manual.

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Preface

Purpose

The purpose of this manual is to provide guidelines on teaching school personnel basic knowledge and skills for administering medication at school.

Teacher. The role of the teacher of these guidelines is that of a facilitator of learning. Participants can be motivated to learn when teachers: display enthusiasm for the material presented; demonstrate how the material is relevant to the needs and experiences of the participants; show respect and caring for the participants; encourage input and active participation; and listen with sensitivity and understanding to questions and concerns expressed by participants.¹

Goals. The goals of the training are that the learner will (1) safely and accurately administer selected medication, (2) accurately and appropriately document medication administration; (3) safely and appropriately store medication; and (4) maintain the privacy and confidentiality of students receiving medications at school.

Resource Document. This manual is a resource document that contains basic information, guidelines, and recommendations for school divisions to use in teaching persons to administer medication to students in accordance with *Code of Virginia*, Chapter 881, § [54.1-3408](#), relating to professional use of prescriptions—which was amended and approved by the 2000 General Assembly.

Authorization. The Virginia General Assembly, in its 2000 legislative session, amended the Drug Control Act of the *Code of Virginia* to require school boards to provide training to school personnel designated to administer medication during school hours. Excerpt:

Chapter 881, *Code of Virginia*, §[54.1-3408](#), M.

In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

However, Chapter 570, Code of Virginia, §22.1-274, D specifies that certain employees may decline to provide health-related services without fear of disciplinary action:

¹ Nilson, L. B. (2003). *Teaching At Its Best: A Research-based Resource for College Instructors* (p. 72-76). Bolton, MA: Anker Publishing Company.

With the exception of school administrative personnel and persons employed by school boards who have the specific duty to deliver health-related services, no licensed instructional employee, instructional aide, or clerical employee shall be disciplined, placed on probation or dismissed on the basis of such employee's refusal to (i) perform non-emergency health-related services for students or (ii) obtain training in the administration of insulin and Glucagon. However, instructional aides and clerical employees may not refuse to dispense oral medications.

For the purposes of this subsection, "health-related services" means those activities which, when performed in a health care facility, must be delivered by or under the supervision of a licensed or certified professional.

The following chart helps to clarify who can and cannot refuse to provide health-related services to students and under what circumstances.

SCHOOL STAFF ASSISTANCE WITH STUDENT HEALTH NEEDS

Personnel	Glucagon, Insulin and Blood Sugar Administration and Assistance	Oral Medications	Non-Emergency Procedures and Treatment**
Instructional Aids*	Can refuse	Cannot refuse	Can refuse
Clerical Staff	Can refuse	Cannot refuse	Can refuse
Instructional Staff	Can refuse	Can refuse	Can refuse
Administrators	Cannot refuse	Cannot refuse	Cannot refuse
Persons hired to render care*	Cannot refuse	Cannot refuse	Cannot refuse

(Based on Chapter 570, Code of Virginia, March 27, 1999, subsequent to Senate Bill 889).

*Aside from the designated nursing staff, "persons hired to render care" also includes person such as classroom assistants and "one-on-one" personal assistants.

**Non-emergency type procedures and treatments (health-related services for students), such as simple dressing changes, nebulizers, uncomplicated catheterizations, and helping with uncomplicated gastric tube feedings.

Chart used with permission of Carol Flach, B.S.N., R.N., School Health Coordinator, Office of School Health Services, Virginia Beach City Public Schools.

Who Should Use This Manual

Use of Manual. The guidelines contained within this manual should be used by the registered professional nurse for teaching unlicensed assistive personnel—health assistants, instructional assistants, secretaries, teachers, and principal's designees—in administering medication to students in Virginia public schools. In addition, the registered nurse trainer must have knowledge of the principles of adult learning.

School Divisions. School divisions may use part or all of this manual for developing a medication administration training program in accordance with Chapter 881, § 54.1-3408 of the *Code of Virginia*, Section [54.1-3408](#).

What This Manual Includes

This manual includes the following information for the registered professional school nurse in developing, implementing, and evaluating a training program on administering medication to students by unlicensed assistive personnel. The manual is organized into three sections:

1. **Pre-Training Information:** Provides background information necessary for developing a training program, including a summary of adult learning principles; related state laws, policies, and guidelines; a synopsis of the training plan, including purpose, goal, objectives, and resources; and personal competencies of both the trainer and trainee.
2. **Training Program:** Provides a step-by-step approach for conducting a training session, including authorizations—related laws, policies, and guidelines; an overview of drugs and other substances that are used as medicine; techniques for maintaining a clean working environment; procedures for preparing and giving medication and monitoring individual responsiveness; addressing medication incidents; storing, monitoring, and disposing of medication inventory; documenting medication administration; and ensuring confidentiality.
3. **Post-Training Information:** Provides information on training follow-up activities, including appropriate supervision of the trainee and implementing annual and six-month post-training reviews.

Important Information

This is a guide only. Do not accept any portion of this model as local policy until careful consideration has been given to its content. It is always prudent to have proposed local policies and regulations reviewed by legal counsel.

Although these guidelines reflect the most up-to-date information at the time of publication, users of this manual are advised to confirm federal, state, and local laws, regulations, and policies when using this document to plan, implement, and evaluate school health programs.

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Chapter 1.

Pre-Training Information

Background

Students Receiving Medication in School. Many changes in legislation, society, and the economy have contributed to an increase in the numbers of children requiring medication and other health-related services during the school day.²

- Since the passage of the Education for All Handicapped Children Act in 1975, there has been a steady increase in the number of students in special education or with chronic health conditions.
- More students with special health care needs and chronic conditions—such as asthma, juvenile rheumatoid arthritis, cystic fibrosis, hemophilia, diabetes, spina bifida, muscular dystrophy, and attention deficit disorder—are entering schools daily.
- Neonatology is saving infants who one or two decades ago would not have survived. Some of these children may manifest mild to severe disability as they mature.
- Substance use and abuse during pregnancy have increased the number of drug-exposed infants born with congenital anomalies and/or subsequent developmental problems.
- New immigrants arrive in the United States with previously undiagnosed and, therefore, unmet health needs. They may have been exposed to diseases that are not frequently seen in this country.
- The range of conditions among students in schools may vary from mildly disabling conditions to medically fragile students.

In addition to students with special health care needs and chronic illnesses, schools must care for students who suffer from substance abuse, communicable diseases, physical and sexual abuse, obesity, eating disorders, grief and depression, teen pregnancy, sexually transmitted diseases such as HIV and AIDS, and violence. Nearly a quarter of all children in the United States under the age of 18 live in poverty, which is associated with decreased access to health care services.³ Changes in the economy in recent decades have resulted in more parents working outside the home, making it difficult to seek medical

² Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (pp. 12-15). North Branch, MN: Sunrise River Press.

³ The Henry J. Kaiser Family Foundation (2002-2003). *Demographic and Economic Characteristics*. Retrieved April 30, 2005 from <http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?>

care for their children during the school day.⁴ For many children, the school nurse may be their only regular health care contact. Such physical, mental, and emotional stressors can cause students to miss school, lack energy, be distracted, or have significant health problems that may impair their ability to learn and affect the school's ability to provide a safe and stable learning environment.

Parents have the primary responsibility to assure the health and well being of their children, even though children spend much of their day in schools. Since healthy students make better students, schools need to promote the health of every child in order to raise educational achievement. Schools can play an important role in helping parents assure the health and well being of their children. For example, in order for learning to take place, many students require school nursing services. These services incorporate strategies that promote student health and safety, including *safe administration of medication*—either routinely or episodically—to prevent, cure, or relieve signs and symptoms of disease.

Administration of Medication in School. Administration of medication in schools is defined as preparing, giving, and evaluating the effectiveness of prescription and nonprescription drugs.⁵ The issue of administering medication, both prescription and nonprescription medicines, during the school day is complex. Policies and procedures that provide for the appropriate delivery of the medication, monitoring for compliance and effectiveness, and protecting the safety of others in the school community must be developed, implemented, and evaluated.

Administering the correct dosage of a drug is a shared responsibility between the practitioner who orders the drug and the person who carries out the order. Children react with unexpected severity to some drugs, and ill children may be especially sensitive to drugs. Children who do not receive their medications as prescribed may experience signs, symptoms, and various complications of their diagnosed medical problems.

In addition, administering some medication may require added safeguards. Even when it has been determined that the dosage is correct for a particular child, many drugs are potentially hazardous or lethal. For example, most hospital units or other facilities where medications are given to children have regulations requiring that specified drugs must be double-checked by two nurses before they are given to a child. Among those drugs that require such safeguards are digoxin, heparin, chemotherapy drugs, insulin, and epinephrine.⁶ It is possible that such drugs may need to be administered to students during school hours.

⁴ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (pp. 12-15). North Branch, MN: Sunrise River Press.

⁵ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1068). St. Louis, Mo.: Mosby, Inc.

⁶ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1151). St. Louis, Mo.: Mosby, Inc.

Preparation for Safe Administration. Preparation for the safe administration of medication to students includes ensuring that school personnel who will be administering medication are appropriately trained. Such personnel must have a basic understanding of medication administration, including the safe dosage of medication they administer to students, as well as the anticipated actions, possible side effects, and signs of toxicity. In addition, these staff members must be able to demonstrate the ability to:

- Administer the right medication to the right student, at the right time, in the right dose, and by the right route.
- Document the administration of medication accurately and appropriately.
- Store the medication safely and appropriately.
- Maintain the privacy and confidentiality of students receiving medication in school.

Types of Medication Administered in School. In Virginia, many school staff members other than school nurses—health assistants, instructional assistants, secretaries, teachers, and principal's designees—may be responsible for administering medication to students. Some of the medications that are used in school include, but are not limited to, the following:

- Drugs for pain, fever, and inflammation.
- Prescription drugs for infection.
- Drugs for asthma and other respiratory illnesses.
- Drugs to maintain blood glucose levels for diabetes
- Antihistamines and other drugs for upper respiratory infection.
- Prescription and nonprescription drugs for headaches.
- Behavioral drugs.
- Anticonvulsant drugs.
- Drugs for gastrointestinal disorders.
- Drugs for medical emergencies that may arise and which require assessment by a registered nurse before administration of the medicine. (e.g. epinephrine injections for anaphylaxis).

Route of Administration. Medications are introduced into the body by a variety of routes. Some medications can be given only by one route because absorption or maximum effectiveness occurs by that route alone or because the specific substance is toxic or damaging when given by another route.⁷

⁷ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1522). St. Louis, Mo.: Mosby, Inc.

Training Manual. This manual includes guidelines to be used by a registered professional school nurse for teaching unlicensed assistive personnel-health assistants, instructional assistants, secretaries, teachers, and principal's designees-in administering medication to students in Virginia public schools.

Principles of Adult Education

Part of being an effective instructor involves understanding how adults learn best. When preparing to present the information included in this manual, instructors should consider the intended audience. Age, experience, educational level, anxiety, stress, culture, and willingness to learn all influence the abilities, perceptions, and attitudes of the training participants.⁸

Adult learners often have higher expectations than younger students. They expect the instructor to be well prepared and knowledgeable. They want to share and discuss their own real life experiences. They tend to see the world in a more complex manner and prefer to learn various ways to solve problems. Adult learners are generally more practical, do not appreciate wasting time, and expect the material to be directly relevant to their needs.⁹

The professional registered nurse instructor must recognize that most people participating in this training will not have a background in health care. Explanations should be provided in language that lay people can understand and presented in a way that helps them see the importance of following the training guidelines. It is important for the instructor to find out what the participants already know, or think they know, about administering medications, as well as how they will use the information provided by the instructor. This will help in connecting the new information and skills to what is already familiar and allow the instructor to correct any misconceptions.

There are also certain general principles of learning the instructor should keep in mind:

- While most people enjoy learning new things, they learn best by “...connecting new knowledge to what they already know.”¹⁰
- Most people need a combination of group, one-on-one, and individual experience to internalize new information.
- Most people learn best by actively participating in learning, rather than by passively listening to someone lecture. Small group activities, hands-on skills practice, interactive discussions, audiovisual aids, and role-playing will help participants more effectively incorporate the training into their existing knowledge.

⁸ Nilson, L. B. (2003). *Teaching At Its Best: A Research-based Resource for College Instructors* (p. 9). Bolton, MA: Anker Publishing Company.

⁹ Nilson, L. B. (2003). *Teaching At Its Best: A Research-based Resource for College Instructors* (p. 11). Bolton, MA: Anker Publishing Company.

¹⁰ Nilson, L. B. (2003). *Teaching At Its Best: A Research-based Resource for College Instructors* (p. 10). Bolton, MA: Anker Publishing Company.

- It is important that people find an emotional connection to the material presented. “In other words, people must be *inspired* to want to learn certain content.”¹¹ Sharing experiences and scenarios that are humorous, dramatic, or even sad can make the information more meaningful to participants.

Behaviors that Contribute to Effective Presentations¹²

- The instructor should be well prepared and organized.
- There should be sufficient materials available for all participants.
- The instructor should practice the presentation and use of the audiovisual equipment to ensure a smooth delivery in the allotted timeframe.
- Sharing professional background information reinforces the instructor’s credibility.
- Avoid simply reading from notes or slides. Use examples, humor, pauses, or dramatic techniques to emphasize important aspects of the material.
- Vary the pitch and pace of speech as in normal conversation. Speak clearly at an unhurried pace, adjusting volume for the size of the room and audience.
- Avoid using distracting or repetitive speech, such as “um, uh, you know, sort of, kind of,” etc.
- Use eye contact to gain attention, as well as to get non-verbal feedback on participants’ reactions to the lecture.
- Maintain a relaxed natural stance. Occasionally move about but avoid pacing or other repetitive, nervous movements.

Guidelines for Effective Visuals¹³

- Use readable, consistent typeface. Do not mix more than two typefaces. Use a font of at least 20 pitch.
- Using color can increase attention, but use it consistently and for emphasis. Use the same background for each slide, unless there is a logical reason to change. Light words on a dark background are easiest to read.
- Be consistent in some aspect of the format. Use similar headings for all visuals and use parallel structure (e.g. begin all phrases with a verb).

¹¹ Nilson, L. B. (2003). *Teaching At Its Best: A Research-based Resource for College Instructors* (p. 10). Bolton, MA: Anker Publishing Company.

¹² Adapted from: Nilson, L. B. (2003). *Teaching At Its Best: A Research-based Resource for College Instructors* (pp. 49-59). Bolton, MA: Anker Publishing Company.

¹³ Adapted from: Ervin, N. E. (2002). *Advanced Community Health Nursing Practice* (p. 449). Upper Saddle River, NJ: Prentice Hall.

- Vary the look of the visuals. Wherever possible, use pictures and charts and alternate them with text.
- Do not just read the slides. Use them as an outline and fill in the details with your lecture. Maintain eye contact with the audience rather than staring at the slides.

Preventing or Managing Disruptions

“Unless you’re a truly charismatic speaker, you’re inviting disruptions if you lecture beyond 10 to 15 minutes at a time.”¹⁴ Varying activities as discussed above will keep participants interested and engaged in learning. There are other techniques that can be used to minimize distractions during the presentation:

- Ask participants to turn off or silence pagers, cell phones and laptops.
- If participants are talking or engaging in other distracting behaviors during the presentation, a long pause and eye contact may help them recognize they are interrupting.
- If this does not help, walking near them while continuing to speak may be more effective.
- If participants continue to be disruptive, the instructor should speak to them privately, emphasizing that the material provided in the lecture is essential to their practice. The instructor should also point out that disruptive behavior interferes with other class participants who are trying to absorb the information being presented.
- Participants who dominate the discussion by rambling off the subject may need to be politely interrupted. The instructor can then steer the discussion back in the appropriate direction.
- If participants frequently interrupt the presentation with questions or personal stories, the instructor should offer to meet with them at the break or after class so the scheduled timeframe can be maintained. This is also helpful if the participants try to engage in argumentative or critical exchanges.¹⁵

¹⁴ Nilson, L. B. (2003). *Teaching At Its Best: A Research-based Resource for College Instructors* (p. 60). Bolton, MA: Anker Publishing Company.

¹⁵ Adapted from: Nilson, L. B. (2003). *Teaching At Its Best: A Research-based Resource for College Instructors* (pp. 60-64). Bolton, MA: Anker Publishing Company.

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Chapter 2.

Training Program

Part 1. Introduce Course

I. Introduction

- A. Whenever possible, medication should be administered at home, before and after school. However, there are cases where a student's health could be compromised by not receiving medication during school hours.
- B. Unlicensed school personnel who are expected to assist students receiving medication at school must have training regarding state and local school division policies and procedures for administering medication.
- C. A registered professional school nurse must train unlicensed school personnel to administer medication at school. The following training program meets the requirements of the *Code of Virginia* §54.1-3408 for administering medication in Virginia public schools.

II. Purpose

The purpose of this course is to teach basic knowledge and skills for administering medication at school.

III. Goals

The goals of this course are:

- A. Safe and accurate administration of selected medication.
- B. Accurate and appropriate documentation of medication administered.
- C. Safe and appropriate storage of medication at school.

IV. Learning Objectives

At the completion of this course, participants will be able to:

- A. Locate federal and state laws that authorize medication possession and administration to students by unlicensed assistive personnel.

- B. Describe the general pharmaceutical principles of drugs and define related terms.
- C. Demonstrate how to maintain aseptic conditions involved in medication administration, including implementing standard (universal) precautions and correct hand-washing techniques.
- D. Describe the general procedures for administering medication that would normally be self-administered.
- E. Demonstrate the following route-specific medication administration procedures.
 - 1. Oral, including enzyme replacement
 - 2. Eye, including drops and ointment
 - 3. Ear
 - 4. Nose, including drops and sprays
 - 5. Inhaled
 - 6. Skin
 - 7. Rectal
 - 8. Insulin and glucagons
 - 9. Epi-pens®
- F. List, define, record, and report the “five rights” of medication administration.
 - 1. **Right Student**
 - 2. **Right Time**
 - 3. **Right Medication**
 - 4. **Right Dose**
 - 5. **Right Route**
- G. Demonstrate appropriate actions if unusual circumstances occur following medication administration, including emergency protocols for medication-related reactions.
- H. Follow appropriate documentation procedures (the “sixth” right).

- I. Describe procedure to follow if an error or omission of medication administration occurs.
- J. Describe how to safely store medication, including container, temperature, and storage locations.
- K. Describe proper procedure for disposal of medication.

Part 2. Conduct Pre-Test

- I. See "Medication Administration Test: Administering Medication to Students in Virginia Public Schools" in Appendix A.¹⁶
- II. See "Test Key" in Appendix A.

¹⁶ Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide*. Des Moines, Iowa: Author.

Part 3. Review Authorizations

The Virginia General Assembly in its 2000 legislative session amended the Drug Control Act of the *Code of Virginia* to require school boards to provide training to school personnel designated to administer medication during school hours. The following sections of the Code, references, guidelines, and local policies and procedures should be consulted when developing local training programs.

I. Code of Virginia

- A. Drug Control Act §54.1-3408. (Excerpt: See Appendix B.)
- B. Assisting Students Diagnosed with Diabetes at School §§8.01-225, A.9, 22.1-274: D, E, 54.1-2901:26 54.1-3001:9, 54.1-3005:14, 54.1-3408. (Excerpts: See Appendix B)
- C. Possession and Self-Administration of Inhaled Medication by Students Diagnosed with Asthma §§22.1-274.2, 8.01-226.5:1. (Excerpts: See Appendix B.)

Note: The 2005 General Assembly amended §§22.1-274.2, 8.01-226.5:1 to include self-injected epinephrine to those medications that public school students diagnosed with asthma or anaphylaxis, or both, may self-administer under certain conditions.

II. Guidelines and Policies: Virginia Department of Education and Virginia Department of Health

A. Recommended Guidelines

- 1. *Guidelines for Specialized Health Care Procedures*¹⁷
Online: <http://www.pen.k12.va.us/VDOE/Instruction/Health/home.htm>
- 2. *Virginia School Health Guidelines*¹⁸
Online: <http://www.pen.k12.va.us/VDOE/Instruction/Health/home.htm>
- 3. *First Aid Guide for School Emergencies*¹⁹
Online: <http://www.pen.k12.va.us/VDOE/Instruction/Health/home.htm>

¹⁷ Southall, V. H. (2004). *Guidelines for Specialized Health Care Procedures*. Richmond, Va.: Virginia Department of Health.

¹⁸ Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines*. Richmond, Va.: Virginia Department of Health.

¹⁹ Pollack, C. (Ed.) with Cifaloglio, C., Elwood, L., Enoch, J. P., and Fitzpatrick, S. (2003). *First Aid Guide for School Emergencies*. Richmond, Va.: Virginia Department of Health

4. *Manual for Training Public School Employees in the Administration of Insulin and Glucagon*²⁰
Online: <http://www.pen.k12.va.us/VDOE/Instruction/Health/home.htm>

B. School Division Policy

1. Policies and procedures for the administration of medication in Virginia schools vary from one school division to another.
2. Local school divisions are advised to have policies and procedures reviewed by legal counsel.

²⁰ Virginia Department of Education (2005). *Manual for Training Public School Employees in the Administration of Insulin and Glucagon*. Richmond, Va.: Author.

Part 4. Explain Medical Terminology and Abbreviations

I. Common Medical Abbreviations²¹

- A. It is recommended that persons who administer medication have their own copy of appropriate abbreviations for reference.
- B. Abbreviations in common use can vary widely from place to place. Each institution's list of acceptable abbreviations is the best authority for its records.

<u>Abbreviations</u>	<u>Medical Term</u>
a-----	before
ac-----	before meals
AED-----	automated external defibrillator
bid, b.i.d.-----	twice a day
BM-----	bowel movement
BP-----	blood pressure
c-----	with
cath.-----	catheter
cc-----	cubic centimeter
CHO-----	carbohydrate
cm-----	centimeter
d-----	day
dc, DC, D/C-----	discontinue
dil-----	dilute
DNR-----	do not resuscitate
DOB-----	date of birth
dr-----	dram
Dx-----	diagnosis
ED-----	emergency department
ENT-----	ear, nose, throat
ER-----	emergency room (hospital)
F-----	Fahrenheit
FH, Fhx-----	family history
FL, fld-----	fluid
ft-----	foot
fx-----	fracture

²¹ Adapted from: Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (pp. 1868-1872). St. Louis, Mo.: Mosby, Inc.

GI	gastrointestinal (related to stomach/intestines)
Gm; g; gm	gram
gr	grain
gt	drop
gtt	drops (plural)
H & P	history and physical
Hb; Hgb	hemoglobin
HCT	hematocrit
HEENT	head, eye, ear, nose, and throat
h/o	history of
H ₂ O	water
HR	heart rate
HTN	hypertension
hx, Hx	history
i	one (1)
I & O	intake and output
IDDM	insulin-dependent diabetes mellitus
IM	intramuscular
inj	injection
IV	intravenous
Kg	kilogram
km	kilometer
lab	laboratory
lat.	lateral
lb	pound
LLE	left lower extremity (leg)
LMP	last menstrual period
LOC	level/loss of consciousness
LUE	left upper extremity (arm)
m	meter
mcg	microgram
MDI	medium dose inhalants; metered-dose inhaler
MEq	milliequivalent
mg	milligram
μEq	microequivalent
mEq/L	milliequivalent per liter
ml	milliliter
N/A	not applicable
N & V, N/V	nausea and vomiting
NG, ng	nasogastric

NIDDM----- non-insulin-dependent diabetes mellitus
 NKA----- no known allergies
 N.O. ----- nursing order
 NPO; n.p.o. ----- nothing by mouth
 NS ----- normal saline

O₂ ----- oxygen; both eyes
 OB----- obstetrics
 OD----- right eye; optical density; overdose
 OS ----- left eye
 OT ----- occupational therapy
 OTC ----- over-the-counter (a drug that can be obtained without a prescription)
 OU----- each eye
 oz ----- ounce

P----- pulse; pupil; phosphorus
 p----- after
 pc-----after meals
 PE----- physical examination
 Pharm; Phar.----- pharmacy
 PMH----- past medical history
 PO; p.o. ----- orally
 PRN, p.r.n.----- as required
 PT----- physical therapy
 pt----- pint; patient

q----- every
 qd-----every day
 q.i.d. ----- four times a day
 q.o.d. ----- every other day
 qt----- quart

R ----- respiration; right; roentgen
 R_x ----- take; prescription; treatment
 RE ----- right eye
 RLE----- right lower extremity (leg)
 R/O ----- rule out
 ROM ----- range of motion, right otitis media
 ROS ----- review of symptoms
 R/T----- related to
 RUE ----- right upper extremity (arm)

s ----- without
 SLP ----- speech-language pathology
 SOB ----- shortness of breath
 sol----- solution, dissolved

s/s -----	signs and symptoms
stat -----	immediately
STD -----	sexually transmitted disease
Sx -----	signs or symptoms
T -----	temperature; thoracic
t -----	temporal
Tab -----	tablet
TPR -----	temperature, pulse, and respiration
t.i.d. -----	three times a day
Tx -----	treatment
URI -----	upper respiratory infection (cold, etc.)
UTI -----	urinary tract infection
VA -----	visual acuity
vol -----	volume
VS, v.s. -----	vital signs
WD -----	well developed
WBC; wbc -----	white blood cell; white blood count
Wnl -----	within normal limits
y, yr -----	year
yo -----	years old

II. Common Abbreviations Used in Writing Prescriptions²²

<u>Abbreviations</u>	<u>Medical Term</u>
a.c. -----	before meals
ad lib -----	freely, as desired
agit. ante -----	shake before taking
alt. hor. -----	alternate hours
aq. -----	water
aq. dest. -----	distilled water
b.i.d. -----	two times a day
c. -----	with
Cap. -----	let him take
Caps. -----	capsule
Comp. -----	compound
Dieb. tert. -----	every third day

²² Adapted from: Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1873). St. Louis, Mo.: Mosby, Inc.

dil.	-----	dilute
elix.	-----	elixir (a clear liquid containing water, alcohol, sweeteners, or flavors, used primarily as a vehicle for the oral administration of a drug ²³)
ext.	-----	extract
fld.	-----	fluid
g	-----	gram
gr	-----	grain
gt	-----	a drop
gtt	-----	drops (plural)
h.	-----	hour
h.d.	-----	at bedtime
h.s.	-----	hour of sleep (bedtime)
IM	-----	intramuscular
IV	-----	intravenous
o.d.	-----	every day o.h.-
	-----	every hour o.m. ----
	-----	every morning o.n. ----
	-----	every night
os	-----	mouth
oz	-----	ounce
p.c.	-----	after meals
per	-----	through or by
pil.	-----	pill
p.o.	-----	orally
p.r.n.	-----	when required
q	-----	every
q.d.	-----	every day
q.h.	-----	every hour
q. 2 h.	-----	every two hours
q. 3 h.	-----	every three hours
q. 4 h.	-----	every four hours
q.i.d.	-----	four times a day
R _x	-----	take; prescription; treatment
Rep.	-----	let it be repeated

²³ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 585). St. Louis, Mo.: Mosby, Inc.

s ----- without
sl-----sublingual
s.o.s. ----- if necessary
sp. ----- spirits
sq or sc-----subcutaneously
ss ----- a half
stat. ----- immediately
syr.----- Syrup

t.i.d. ----- to be taken three times daily
tr. or tinct.----- tincture

ung. ----- ointment
ut. dict. ----- as directed

III. Table of Equivalents²⁴

Metric System Equivalents

Metric Weight

1 kilogram	=	1,000 grams (g or gm)
1 gram	=	1,000 milligrams (mg)
1 milligram	=	1,000 micrograms (µg or mcg)

Metric Volume

1 liter (l or L)	=	1,000 milliliters (ml)
1 milliliter	=	1,000 microliters (µl)

Household

Metric

1 teaspoon (tsp.)	=	5 ml*
1 tablespoon (T or tbs.)	=	15 ml
2 tablespoons	=	30 ml
1 ounce (oz)	=	30 ml
1 measuring cupful	=	240 ml
1 pint (pt)	=	473 ml
1 quart (qt)	=	946 ml
1 gallon (gal)	=	3,785 ml

*1 ml = 1 cubic centimeter (cc); however, ml is the preferred measurement term today.

Temperature Conversions

To convert centigrade or Celsius degrees to Fahrenheit degrees:

Multiply the number of centigrade degrees by 9/5 and add 32 to the result.

To convert Fahrenheit degrees to centigrade degrees:

Subtract 32 from the number of Fahrenheit degrees and multiply the difference by 5/9.

Fahrenheit Degrees	Centigrade Degrees
104.0	40.0
103.0	39.4
102.0	38.9
101.0	38.3
100.0	37.8
99.0	37.2
98.6	37.0
98.0	36.7

Weight Conversions

1 oz	=	30 g
1 lb.	=	453.6 g
2.2 lb.	=	2.2 lb. = 1 kg

Note: Milliliters are fluid (liquid)

1 tablespoon	=	½ fluid oz
2 tablespoons	=	1 fluid oz
30 ml	=	1 fluid oz

Note: Milligrams and grams are solids

30 g	=	1 oz
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²⁴ Nursing2001 Books™ (2001). *Nursing 2001 Drug Handbook*. Springhouse, Pa.:Springhouse Corporation.

Part 5. Present an Overview of Medication

I. Definition

Medications or drugs are substances used to prevent, diagnose, cure, or relieve signs and symptoms of disease.²⁵

II. Sources

- A. Plant
- B. Animal
- C. Mineral
- D. Synthetic (chemical).

III. Action²⁶

- A. Local: Act mainly at site of application.
- B. Systemic: Absorbed into the bloodstream and circulated to various parts of the body.
- C. Variables That Affect Actions
 - 1. Dose
 - 2. Route of administration
 - 3. Drug-diet interactions
 - 4. Drug-drug interactions
 - 5. Age
 - 6. Body weight
 - 7. Sex
 - 8. Pathological conditions

²⁵ Smith, S.F., Duell, D.J., and Martin, B.C. (2004). *Clinical Nursing Skills: Basic to Advanced Skills*, (p. 517). Upper Saddle River, NJ: Pearson Education.

²⁶ Moreau, D. (Ed.). (2003). *Medication Administration Made Incredibly Easy*, (pp. 12-29). Philadelphia: Lippincott Williams & Wilkins.

9. Psychological considerations
10. Adverse effects—all medicines are capable of producing undesired responses from rare, mild, and localized, to widespread, severe, and life threatening, depending on the medicine and the person receiving it.

IV. System of Naming

Drugs are classified and grouped according to the effect they have on a particular body system, their therapeutic use and chemical characteristics.²⁷

A. Generic

1. Simpler version of the drug's chemical or official name.
2. Brand or trade name: designated and patented by the manufacturer.

B. Sources of Medication Information

1. Pharmacology textbooks
2. Drug reference books
3. Internet medication Web sites
4. PDA (personal digital assistant) software
5. Journal articles

C. Classification of Drugs

1. Prescription

- a. "Prescription drug" means any drug required by federal law or regulation to be dispensed only pursuant to a prescription, including finished dosage forms and active ingredients subject to § 503 (b) of the federal Food, Drug, and Cosmetic Act.²⁸
- b. "Controlled substance" means a drug, substance, or immediate precursor in Schedules I through VI of the Code of Virginia, Drug Control Act (§ [54.1-3400](#). Citation). The term does not include distilled spirits, wine, malt

²⁷ Moreau, D. (Ed.). (2003). *Medication Administration Made Incredibly Easy*, pp. 3-4. Philadelphia: Lippincott Williams & Wilkins.

²⁸ *Code of Virginia*, § 54.1-3401. Definitions

beverages, or tobacco as those terms are defined or used in Title 3.1 or Title 4.1.²⁹

2. Over the Counter (OTC)

Drugs that are available to a consumer without a prescription³⁰ (e.g., first aid creams, analgesics and antacids.)

D. Schedules I through VI of the *Code of Virginia*, Drug Control Act

1. Six schedules, or listings, of drugs and drug products fall under the jurisdiction of the Controlled Substances Act. Some examples are listed below. Listings are subject to change.
2. For a complete list refer to the *Code of Virginia*, Drug Control Act, contact the Drug Enforcement Administration, or contact a licensed pharmacist. Lists are also available on the Web at <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-3400>
3. Controlled substances must be kept in a locked container and the drug amount is documented when received, when it is administered, and when it is disposed.
4. Schedules
 - a. Schedule I.
 - (1) The substance has high potential for abuse; and has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision³¹ (e.g., heroin, marijuana, LSD, MSMA, peyote, mescaline).
 - (2) See *Code of Virginia*, § [54.1-3445](#). Placement of substance in Schedule I.
 - (3) See *Code of Virginia*, § [54.1-3446](#). Schedule I.
 - b. Schedule II.
 - (1) The substance has high potential for abuse; the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and the abuse of the

²⁹ *Code of Virginia*, § 54.1-3401. Definitions

³⁰ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (pp. 1868-1872). St. Louis, Mo.: Mosby, Inc.

³¹ *Code of Virginia*, § [54.1-3445](#). Placement of substance in Schedule I.

substance may lead to severe psychic or physical dependence³² (e.g., (opium, codeine, Doriden, Demerol, Percodan, Dexedrine, Ritalin).

(2) See *Code of Virginia*, § [54.1-3447](#). Placement of substance in Schedule II.

(3) See *Code of Virginia*, § [54.1-3448](#). Schedule II.

c. Schedule III.

(1) The substance has a potential for abuse less than the substances listed in Schedules I and II; the substance has currently accepted medical use in treatment in the United States; and abuse of the substance may lead to moderate or low physical dependence or high psychological dependence (e.g. certain barbiturates, stimulants and anabolic steroids).³³

(2) See *Code of Virginia*, § [54.1-3449](#). Placement of substance in Schedule III.

(3) See *Code of Virginia*, § [54.1-3450](#). Schedule III.

d. Schedule IV.

(1) The substance has a low potential for abuse relative to substances in Schedule III; the substance has currently accepted medical use in treatment in the United States; and abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III³⁴ (e.g., Phenobarbital, Placidyl, Librium, Valium, Tranxene, Darvon, and Talwin-NX).

(2) See *Code of Virginia*, § [54.1-3451](#). Placement of substance in Schedule IV.

(3) See *Code of Virginia*, § [54.1-3452](#). Schedule IV.

e. Schedule V.

(1) The substance has low potential for abuse relative to the controlled substances listed in Schedule IV; the substance has currently accepted medical use in treatment in the United States; and the substance has limited physical dependence or psychological dependence liability

³² Code of Virginia, § [54.1-3447](#). Placement of substance in Schedule II.

³³ Code of Virginia, § [54.1-3449](#). Placement of substance in Schedule III.

³⁴ Code of Virginia, § [54.1-3451](#). Placement of substance in Schedule IV.

relative to the controlled substances listed in Schedule IV³⁵ (e.g., Buprenorphine).

- (2) See *Code of Virginia*, § [54.1-3453](#). Placement of substance in Schedule V.
- (3) See *Code of Virginia* § [54.1-3454](#). Schedule V.

f. Schedule VI.

- (1) Any compound, mixture, or preparation containing any stimulant or depressant drug exempted from Schedules III, IV or V and designated by the [Virginia] Board [of Pharmacy] as subject to this section; every drug, not included in Schedules I, II, III, IV or V, or device, which because of its toxicity or other potentiality for harmful effect, or the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts qualified by scientific training and experience to evaluate its safety and efficacy as safe for use except by or under the supervision of a practitioner licensed to prescribe or administer such drug or device; any drug, not included in Schedules I, II, III, IV or V, required by federal law to bear on its label prior to dispensing, at a minimum, the symbol "Rx only," or which bears the legend "Caution: Federal Law Prohibits Dispensing Without Prescription" or "Caution: Federal Law Restricts This Drug To Use By Or On The Order Of A Veterinarian" or any device which bears the legend "Caution: Federal Law Restricts This Device To Sales By Or On The Order Of A _____." (The blank should be completed with the word "Physician," "Dentist," "Veterinarian," or with the professional designation of any other practitioner licensed to use or order such device.)³⁶
- (2) See *Code of Virginia*, § [54.1-3455](#). Schedule VI.

³⁵ *Code of Virginia*, § [54.1-3453](#). Placement of substance in Schedule V.

³⁶ *Code of Virginia*, § [54.1-3455](#). Schedule VI.

Part 6. Define and Describe Medication Terms

<u>Term</u>	<u>Definition and Description</u>
Authorization	Medication instructions by the licensed prescriber and parent consent for the administration of medication.
Administration	<p>Assisting a student in the ingestion, application, inhalation, injection, insertion, or self-management of medication according to the directions of the legal prescriber and/or the parents.³⁷ A legal prescriber, the prescriber's agent, and persons who have successfully completed a medication administration course reviewed by the Board of Pharmacy Examiners may administer medications.</p> <p><i>Code of Virginia:</i> "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by (i) a practitioner or by his authorized agent and under his direction or (ii) the patient or research subject at the direction and in the presence of the practitioner.³⁸</p>
Delegation	<p>The process of assigning tasks to a properly trained and capable individual. Effective delegation includes the following guidelines:</p> <p>The defined task is clear and the related authority specified. The task demands do not exceed the individual's job description or abilities. The method of supervision is established in advance.</p> <p>Virginia Board of Nursing: "<i>Delegation</i>" means the authorization by a registered nurse to an unlicensed person to perform selected nursing tasks and procedures in accordance with 18 VAC 90-20-420 et. seq.³⁹</p>

³⁷ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 607). North Branch, MN: Sunrise River Press.

³⁸ *Code of Virginia*, § [54.1-3401](#). Definitions.

³⁹ *Code of Virginia: Regulations Governing the Practice of Nursing* (2004) [18 VAC 90-20-420](#). Definitions.

Dispense Preparation of a prescription drug by a pharmacist, physician, dentist, podiatrist, or other person licensed to distribute prescription medication. Dispensing generally involves placing medication in a container, labeling it with instructions given by the prescriber, and delivering it to a person for later use (see definitions of medication administration and legal prescriber for comparison).⁴⁰

Code of Virginia: "Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery."⁴¹

Individualized Healthcare Plan "A plan of action to be used by the school nurse and other members of the school team, as appropriate, to meet the actual and potential health care needs of a student during the school day. The plan is written after completion of the nursing assessment and includes written directions for managing student health needs and adaptations for enhancing the student's independent functioning."⁴² A nursing assessment is only preformed by the registered nurse.

Legal Prescriber The only legal prescribers of human prescription medications in Virginia are physicians, dentists, osteopathic physicians, podiatrists, licensed physician assistants, licensed nurse practitioners with prescriptive authority, and TPA-certified optometrists.

Code of Virginia: "Prescriber" means a practitioner who is authorized pursuant to §§ [54.1-3303](#) and [54.1-3408](#) to issue a prescription.⁴³

Long-Term Medication Preparations utilized for the treatment of chronic illness, including both daily and as needed (p.r.n.) medications.

⁴⁰ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 611). North Branch, MN: Sunrise River Press.

⁴¹ *Code of Virginia*, § [54.1-3401](#). Definitions.

⁴² Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 615). North Branch, MN: Sunrise River Press.

⁴³ *Code of Virginia*, § [54.1-3401](#). Definitions.

Medication	Prescription and nonprescription substances or preparations, prepared for internal or external use, that are intended to cure, treat or prevent disease or symptoms of illness. ⁴⁴
Monitoring	Reminding the student to take medication, visual observation of the student to ensure compliance, recording medicine administration, and notifying the parent and legal prescriber of any side effects, missed doses, or refusal to take the medicine.
Non-Prescription Medication	Over-the-counter preparations obtained without a prescription.
Pharmacology	The science of drug properties, reactions, and therapeutics.
Policy	A standing plan that provides general guidelines for decision-making.
Prescription	<p>An order for medication, therapy, or therapeutic device given by a properly authorized person to a person properly authorized to dispense or perform the order. A prescription is usually in written form and includes the patient's name and address, the date, the R_x symbol (superscription), the medication prescribed (inscription), directions to the pharmacist or other dispenser (subscription), directions to the patient that must appear on the label, prescriber's signature, and in some instances, an identifying number.⁴⁵</p> <p><i>Code of Virginia:</i> "Prescription" means an order for drugs or medical supplies, written or signed or transmitted by word of mouth, telephone, telegraph or other means of communication to a pharmacist by a duly licensed physician, dentist, veterinarian or other practitioner, authorized by law to prescribe and administer such drugs or medical supplies."⁴⁶</p>
Qualified Designated Personnel	School employee who has successfully completed a medication administration course and receives periodic updates.
Registered Professional School Nurse	A registered nurse, licensed to practice professional nursing by the state's board of nursing and employed in the school setting. Titles vary according to education and include school nurse, professional registered school nurse, school nurse specialist, certified school nurse, and school nurse practitioner.

⁴⁴ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 611). North Branch, MN: Sunrise River Press.

⁴⁵ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1397). St. Louis, Mo.: Mosby, Inc.

⁴⁶ *Code of Virginia*, § [54.1-3401](#). Definitions.

Code of Virginia:

"Professional nurse," "registered nurse" or "registered professional nurse" means a person who is licensed under the provisions of this chapter to practice professional nursing as defined in this section. Such a licensee shall be empowered to provide professional services without compensation, to promote health and to teach health to individuals and groups. The abbreviation "R.N." shall stand for such terms.

"Professional nursing," "registered nursing" or "registered professional nursing" means the performance for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; in the delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined by the Board; or in the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered professional nursing require specialized education, judgment, and skill based upon knowledge and application of principles from the biological, physical, social, behavioral and nursing sciences.⁴⁷

Route of Administration

Any one of the body systems in which a drug may be administered, such as intradermally, intrathecally, intramuscularly, intranasally, intravenously, orally, rectally, subcutaneously, sublingually, topically, or vaginally. Some medications can be given by only one route because absorption or maximum effectiveness occurs by that route only or because the specific substance is toxic or damaging when given by another route.⁴⁸

Self-Administration

The student is allowed to administer his/her own medications after the physician, parents and school nurse have determined the student is capable of doing so safely and accurately. The student is usually allowed to carry the medication during school and only seeks assistance from school personnel if problems arise. Generally, this does not apply to controlled drugs.⁴⁹

Standing Orders

Written protocol for using a medication applying to the general

⁴⁷ *Code of Virginia*, § [54.1-3000](#). Definitions.

⁴⁸ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1522). St. Louis, Mo.: Mosby, Inc.

⁴⁹ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 621). North Branch, MN: Sunrise River Press.

use of that medication, as opposed to an order for a medication written for a specific individual (e.g., adrenaline in anaphylaxis or ipecac in certain poisoning).⁵⁰

Student

Virginia: Individual from birth through the age of 22.

Supervision

The method of monitoring, coaching, overseeing, and evaluating performance of various nursing activities by unlicensed personnel or a licensed practical nurse. Levels include:

General supervision: the registered professional nurse is available to give instructions by phone, as well as to provide observation and evaluation of performance, but is not necessarily present on-site at all times.

“Direct supervision requires the delegating registered nurse to be on-site, physically present, and immediately available to coordinate, direct, inspect, and evaluate the performance of the delegate.”⁵¹

Virginia Board of Nursing: “*Supervision*” means guidance or direction of a delegated nursing task or procedure by a qualified, registered nurse who provides periodic observation and evaluation of the performance of the task and who is accessible to the unlicensed person.⁵²

⁵⁰ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 622). North Branch, MN: Sunrise River Press.

⁵¹ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (pp. 622-623). North Branch, MN: Sunrise River Press.

⁵² *Code of Virginia: Regulations Governing the Practice of Nursing* (2004), [18 VAC 90-20-420](#). Definitions.

Part 7. Explain How to Maintain Aseptic Techniques

I. Implementing Standard (Universal) Precautions

See Appendix C.⁵³

II. Handwashing

These guidelines are based on the recommendations of the Centers for Disease Control and Prevention.⁵⁴

A. Purpose

Good hand washing is the single most important procedure to prevent the spread of infection,

B. Overview

1. Handwashing should include vigorous rubbing together of all surfaces of soap-lathered hands for at least 15 seconds, followed by thorough rinsing under a stream of water.
2. If there is visible soil or blood or body fluids on the hands, washing with an antibacterial soap is preferred over use of waterless hand sanitizers.
3. The lathering action of plain soap and water removes germs by lifting them from the skin so they can be rinsed away. Antibacterial soaps combine this lathering action with the ability to kill germs.
4. There is currently no evidence to support any connection between bacterial resistance and the use of antibacterial soaps.
5. Waterless hand sanitizers or gels use high concentrations of alcohol to kill germs, rather than removing them from the skin. If hands are not visibly soiled, alcohol-based sanitizers are highly effective at killing many types of germs and preventing the spread of disease.
6. Hand sanitizers can be particularly useful in situations where water is not readily available, such as field trips. These products do not kill some microorganisms, so

⁵³ Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (pp.573-582). Richmond, Va.: Virginia Department of Health.

⁵⁴ Centers for Disease Control and Prevention (2002). *Guidelines for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force*. In MMWR 51(RR-16). Atlanta, GA: U.S. Department of Health and Human Services. Retrieved April 30, 2002 from <http://www.cdc.gov/mmwr>

it is best to check with the specific product manufacturer or local health department before using waterless hand cleaners during disease outbreaks.

7. School personnel who have direct contact with students should always wash their hands:
 - a. Before, after, and occasionally during, care of any student.
 - b. After handling any contaminated (dirty) equipment
 - c. After contact with any bodily fluid.
 - d. Before eating.
 - e. After going to the bathroom.

C. Objectives of Handwashing

1. To remove disease-causing organisms from the hands.
2. To prevent the spread of microorganisms to students.
3. To prevent the spread of microorganisms to personnel.

D. Equipment

1. Soap
2. Running warm water
3. Paper towels
4. Alcohol-based hand sanitizer or gel, with concentration of at least 60% alcohol is a good alternative for disinfecting hands when they are not visibly soiled or when soap and water are not readily available.

E. Procedure

Steps

1. Wet hands with warm, running water.
2. Apply soap and water.

Important Points

Warm water, combined with soap, makes better suds. Hot water removes protective oils.

Liquid soap is preferred. The dispenser is replaced or cleaned and filled with fresh soap when empty. Bar soap is kept on a rack allowing drainage of water.

- | | |
|--|--|
| 3. Wash hands, vigorously rubbing together all surfaces of lathered hands—for at least 10 seconds. | Include front and back, between fingers and knuckles, around and under nails, and wrist area. Avoid harsh scrubbing. If hands are visibly soiled, more time is required. |
| 4. Wash hands, vigorously rubbing together all surfaces of lathered hands—for at least 10 seconds. | Include front and back, between fingers and knuckles, around and under nails, and wrist area. Avoid harsh scrubbing. If hands are visibly soiled, more time is required. |
| 5. Rinse hands well under running water. | Soaps and running water allow most microorganisms to be washed off. Leave water running. |
| 6. Dry thoroughly. | Dry gently to avoid chapping. |
| 7. Turn off water with towel. | Prevent organism transfer from faucet handle to clean hands. |
| 8. Discard towel in trash receptacle | Prevents spread of contamination. |
| 9. When using hand sanitizers apply product to cover entire surface of hands and fingers and allow to dry completely | Product must remain on the hands until dry in order to effectively kill germs. |

III. Employee Precautions

See *Virginia School Health Guidelines*.⁵⁵

⁵⁵ Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (pp.573-582). Richmond, Va.: Virginia Department of Health.

Part 8. Describe What Must Be Addressed Prior to Administering Medication

I. Designated Responsibilities

- A. If a school nurse is present in the school on a daily basis, he or she should be responsible for administering medication to students.

Note regarding insulin and glucagon administration: According to the *Code of Virginia*, § 22.1-274, E:

When a registered nurse, nurse practitioner, physician or physician assistant is present, no employee who is not a registered nurse, nurse practitioner, physician or physician assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and parental consent shall be obtained for any employee who is not a registered nurse, nurse practitioner, physician or physician assistant to assist with the administration of insulin and administer glucagon.⁵⁶

- B. If the school nurse is not available on a daily basis, then the principal should assume the responsibility for designating school staff to administer medications to students.
- C. If someone other than the school nurse is to give the medication, the registered professional school nurse must provide training in the administration of medication to that designated person. Prior to giving the first dose of any medication at school, the school nurse, principal, or principal's designee must review the medication authorization, parental consent, and the medication label.
- D. While the principal bears responsibility for designating school staff to administer medications, "...the school nurse has the educational background, knowledge, and licensure that provide the unique qualifications to direct the administration of medications in the school setting."⁵⁷ Therefore, school nurses should provide ongoing training and feedback to school staff administering medications in his or her absence. Concerns about the abilities of school staff to safely administer medications and failure to follow school board policies should be reported to the school health supervisor and/or principal immediately.
- E. The following list summarizes parental responsibilities for medication administration at school.

⁵⁶ The Code of Virginia, § 22.1-274. School health services

⁵⁷ National Association of School Nurses (2003). *Position Statement: Medication Administration in the School Setting*. Retrieved March 28, 2005, from <http://www.nasn.org/positions/2003psmedication.htm>.

1. Parents are responsible for providing any medications needed by students during the school day.
2. Parents are also responsible for providing any equipment needed to administer medications or provide care for medically fragile students in school, such as syringes, supplemental formulas, gastrostomy tubes, etc.⁵⁸
3. If possible, parents should schedule medication to be given before and after school.
4. Always give the first dose of the medication at home.
5. If school is delayed or closed early, such as for inclement weather, the parent should communicate with designated school staff to be sure the student does not miss or take additional doses of scheduled medication.
6. Parents must bring prescribed medication to school in the correctly labeled pharmacy container.
7. Parents must bring over-the-counter medication to school in the original, unopened container, labeled with the student's name. (Some school divisions require a physician's prescription for over-the-counter medication.)
8. Parents must provide the school with completed medication authorization/parental consent.
9. Parents must provide prescription medication to school in a timely manner when school staff have indicated that medication needs refill. If the medication has been discontinued, the parent should provide written notice to the school from the physician.
10. Parents must provide the school with a new authorization and correctly labeled bottle whenever the physician changes the medication dosage. School staff can only accept changes in orders from legally authorized prescribers, unless the parent wishes to completely discontinue the medication.
11. Parents should collect medication no later than the last day of school. Medication will be destroyed the last day the nurse is in the health office.
12. Parents should collect medication that has been discontinued. Expired or discontinued medication cannot be held at the school and will be destroyed.

⁵⁸ American Academy of Pediatrics Committee on School Health (2003). *Policy Statement: Guidelines for the Administration of Medication in School*. Reprinted in *The Journal of School Nursing* 20, 65-68.

II. First Dose

The first dose of a new medication should always be given at home.

III. Prior to Administering Medication

Items that should be addressed prior to administering any prescription medications:⁵⁹

A. Medication Authorization

1. The use of all prescriptive medication must be authorized in writing by a licensed prescriber, which includes physicians, dentists, physician assistants, and licensed nurse practitioners. Medication orders or changes in medication orders should never be accepted from parents or others who are not licensed to prescribe in Virginia.⁶⁰ The written authorization should include the following information:
 - a. Student's name.
 - b. Licensed prescriber's name, telephone number, and signature.
 - c. Date prescription written.
 - d. Name of the medication.
 - e. Dosage to be administered.
 - f. Route of administration.
 - g. Time of day to be given.
 - h. Frequency of administration and whether it can be repeated.
 - i. Anticipated length of treatment.
 - j. Diagnosis or reason the medication is needed (unless reason should remain confidential).
 - k. Serious reactions that the student might experience.
 - l. Any serious reactions that may occur if the medication is not administered.
 - m. Special handling instructions.

⁵⁹ Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (pp.256-257). Richmond, Va.: Virginia Department of Health.

⁶⁰ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 217). North Branch, MN: Sunrise River Press.

2. Any changes in the original medication authorization require a new written authorization and a corresponding change in the prescription label.
 - a. Faxed authorizations may be acceptable as long as there is a signed parental consent for the same medication authorized by the fax.
 - b. Medication orders given over the telephone can lead to miscommunication. Such miscommunications can result in serious medication errors. Changes in medication via telephone should be taken only under extreme or urgent circumstances and only by a licensed registered nurse. Encourage the prescriber to send a faxed, written authorization instead.
 - c. Have the prescriber spell the drug name if it is unclear.
 - d. Repeat the information, and if possible, have a second party listen in to the call to verify the information received.
 - e. Repeat the information back to the prescriber to be sure it has been understood correctly.
 - f. The telephone authorization for changes in medication should be documented on the student's record and should be a one-time-order only.
 - g. A telephone authorization should be followed by a written order from the licensed prescriber within 24 hours.⁶¹

(The Virginia Board of Nursing does not have an opinion on how telephone orders should be handled in schools.)

3. Medication authorizations should be received on a standardized authorization form. However, authorizations on stationary or prescription pads from the licensed prescriber are acceptable if the parents/legal guardian sign and date the form/label and all the information listed in section (a) is provided to allow safe administration of the medication.
4. See example of a medication authorization/parental consent form in Appendix D.

⁶¹ Moreau, D. (Ed.). (2003). *Medication Administration Made Incredibly Easy*, p. 74. Philadelphia: Lippincott Williams & Wilkins.

B. Parental Consent⁶²

1. In addition to the licensed prescriber authorization for administering medication, parental consent must be obtained before a medication is given to a student. For each medication, the parental consent should include the following information.
 - a. Student's name.
 - b. Parent's name.
 - c. Parent's emergency and daytime phone numbers.
 - d. Statement of parental consent.
 - e. Date of consent.
 - f. Allergies.
 - g. Name of the medication (if not on licensed prescriber medication authorization form).
 - h. Reason for the medication (if not on licensed prescriber medication authorization form).
 - i. Duration of treatment (if not on licensed prescriber medication authorization form).
2. When a medication is administered for the entire school year, parental consent should be renewed yearly.
3. See example of a medication authorization/parental consent form in Appendix D.

C. Medication Labeling⁶³

1. The final item that should be addressed prior to administering medication is labeling.
 - a. The medication must be in its original container, whether it is a prescription or over-the-counter medication. This allows the staff administering medication to be sure he or she is giving the correct dose for the age or size of the student in the case of an over-the-counter medication.

⁶² Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health*

Guidelines (p. 257). Richmond, Va.: Virginia Department of Health.

Guidelines (p. 257). Richmond, Va.: Virginia Department of Health.

⁶³ Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health*

⁶¹ Moreau, D. (Ed.). (2003). *Medication Administration Made Incredibly Easy*, p. 74. Philadelphia: Lippincott Williams & Wilkins.

- b. Prescription medication should only be given to the student whose name is on the label. It cannot be shared among family members.
 - c. The pharmacist can be asked to divide the medication into two containers—one for home and one for school.
 2. The original container should be labeled with the following information.
 - a. Student's name.
 - b. Name of medication.
 - c. Directions for dosage.
 - d. Frequency to be administered.
 - e. Route of administration.
 - f. Licensed prescriber's name.
 - g. Date the prescription was filled.
 3. Medications in plastic bags or other non-original containers are not acceptable.

Note: **Change in Medication**—New licensed prescriber medication authorization and parental consent forms must be obtained when a medication order is changed, when new orders are received, when a student is returning to school after a prolonged absence or hospitalization, or when an order is discontinued and restarted.

IV. **Five Rights of Medication Administration**⁶⁴

The following safeguards should always be kept in mind when administering medications.

- A. **Right Student:** Properly identify the student.
- B. **Right Time:** Administer medication at the prescribed time. Call the student to the school health office if he or she does not come for medication at the designated time.
- C. **Right Medicine:** Administer the correct medication.
- D. **Right Dose:** Administer the right amount of medication.
- E. **Right Route:** See the prescribed method of medication administration.

V. Documentation of Medication

A. Record and report the following information each time medication is administered.

1. Student name
2. Time
3. Medication
4. Dose
5. Route
6. Date
7. Person administering medication
8. Any unusual observations and circumstances

B. Documentation is often referred to as the “Sixth Right.”⁶⁵

1. Document immediately after administering medications. If documentation is not completed, other staff could think the medication has not been given. This could result in administering additional, unnecessary doses and cause overdose of the student.
2. Documenting before administering the medication could cause staff to think something had been given when in fact it had not. This could result in missed doses of medications necessary for the student with a chronic disease to remain healthy and function appropriately in school.⁶⁶

VI. Responsibilities of Designated School Staff Administering Medication

A. All school staff must adhere to the medication policy of the school division and the laws of the state of Virginia.

B. The *Code of Virginia* prohibits school personnel from recommending the use of psychotropic medication from any student. While evaluation by medical practitioner may be recommended, staff must not advise the use of medications intended to alter the mental activity or state of the student (See [Appendix B](#)).

⁶⁵University of Colorado Health Sciences Center: School of Nursing (1996). *Assisting Children with Medications at School: A Guide for School Personnel [Videotape]*. Lawrence, KS: Learner Managed Designs.

⁶⁶Schwab, N. (Ed.) (2008). *Medication Administration in Schools: A Handbook for Principals, School Administrators, School Attorneys, School Nurses* (p. 207). North Branch, MN: Sunrise River Press.

C. Responsibilities Prior To and During Administration of Medications

1. Verify that an authorization form has been properly completed and signed by the parent and licensed prescriber.
2. Document receipt of medication, including the date and number of pills received (it is recommended that only 30 days of controlled medications be provided to the school by the parent).
3. Count controlled medication in the presence of the parent as soon as it is received. If the parent is not available, count medication with another staff member as witness.
4. Controlled drugs should also be counted daily by the staff member administering the medication and at least weekly with another staff member co-signing as a witness.⁶⁷
5. Document the medication count. The parent or staff member should verify the count by co-signing with the principal's designee.
6. Assure medication is properly labeled and matches the information provided on the authorization form.
7. Check the medication's expiration date prior to administering.
 - a. Never give medication after the expiration date or if it looks or smells unusual.
 - b. Some medications break down into toxic substances after they have expired.⁶⁸
8. If any question about the medication, contact the school nurse, licensed prescriber or parent before administering the medication.
9. Assist the student in taking medication.
10. Immediately record the exact time and date of medication administration on the student's individual medication log.
11. Maintain student privacy and confidentiality.
12. Maintain medication in a locked place, inaccessible to other students.

⁶⁷ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 207). North Branch, MN: Sunrise River Press.

⁶⁸ Moreau, D. (Ed.). (2003). *Medication Administration Made Incredibly Easy*, p.72. Philadelphia: Lippincott Williams & Wilkins.

13. Provide parents with medication authorization and parental consent forms as needed.
14. Notify parents when medication supply is running low so they can replace it in a timely manner and ensure the health needs of the student are met at school.
15. Immediately report any errors or mistakes in medication administration according to school division policy. Safety of the student may be at stake.
16. Medications remain the property of parents.
 - a. If parents request student's medication to be returned, document date, time and amount returned.
 - b. Have parent sign the documentation.

VII. Herbal/Alternative Medications

- A. The Virginia Board of Nursing does not have an official opinion on herbal/alternative medication.
- B. Herbal, complementary or alternative medicines are defined as botanicals, dietary or nutritional supplements, phytomedicinals, vitamins and minerals.⁶⁹
 1. These products are becoming more widely used by the general population for many reasons.
 2. In some situations, herbal remedies provide a less expensive means to address a health need.
 3. In other cases, people see herbal medicines as a more "natural" alternative to conventional or prescription medication.⁷⁰
- C. There is limited scientific research to confirm the effectiveness and safety of most herbal preparations.
 1. The U. S. Food and Drug Administration does not closely regulate alternative medicines.

⁶⁹ National Association of School Nurses (2001). *Position Statement: Alternative Medicine Use in the School Setting*. Retrieved March 28, 2005, from <http://www.nasn.org/positions/2001psalternative.htm>.

⁷⁰ Skidmore-Roth, L. (2004). *Mosby's Handbook of Herbs & Natural Supplements, 2nd edition* (p. ix). St. Louis, Mo.: Mosby Inc.

2. The lack of standards for preparation, dosage, potency and labeling of these remedies makes it difficult to be sure of their safety, especially for children.⁷¹
 - a. Therefore, herbal or alternative medications should be treated as prescription medications.
 - b. School divisions should require a physician's written authorization with dosage instructions, schedule for administration, reason for the drug (unless it is confidential), information about side effects, precautions, contraindications, adverse reactions and potential drug interactions, as well as signed parental consent before the nurse or other school personnel can administer these products.⁷²

VIII. Field Trips

- A. Medication given on field trips must be administered according to the same policies for administering medication in school. These include:
 1. Verifying the required parental and physician authorizations.
 2. Administering the medication according to the prescribed directions.
 3. Administering the medication from the original container or a correctly labeled container prepared in advance by the school nurse (see Section C below).
 4. Documenting the exact time and date of medication administration.⁷³
- B. Prior to Field Trip
 1. At least one day prior to a field trip, the person who administers the medication should be made aware of the event so that arrangements can be made to meet the student's need for medication. A longer notice may be required if the school nurse is not in the school every day.⁷⁴
 2. It is the responsibility of the appropriately trained school employee (e.g., school nurse, teacher, health assistant) to administer medication to students on field trips. That is, persons who are not employees (or contracted employees) who accompany students on field trips—such as parents and chaperones—should not

⁷¹ American Academy of Pediatrics, Committee on Children with Disabilities (2001). *Counseling Families Who Choose Complementary and Alternative Medicine for Their Child With Chronic Illness or Disability*. Pediatrics 107 (3): 598-601. Retrieved March 28, 2005, from <http://pediatrics.aappublications.org>

⁷² Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 221). North Branch, MN: Sunrise River Press.

⁷³ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 222-223). North Branch, MN: Sunrise River Press.

⁷⁴ Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (p. 260). Richmond, Va.: Virginia Department of Health.

administer medication to students, except where such persons administer medication to their own child.

3. Sharing information about the medical condition of children, without express written permission of their parents, with chaperones or other parents is a violation of student confidentiality.⁷⁵
4. It may not be possible for the school division to know the professional background or qualifications of these chaperones for safely administering medications to students and they may not have received the state-mandated training. In this situation, both the school division and the chaperone administering medications could be held liable for any harmful effects occurring as a result.
5. Children cannot be excluded from a field trip because of a disability or a medical need. Parents may be requested to attend the field trip to assist with student needs, but if unavailable, the school division must provide health care services at the same level the student required while in the school building.⁷⁶
6. It is generally not advisable to send an entire bottle of prescription medication on a field trip when only one day's dose will be administered. All medications must be kept secure throughout the field trip. Controlled substances, such as Ritalin, may require special handling because of their potential value (as street drugs).⁷⁷
7. In Virginia, only licensed medical professionals, such as registered and licensed practical nurses, may repackaging medications for a one-day field trip as discussed below in section C below.
8. Emergency contact information and the number for Poison Control (1-800-222-1222) should be provided to staff administering medications on a field trip, in case a problem arises.
9. Forms documenting administration and any unused medications must be returned to the school health office once the staff and students return to school.

C. Clarification of the Term "Administer"

The following clarification of the term "administer" medication was set forth in the guidance document adopted by the Board of Pharmacy on June 11, 1998 and the Board of Nursing concurred on July 21, 1998:

⁷⁵ National Task Force on Confidential Student Health Information (2000). *Guidelines for Protecting Confidential Student Health Information*. Kent, OH: American School Health Association.

⁷⁶ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 223). North Branch, MN: Sunrise River Press.

⁷⁷ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p. 223). North Branch, MN: Sunrise River Press.

If the advance preparation is to assist in the administration of medication to students during a single-day field trip, such advance preparation shall not be made prior to the last working day before the day of the field trip and shall not exceed a one-day supply. Any packaging used in such advance preparation shall include the student's name and any other appropriate student identifier; physician's name; drug name and strength, and quantity; and appropriate directions for administration. For any field trip which is longer than one day in length, a student's prescription should be provided by the student's parent or guardian in a properly labeled prescription vial which has been dispensed from a pharmacy and, for oral medications, which contains only the quantity needed for the duration of the field trip.⁷⁸

⁷⁸ Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (pp.260). Richmond, Va.: Virginia Department of Health.

Part 9. Explain General Medication Administration Procedures

I. Verify Correct Procedures

Follow the school division policy and Virginia state law for administering medication safely and accurately.

II. Administering Medication to a Student⁷⁹

A. Wash hands.

Note: Administration of medication is a clean procedure that requires handwashing.

B. Verify the medication authorization form with the label.

Note: Contact the school nurse, licensed prescriber or parent for questions, discrepancies between the label and authorization, and/or dose calculations before giving medication.

C. Gather necessary items; provide equipment and supplies as needed.

D. Prepare and give medication in a well-lighted area free from distractions.

Note: The person preparing the medication should be the person giving the medication.⁸⁰

E. Check the label for the following when picking up the container:

1. **Right Name**
2. **Right Time**
3. **Right Medication**
4. **Right Dose**
5. **Right Route**

F. Prepare the correct dosage of medication without touching medication.

⁷⁹ Adapted from: Smith, S. F., Duell, D. J., and Martin, B.C. (2004). *Clinical Nursing Skills: Basic to Advanced Skills*, (p. 516-526). Upper Saddle River, NJ: Pearson Education

⁸⁰ Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (p. 264). Richmond, Va.: Virginia Department of Health.

- G. Check the label for the following while preparing the dose:
1. **Right Name**
 2. **Right Time**
 3. **Right Medication**
 4. **Right Dose**
 5. **Right Route**
- H. Check the label for the following before returning the container to the locked and limited access space.
1. **Right Name**
 2. **Right Time**
 3. **Right Medication**
 4. **Right Dose**
 5. **Right Route**
- I. Check the medication expiration date. Do not administer any medication that has expired or has an unusual odor or appearance.
- J. Do not leave medication unattended or within the reach of a student.
- K. Identify the student.
1. Ask the student to state his or her name.
 2. Nonverbal students may need identifying picture on medication container or third-party identification.
- L. Observe the student for any unusual behaviors or conditions prior to medication administration.

Note: If unusual behaviors or conditions exist, or if the student questions the accuracy or appearance of the medication, **do not give the medication**—follow school policy, report immediately, and record.

- M. Explain the procedure to the student.

- N. Position the student properly for medication administration (see guidelines for route-specific medication procedures in Section X).
- O. Administer the medication as follows:
1. Administer the medication to the correct student.
 2. Administer the medication at the correct time. Generally, this is considered to be within 30 minutes before or after the scheduled time.⁸¹
 3. Administer the correct medication.
 4. Administer the correct dose.
 5. Administer medication by the correct route.
- Note: Verify that the student took the medication.
- P. After administering the medication, document the following as soon as possible and according to school procedure.
1. Record student's name.
 2. Record time.
 3. Record medication.
 4. Record dose.
 5. Record route.
 6. Record person administering medication (your name/signature).
- Q. If any unusual reactions occur or you make a medication error, follow school policy, report immediately, and record.
- R. If any questions arise, follow school policy and report immediately.
- S. Clean, return, and/or dispose of equipment as necessary.
- T. Wash hands.
- U. Complete appropriate documentation.

⁸¹ Moreau, D. (Ed.). (2003). *Medication Administration Made Incredibly Easy*, pp. 70-71. Philadelphia: Lippincott Williams & Wilkins.

III. Facilitating Student Self-Administration of Medication.⁸²

- A. Many school divisions do not allow self-administration of medication except under special circumstances with a physician's order and under the supervision of the school nurse, principal, or the principal's designee.
- B. School divisions that allow self-administration of medication should consider the following questions when developing a policy for self-administration of medication.
 - 1. What are the legal requirements, including the *Code of Virginia* and local school division policy?
 - 2. Has the student demonstrated his/her capability for self-administration and an understanding that medication is not to be shared?
 - 3. Is there a need for a medication order stating that the student is qualified and/or able to self-administer the medication?
 - 4. Is there a need for parental consent for self-administration?
 - 5. What medication will the student be allowed to carry and administer?
 - 6. Does the medication require refrigeration or security?
 - 7. Is there a need for notification of appropriate team members (such as teachers, principals, support persons) of all self-testing (such as blood sugars) or self-administration of medication?
 - 8. Is there a need for staff to be appropriately prepared to work with the student?
 - 9. Should there be recognition that self-administration of medication is a privilege that can be taken away if medication policies are abused or ignored?
 - 10. Should the school division that allows self-administration of medication use a "medication pass" system?
- C. Each student who is allowed to self-administer medication should receive a pass.
 - 1. The pass should state the student's name, the name of the medication that the student can self-administer, date issued, who issued the pass, when the pass expires (e.g., seven days, end of school year), when it is to be taken (as needed, on a schedule), and any monitoring that is required.
 - 2. The student should carry the pass at all times.

⁸² Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (p. 259). Richmond, Va.: Virginia Department of Health.

- D. Code of Virginia: Possession and Self-Administration of Inhaled Medication by Students Diagnosed with Asthma §§[22.1-274.2](#), [8.01-226.5:1](#).
1. As of July 1, 2000, students may be permitted to carry and to self-administer inhaled asthma medications.
 2. As of July 1, 2005, students may be permitted to carry auto-injectable epinephrine (“Epi-pens®”).
 3. The law clearly specifies certain requirements that must be incorporated into school board policy and carefully followed to protect student safety.
 4. A copy of the *Code of Virginia* §§[22.1-274.2](#), [8.01-226.5:1](#) can be found in [Appendix B](#).
 5. A sample policy is available in Section X, following the instructions for administration of inhaled medications.

IV. Errors and Omissions of Medication Administration

A. Medication Error

1. Definition: A violation of any of the “rights” of safe and accurate medication administration, including the sixth right of documentation.
2. When administering medication to large numbers of students, a medication mistake can occur.
3. Prevent accidents by keeping focused on the task at hand and following the "Five Rights of Medication Administration."
4. If an error or omission occurs, it is important to act as soon as the error is discovered in order to protect the safety and health of the student involved.

B. Correct and Timely Administration

1. Correct and timely administration of medication is critical to achieve the best results in treating the student’s health condition.
2. Once a school has accepted a medical order to administer medication, school personnel are responsible for seeing that the student receives the medication.
3. It is generally accepted that medication should be administered within 30 minutes before or after the scheduled dose is due.

4. If medication is not administered on time, this is considered a medication error and the following must take place.
 - a. The parent or guardian must be notified.
 - b. An incident report must be completed per school division policy.⁸³

C. Student Refuses Medication

1. If a student refuses to take a prescribed medication, school personnel should work with parents and school administration to encourage cooperation; however, physical force should never be used.⁸⁴
2. Schools cannot exclude students on the basis of a lack of medication.
3. Schools must develop an educational program suitable to the child's needs, whether the parents are willing to medicate the child or not.
4. If the student's behavior constitutes a threat to their own safety or that of others, it may be appropriate to make **temporary** arrangements for the child's education outside the regular setting, "...until emergency assessment and treatment are provided..."⁸⁵

D. Medication Error Procedure

1. Report medication errors **immediately** following school procedure (e.g., notify school nurse, administrator, parents, and/or physician).
2. Complete an incident report and sign the report. (See sample in Appendix D.)
3. Continue to observe the student.
4. Record and report any changes.

V. Recording and Reporting

Note: The school division establishes procedures and forms for recording and reporting. (See sample forms in Appendix D.)

- A. Record immediately after administering medication to limit the chance of error.

⁸³ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p .225). North Branch, MN: Sunrise River Press.

⁸⁴ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p .225). North Branch, MN: Sunrise River Press.

⁸⁵ Schwab, N. C. and Gelfman, M. H. (Eds.) (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, School Nurses* (p .225). North Branch, MN: Sunrise River Press.

- B. For each medication administered, the person who administers the medication records his or her name.

Note: If the person's initials are used, the person's signature must appear on the same page.

- C. Errors in recording should be red-lined and marked "mistaken entry"; then, record the correct information.
- D. Record omissions, absence, or refusals immediately, following school procedure.
- E. Record only the medication that you administered yourself.

VI. **Disposing of Medication**

Note: Each school division must establish its own policy regarding disposal of medication.

- A. The parent should pick up unused medication within one week of the expiration date or the date that the medication is no longer required.
- B. Medication given on a daily basis throughout the year should be destroyed the last day of school.

Note: Parents should be notified prior to the end of school to pick up remaining medication and of the school division's policy for destroying medication.

- C. When medication needs to be destroyed, a nurse, principal, or principal's designee must destroy it.
- D. It is advisable that another person witness the destruction of the medication. A witness is required for disposal of controlled medications, such as Ritalin.
- E. Document the name of the medication that is destroyed and the amount destroyed.

VII. **Reporting of Stolen or Missing Medications**

- A. School officials are required to report to local law enforcement agencies "any conduct involving alcohol, marijuana, a controlled substance, imitation controlled substance, or an anabolic steroid on a school bus, on school property, or at a school-sponsored activity."⁸⁶
- B. This would involve possession, use, distribution or theft of scheduled drugs by students, school personnel, or visitors.⁸⁷

⁸⁶ *Code of Virginia*, § 22.1-279.3:1. Reports of certain acts to school authorities.

⁸⁷ DeMary, J. L., 2001. Superintendent's Memo No. 158: *Security of Prescription and Non-prescriptive Medications*.

- C. School personnel investigating or reporting alcohol or drug use or disclosing related activities are immune from prosecution.⁸⁸
- D. It is recommended that school divisions work with local law enforcement and the Department of Education School Health Specialist to develop local policies and procedures to address this issue.⁸⁹

⁸⁸ DeMary, J. L.. 2001. Superintendent's Memo No. 158: *Security of Prescription and Non-prescriptive Medications.*

⁸⁹ DeMary, J. L.. 2001. Superintendent's Memo No. 158: *Security of Prescription and Non-prescriptive Medications.*

Part 10. Explain Route-Specific Medication Procedures

Note: To administer medication use the general administration steps in Section IX, "Explain General Medication Procedures," along with the following route-specific information.

Oral Administration

Preparing and giving a tablet, capsule, an elixir, or a solution or other liquid form of medication by mouth.⁹⁰

I. Capsules and Tablets⁹¹

- A. Wash hands.
- B. Remove bottle cap and hold the cap in one hand and bottle in the other hand.
- C. Pour the prescribed dose into the cap.
- D. Transfer medication from cap to a clean container (medicine cup) and give cup to the student. The medication may be transferred from the cap to the student's hand if they are clean.

Note: The person administering the medication should not touch the medication.

- E. Give medication with a full glass of water unless otherwise indicated. Follow special label instructions (e.g., take with milk, do not take with acidic fruit juices, or do not take in combination with other medications).
- F. Verify that the student swallowed the medication.
- G. Recap the bottle and return it to a secure locked place.
- H. Report to school nurse if student swallowed only a portion of the medication dosage.
- I. Wash hands.
- J. Complete appropriate documentation.

⁹⁰ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1228). St. Louis, Mo.: Mosby, Inc.

⁹¹ Smith, S. F., Duell, D. J., and Martin, B.C. (2004). *Clinical Nursing Skills: Basic to Advanced Skills*, (p. 531). Upper Saddle River, NJ: Pearson Education.

II. Individually Wrapped Medication⁹²

- A. Wash hands.
- B. Remove or tear off number needed and place package in a clean medicine cup.
- C. Remove from package and transfer into a cup immediately before the student takes the medication.
- D. Give medication with a full glass of water unless otherwise indicated. Follow special label instructions (e.g., take with milk, do not take with acidic fruit juices, or do not take in combination with other medications).
- E. Verify the student swallowed the medication.
- F. Report to school nurse if student swallowed only a portion of the medication dosage.
- G. Wash hands.
- H. Complete appropriate documentation.

III. Liquid or Powders⁹³

- A. Wash hands.
- B. Shake medication per label instructions.

Note: To avoid getting liquid medication on the label, pour liquid from side of bottle opposite the label (hold label in palm of hand) into graduated medicine cup.
- C. Pour medication into medicine cup at eye level (i.e., your point-of-vision should in line with the medicine cup to prevent misreading the measurement line).
- D. Measure the dosage at the bottom of the disc (meniscus).
- E. Wipe off any medication on the outside of the container.
- F. Use a calibrated medicine dropper or syringe to measure small amounts of liquid.
- G. Hold the medicine dropper at right angle to cup to measure drops.
- H. Pour different liquid medications into separate containers unless otherwise ordered.

⁹² Adapted from: Smith, S. F., Duell, D. J., and Martin, B.C. (2004). *Clinical Nursing Skills: Basic to Advanced Skills*, (p. 531). Upper Saddle River, NJ: Pearson Education.

⁹³ Adapted from: Smith, S. F., Duell, D. J., and Martin, B.C. (2004). *Clinical Nursing Skills: Basic to Advanced Skills*, (p. 516-526). Upper Saddle River, NJ: Pearson Education

- I. Give cough syrup undiluted. (Follow with water if indicated on the directions)
- J. Wash hands.
- K. Complete appropriate documentation.

IV. **Enzyme Replacement**⁹⁴

- A. Enzymes should be given **prior** to a meal or snack. Pancreatic enzymes aid in digestion and absorption of food.
- B. Microspheres or microtablets should not be chewed or crushed.
 - 1. Enzymes should dissolve in the higher pH environment of the intestines rather than the mouth.
 - 2. The enzymes are coated with an enteric coating that prevents the enzyme from being dissolved until it reaches the intestine.
 - 3. If crushing or chewing disrupts the coating, the enzyme will not dissolve in the proper place.
- C. For infants and small children, the capsules should be broken open and mixed with a **lower pH food**, such as applesauce.
- D. Document medication given, time given, amount given, how it was given, who gave it, and the student's name. Also document any problems or side effects.
- E. Notify school nurse, parents, and/or physician of any problems or side effects.

V. **Problems With Administering Oral Medication**⁹⁵

- A. Refusal of medication: report immediately to parent/guardian and notify school nurse if available.
- B. Vomiting medication: report the student's name and age, medication and dosage, time lapse since administration, and if medication was intact or visible in the emesis.
- C. Suggestions for students who have difficulty swallowing medicines:
 - 1. Position student for medication administration.

⁹⁴ Adapted from: Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (p. 267). Richmond, Va.: Virginia Department of Health.

⁹⁵ Moreau, D. (Ed.). (2003). *Medication Administration Made Incredibly Easy*, pp. 184-190. Philadelphia: Lippincott Williams & Wilkins.

2. Give one medicine at a time and with adequate fluids.
3. Have student place medicine on back of tongue; if student is unable to do this, school personnel should wear gloves when inserting their finger into student's mouth.
4. Give liquid medication slowly.
5. Watch for choking.

Note: Call for help if the student has coughing spasms and skin begins to darken, turn blue or if the student develops breathing problems.

6. Verify that the student swallowed the medication.
7. If directed, give medication with other food (e.g., fruit syrup or applesauce) or crushed.

Note: It is important to check with pharmacist to determine if drug action will be affected by crushing the medication and which foods are suitable to mix with medication. Milk products and some juices may interfere with drug absorption.

8. Whole tablets **should not be given to children who are less than 5 years of age** because of the potential for aspiration.

Optic Administration

Preparing and applying medication to the eye or inner surface of the eyelids.⁹⁶

I. Eye Drops^{97 98}

Note: Use preparations labeled for ophthalmic use.

- A. Gather necessary equipment: cotton balls and tissue.
- B. Wash hands and put on gloves.
- C. Observe affected eye for any unusual condition. If there is an unusual condition, report it to the school nurse before medication administration.
- D. If eye is inflamed, infected, or draining, wear gloves.
- E. Check dropper for patency (i.e., dropper opening is not blocked or obstructed).
- F. Do not let dropper touch anything.
- G. Draw medicine into dropper.
- H. Cleanse eye with clean cotton ball—wipe once from inside to outside of eye. Use a clean cotton ball for each eye.
- I. Position the student supine (i.e., lying horizontally on the back) or sitting with the head tilted back. Ask the student to look up.
- J. Use one hand to pull the lower lid downward; the hand that holds the dropper rests on the head so that it may move simultaneously with the student's head, thus reducing the possibility of trauma to a struggling child or dropping the medication on the face. As the lower lid is pulled down, a small conjunctival sac is formed; the solution is gently dropped (falling less than 1") into the sac, rather than directly on the eyeball, be careful not to touch the dropper to the eye.
 1. Approach the eye from outside the field of vision.

⁹⁶ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1160). St. Louis, Mo.: Mosby, Inc.

⁹⁷ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1160). St. Louis, Mo.: Mosby, Inc.

⁹⁸ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1160). St. Louis, Mo.: Mosby, Inc.

2. For young children, playing a game can be helpful, such as instructing the child to keep the eyes closed until the count of three and then open them, at which time the drops are quickly instilled.

Note: Another effective technique is to pull the lower lid down and out to form a small cup effect into which the medication is gently dropped.

- K. Close the eyelids gently to prevent expression of the medication.
 1. Ask student to keep eyes closed for a few minutes.
 2. Excess medication is wiped from the inner eye outward to prevent contamination to the side of the eye.
- L. If more than one drop is ordered, wait 1-5 minutes between installations.
- M. Wash hands.
- N. Complete appropriate documentation.

II. **Eye Ointment**^{99 100}

- A. Gather necessary equipment: cotton balls and tissue.
- B. Wash hands and put on gloves.
- C. Observe affected eye for any unusual condition. If there is an unusual condition, report it to the school nurse before medication administration.
- D. If eye is inflamed, infected, or draining, wear gloves.
- E. Cleanse eye with clean cotton ball—wipe once from inside to outside of eye. Use a clean cotton ball for each eye.
- F. Position the student supine (lying horizontally on the back) or sitting with the head tilted back. Ask the student to look up.
- G. Use one hand to pull the lower lid downward; the hand that holds the ointment tube rests on the head so that it may move synchronously with the student's head, thus reducing the possibility of trauma to a struggling child or dropping the medication on the face. As the lower lid is pulled down, a small conjunctival sac is formed; apply a

⁶⁰ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1160). St. Louis, Mo.: Mosby, Inc.

¹⁰⁰ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1160). St. Louis, Mo.: Mosby, Inc.

thin layer of the ointment into the sac, rather than directly on the eyeball. Place a thin ribbon along the entire conjunctival sac from the inner canthus to the outer canthus.

1. Approach the eye from outside the field of vision.
2. For young children, playing a game can be helpful, such as instructing the child to keep the eyes closed until the count of three and then open them, at which time the ointment is quickly applied.

Note: Another effective technique is to pull the lower lid down and out to form a small cup effect into which the ointment is gently applied.

- H. Hold the lid open for a few seconds, and then close the eyelids gently to prevent expression of the medication.
 1. Ask student to keep eyes closed for a few minutes.
 2. Excess medication is wiped from the inner eye outward to prevent contamination to the side of the eye.
- I. Wash hands after removal of gloves.
- J. Complete appropriate documentation.

Otic Administration

Preparing and instilling medication into the external ear canal.¹⁰¹

I. Ear Drops¹⁰²

- A. Gather necessary equipment: cotton balls and tissue.
- B. Wash hands.
- C. Observe affected area for any unusual condition; if there is an unusual condition, report to the school nurse before medication administration.
- D. If ear is inflamed, infected, or draining, wear gloves.
- E. Allow medication to come to room temperature prior to administration.
- F. Check dropper for patency.
- G. Do not let dropper touch anything.
- H. Draw medicine into dropper.
- I. Position the student supine (i.e., lying horizontally on the back) with the head turn to the appropriate side; or position the student sitting on a chair, with his or her head tilted sideways until ear is horizontal.
- J. Cleanse entry to ear canal with a clean cotton ball as needed.
- K. Straighten the external ear canal as follows:
 1. For children younger than 3 years of age, the external ear canal is straightened by gently pulling the outer ear downward and straight back.
 2. For children 3 years of age or older, the external ear canal is straightened by gently pulling the outer ear upward and back.
- L. Drop the medication onto the side of the external ear canal.
 1. To avoid contaminating the tip of the dropper, avoid having the dropper touching anything.

¹⁰¹ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1160). St. Louis, Mo.: Mosby, Inc.

¹⁰² Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1160). St. Louis, Mo.: Mosby, Inc.

2. Gentle massage of the area immediately in front of the ear facilitates the entry of drops into the ear canal.

M. Instruct the student to maintain the required position for 1 minute.

N. If the other ear is to be treated, repeat procedure after the 1-minute waits.

O. Loosely place a cotton ball in the ear as ordered.

Note: The use of cotton pledgets (a small flat compress) prevents medication from flowing out of the external canal. However, they should be loose enough to allow any discharge to exit from the ear. Pre-moistening the cotton with a few drops of medication prevents the wicking action from absorbing the medication instilled in the ear.

P. Wash hands.

Q. Complete appropriate documentation.

Nasal Administration

Preparing and instilling medication into the nostrils by drops from a dropper or by an atomized spray from a squeeze bottle.¹⁰³

I. Nose Drops¹⁰⁴

- A. Give tissues to student.
- B. Have student blow nose gently before administration.
- C. Wash hands.
- D. If the student has an infection, nasal drainage or bleeding in the nose, wear gloves.
- E. Observe nasal area for any unusual condition. If there is an unusual condition, report it to the school nurse before medication administration.
- F. Check dropper for patency.
- G. Do not let dropper touch anything.
- H. Draw medicine into dropper.
- I. Position the student supine (i.e., lying horizontally on the back) with the head titled back; or position the student in a chair with the head tilted back.

Note: Unpleasant sensations associated with medicated nose drops are minimized when care is taken to position the child with the head extended well over the edge of the cot or pillow while supporting the student's head with your hand.

- J. Place prescribed number of drops into nose. To avoid contaminating the tip of the dropper, avoid having the dropper touching anything.
- K. Following instillation of drops, the student should remain in position for 1 minute to allow the drops to come in contact with the nasal surfaces.
- L. Replace cap promptly.
- M. Remove gloves and wash hands.
- N. Complete appropriate documentation.

¹⁰³ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1153). St. Louis, Mo.: Mosby, Inc.

¹⁰⁴ Adapted from: Kirkpatrick, M. A. F. (2000). *A Resource Guide for Medication Management for Persons Authorized Under the Drug Control Act* (p. 183). Richmond, Va.: Virginia Department of Social Services.

II. Nasal Spays^{105 106}

- A. Give tissues to student.
- B. Wash hands and apply gloves.
- C. Have student blow nose gently.
- D. Position student in a chair with head upright.
- E. While squeezing bottle quickly and firmly, ask student to sniff briskly.
- F. Spray once or twice into each nostril and wait 3-5 minutes.
- G. Have student blow nose gently and repeat the sprays if necessary.

Note: Ask student to expectorate (spit out) any solution that runs down the back of the nose into the throat.

- H. Remove gloves and wash hands.
- I. Complete appropriate documentation.

¹⁰⁵ Adapted from: Kirkpatrick, M. A. F. (2000). *A Resource Guide for Medication Management for Persons Authorized Under the Drug Control Act* (p. 183). Richmond, Va.: Virginia Department of Social Services.

¹⁰⁶ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1160-1161). St. Louis, Mo.: Mosby, Inc.

Inhalation Administration

Preparing and giving a vaporized medication to be inhaled directly into the lungs.¹⁰⁷

Many medications used to treat asthma are given by inhalation with a **nebulizer** or **metered-dose inhaler** (MDI). A nebulizer is an electrically powered device for producing a fine spray. The medication is mixed with saline and then nebulized with compressed air by a machine. An MDI is a small, handheld device with a mouthpiece. When the MDI is activated, a precise dose of medication is delivered through the mouth to the lungs.¹⁰⁸

Students with asthma usually take inhaled medication on a prescribed schedule; however, they also need to have immediate access to their medication should they have an asthma episode.

Students diagnosed with asthma should have an individualized health care plan and an emergency care plan prepared by the school nurse with input from the student's physician and the parent/guardian. All students self-administering inhaled asthma medication **MUST** have an individualized health care plan and an emergency care plan.

Follow individualized health care plan, which may include:

- **Peak Flow Monitoring**

A peak flow meter (i.e., Peak Expiratory Flow Meter or PEFM) is a small device that measures how well air moves out of the airways (peak flow expiratory flow rate). Monitoring peak flow helps a student determine changes in his or her asthma and identify appropriate actions to take.¹⁰⁹

¹⁰⁷ Adapted from: Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 896). St. Louis, Mo.: Mosby, Inc.

¹⁰⁸ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1391). St. Louis, Mo.: Mosby, Inc.

¹⁰⁹ Southall, V. H. (2004). *Guidelines for Specialized Health Care Procedures*. Richmond, VA: Virginia Departments of Health and Education.

Tip:

Use of a Peak Expiratory Flow Meter (PEFM)¹¹⁰

1. Before each use, make sure the sliding marker or arrow on the PEFM is at the bottom of the numbered scale.
2. Stand up straight.
3. Remove gum or any food from the mouth.
4. Close your lips tightly around the mouthpiece. Be sure to keep your tongue away from the mouthpiece.
5. Blow out as hard and as quickly as you can, a "fast hard puff."
6. Note the number by the marker on the numbered scale.
7. Repeat entire routine three times; but wait at least 30 seconds between each routine.
8. Record the *highest* of the three readings, not the average.
9. Measure the peak expiratory flow rate (PEFR) close to the same time and in the same way each day (i.e. morning and evening; before and 15 minutes after taking medication).
10. Keep a chart of the PEFRs for comparison.

- Spacers or Holding Chambers

Spacers or holding chambers are devices that attach to an MDI and hold the medication in the chamber long enough for the person to inhale the medicine during one or two slow, deep breaths. These devices make it easier for young children to take their medicines correctly using an MDI. Spacers or holding chambers may be used with all inhaled medications, but they are recommended for use with inhaled steroids to prevent yeast infections in the mouth.¹¹¹

- Self-management, self-administration and immediate availability with student carrying the medication.

I. **Metered-Dose Inhaler**¹¹²

A metered-dose inhaler (MDI) delivers medication in a fine mist to the lungs. Correct use of the inhaler is a problem for many students. It is difficult to coordinate the quick puff from the inhaler and breathing the medication deep into their lungs. Therefore, many students use a spacer that keeps the inhaler the correct distance from the mouth and assists the student in getting the correct dose.

¹¹⁰ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1399). St. Louis, Mo.: Mosby, Inc.

¹¹¹ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (pp. 1398-1399). St. Louis, Mo.: Mosby, Inc.

¹¹² Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1399). St. Louis, Mo.: Mosby, Inc.

MDI Procedure:^{113 114}

- A. Wash hands.
- B. Attach mouthpiece to inhaler, which contains the medicine. Using the thumb and one or two fingers, have the student hold the inhaler upright with the mouth piece down and pointing toward his or her face.
- C. Have student stand up, feet slightly apart.
- D. Shake the inhaler for approximately 2 seconds.
- E. Ask the student to tilt his or her head back slightly and breathe out slowly.
- F. With the inhaler in an upright position, insert the mouthpiece, as ordered
 - 1. About 1 to 1.5 inches from the mouth *or*
 - 2. Into an aerochamber (space or holding chamber) *or*
 - 3. Into the mouth, forming an airtight seal between the lips and the mouthpiece.
- G. At the end of a normal expiration, depress the top of the inhaler canister firmly to release the medication (into either the aerochamber or the mouth), and ask the student to breathe in slowly (about 3-5 seconds). Relax the pressure on the top of the canister.
- H. Ask the student to hold his or her breath for at least 5 to 10 seconds to allow the aerosol medication to reach deeply into the lungs.
- I. Remove the inhaler and ask student to breathe out slowly through his or her nose.
- J. Wait 1 minute between puffs (if additional one is needed).
- K. Wash hands.
- L. Complete appropriate documentation.

Note: To determine if student is using an inhaler properly, have student use the device in front of a mirror. If vapor does not appear on the mirror, the inhaler is being used correctly.

¹¹³ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1398-1399). St. Louis, Mo.: Mosby, Inc.

¹¹⁴ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1399). St. Louis, Mo.: Mosby, Inc.

Tip:

Steps for Checking How Much Medicine is in the Canister:¹¹⁵

1. If the canister is new, it is full.
2. If the canister has been used repeatedly, it might be empty. (Check product label to see how many inhalations should be in each canister.)
3. To check how much medicine is left in the canister, put the canister (not the mouthpiece) in a cup of water. Do not use this method with MDIs that contain hydrofluoroalkanes or dry powder as the medication will be destroyed.
 - a. If the canister sinks to the bottom, it is full.
 - b. If the canister floats sideways on the surface, it is empty.

II. Nebulizer

Infants and very young children who have difficulty using an MDI can obtain effective relief with nebulization. The medication is mixed with saline and then nebulized with compressed air by a machine. When using the nebulizer, children are instructed to breathe normally through the mouth to provide a direct route to the trachea for the medicine.¹¹⁶

Nebulizer Procedure:¹¹⁷

- A. Wash hands.
- B. Assemble equipment.
- C. Pour medication into the cup (some medications are pre-measured and ready to use, others may have to be measured and mixed with saline).
- D. Connect one end of the tubing to the nebulizer (compressor) and the other end to the bottom of the nebulizer cup or chamber.
- E. Keeping the nebulizer cup upright, attach the cup to the mouthpiece or mask.
- F. Have the child place the mouthpiece in the mouth and breathe in and out normally. Younger children may need a mask as they are unable to coordinate drawing air through the mouthpiece.
- G. Turn on the compressor.
- H. Check that mist is coming out of the mouthpiece or mask.

¹¹⁵ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1399). St. Louis, Mo.: Mosby, Inc.

¹¹⁶ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1391). St. Louis, Mo.: Mosby, Inc.

¹¹⁷ Smith, S. F., Duell, D. J., and Martin, B.C. (2004). *Clinical Nursing Skills: Basic to Advanced Skills*, (p. 546). Upper Saddle River, NJ: Pearson Education

- I. Stay with the student until no mist is visible in the nebulizer chamber, this usually takes about 5 to 15 minutes.
- J. The student's prescription may call for rinsing the mouth with water after treatment.
- K. Clean the mouthpiece and nebulizer cup and let them air dry.
- L. Wash hands.
- M. Complete appropriate documentation.

III. **Self-Administered Inhaler Medication for Students With Asthma**

Sample Policy: The following is a sample policy developed by a Virginia school division.¹¹⁸

Self-Administered Inhaler Medication For Students With Asthma

In accordance with the *Code of Virginia 22.1-275.1* and as of July 1, 2000, students may be permitted to carry and to self-administer inhaled asthma medication. However, the protocol dictated by the state code must be strictly followed and adhered to.

AT ALL TIMES, THE STUDENT'S SAFETY AND HEALTH, AS WELL AS THAT OF THE OTHER STUDENTS, MUST BE MAINTAINED.

A. Physician or Nurse Practitioner

- 1. Written orders must be submitted to the school showing name of student, name of medication, frequency of use, duration of the order, and any comments specific to the student.
- 2. Prescriber states that it is necessary for the student to carry and self-administer his or her inhaled medication during the school day, including transport time.
- 3. An individualized health care plan or asthma action plan that is specific for the student has been prepared for submission to the school. An emergency response is included.

B. Parent/Guardian

- 1. Parent provides written consent that the student may self-administer the inhaled asthma medication.

¹¹⁸ Flach, C. *Self Administration Inhaled Medication for Students With Asthma*. (2000). Virginia Beach, Va.: Virginia Beach City Public Schools.

2. Parent has given the health care plan or asthma action plan to the school. An emergency response is likewise included.
3. Parent will not hold the school board or its employees responsible for any negative outcomes resulting from self-administration of the inhaled asthma medication.
4. Parent realizes that the principal may revoke the permission to possess and self-administer inhaled asthma medication for the remainder of the school year, if it is determined that the student is not safely and effectively self-administering the medication.

C. Student

1. Student has demonstrated the correct use of the inhaler.
2. Student agrees to never share the inhaler with another person.
3. Student agrees that if there is no improvement after self-administering, he or she will report to the school nurse or another appropriate adult if the nurse is not available or present.

D. School Nurse

1. The school nurse is knowledgeable of the student's diagnosis.
2. The school nurse has interacted as necessary with the prescriber, parent/guardian, student, and appropriate school staff.
3. The school nurse will maintain a list of students who are self-administering inhalers for asthma.
4. The school nurse will keep the teacher(s) informed as necessary.
5. The school nurse will respond in the case of an emergency.

Just as with other medication orders, this must be renewed annually or when there is a change of orders and/or medical management.

Sample Contract: See [Appendix D](#), Sample Forms, for a copy of Annual Contract for Self-Administration of Inhaled Medication for Asthma:¹¹⁹

¹¹⁹ Flach, C. *Annual Contract for Self-Administration of Inhaled Medication for Asthma*. (2000). Virginia Beach, Va.: Virginia Beach City Public Schools.

Topical Administration

Preparing and applying medication to the skin and mucous membranes.¹²⁰

Skin Lesions. A lesion is an abnormality of the skin tissue, such as a wound, sore, rash, boil). A variety of agents and methods are available for the treatment of skin problems. Topical applications may be prescribed to treat a skin disorder, reduce itching associated with many diseases, decrease external stimuli, or apply external heat or cold. The emollient action of soaks, baths, and lotions provide a sooth film over the skin surface that reduces external stimuli.

I. Skin Medication¹²¹

- A. Gather necessary equipment: tongue blade, gauze, tape, cleansing material, and cotton-tipped applicator. For broken skin or open lesions use gloves.
- B. Wash hands.
- C. If you have broken skin or open lesions, use gloves.
- D. Observe area for any unusual condition. If there is an unusual condition, report it to the school nurse before applying medication.
- E. Cleanse the skin and remove previously applied medication with gauze or cotton-tipped applicator. Once the gauze or applicator has touched the student's skin, it cannot be used to get more medication as it might contaminate the medication in the tube. Use a clean gauze or applicator to obtain more medication if needed. (Soap and water can be used as a cleansing material unless another substance is prescribed.)
- F. Apply medication in a thin layer or as ordered.
- G. Record any changes seen in skin area treated. Notify school nurse or parent/ guardian of any change.
- H. Cover area as directed.
- I. Wash hands.
- J. Complete appropriate documentation.

¹²⁰ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p.1724). St. Louis, Mo.: Mosby, Inc.

¹²¹ Smith, S. F., Duell, D. J., and Martin, B.C. (2004). *Clinical Nursing Skills: Basic to Advanced Skills*, (p. 535). Upper Saddle River, NJ: Pearson Education.

Rectal Administration

Preparing and instilling a medicated suppository, cream, or gel into the rectum.¹²²

Although the rectal route for medication administration is less reliable, it is sometimes used when the oral route is difficult or contraindicated. It is also used when oral preparations are unsuitable to control vomiting. Some of the drugs available in suppository form are acetaminophen, aspirin, sedatives, analgesics (for pain), and anticonvulsions (for seizures), and antiemetics (vomiting). The difficulty in using the rectal route is that unless the rectum is empty at the time of insertion, absorption of the drug may be delayed, diminished, or prevented by the presence of feces. Sometimes the drug is later evacuated, securely surrounded by stool.¹²³

I. Rectal Suppository.¹²⁴

Note: Sometimes the amount of drug ordered is less than the dosage available. If a suppository must be divided, the student's parent must divide it.

- A. Privacy must be provided.
- B. Wash hands.
- C. Position the student in side-lying position, left side preferable. Bend the upper leg forward, separate the buttocks and expose the rectum. Or place in prone position (on his/her stomach).
- D. Use gloves.
- E. Remove the wrapping on the suppository and lubricate the suppository with water-soluble jelly or warm water.
- F. Quickly but gently insert suppository into the rectum, making certain that it is placed beyond both of the rectal sphincters. Do not insert finger more than ½ inch.
- G. Then hold the buttocks together firmly to relieve pressure on the anal sphincter until the urge to expel the suppository has passed—which occurs within 5 to 10 minutes.
- H. Note: Holding the buttocks together prevents quick expulsion of the medication so that the medication has adequate time to be absorbed.

¹²² Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1473). St. Louis, Mo.: Mosby, Inc.

¹²³ Wong, D. L., Hockenberry, M. J., Wilson, D., Winkelstein, M. L., Kline, N. E. (2003). *Nursing Care of Infants and Children* (p. 1159). St. Louis, Mo.: Mosby, Inc.

¹²⁴ Adapted from: Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (p. 267). Richmond, Va.: Virginia Department of Health.

Parenteral (Injection) Administration

Preparing and giving medications via the intravenous, intramuscular, intradermal, and/or subcutaneous route.¹²⁵

Injection: The act of forcing a liquid into the body by means of a needle and syringe.¹²⁶

I. Intramuscular Glucagon

Refer to: Southall, V. H. Virginia Department of Health and Education (2004). *Specialized Health Care Procedure Manual*, pp. 39-40. Richmond, Va.

II. Epinephrine by Auto-Injector¹²⁷

A. A disposable injection with a spring-activated, concealed needle used for **emergency administration** in individuals sensitive to potentially fatal reactions. Follow the health care plan for individual students with prescriber orders for epinephrine or the standing order for unassigned epinephrine.

B. If there is a need to administer emergency medication:

1. Administer epinephrine via auto-injector.
2. Call rescue squad.
3. Notify school nurse.
4. Call parent.

C. Emergency medication may be student-specific or unassigned.

1. Student specific emergency medication must only be administered to a student for whom it has been prescribed (i.e., it has been authorized by a licensed prescriber and student's parent) according to the prescriber's written order.
2. Unassigned emergency medication should be administered by trained personnel following the instructions of the standing order.
3. The emergency medication order should be a component of the student's Individualized Health Care Plan.
4. Emergency medications should be stored in a safe and accessible location.

¹²⁵ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1283). St. Louis, Mo.: Mosby, Inc.

¹²⁶ Anderson, D. M., Keith, J., Novak, P. D. and Elliott, M. A. (Eds.) (2002). *Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 897). St. Louis, Mo.: Mosby, Inc.

¹²⁷ Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.10). Des Moines, Iowa: Author.

5. Follow the label for temperature and storage instructions. Epinephrine is sensitive to extreme heat or cold and should not be administered if color is not clear.
6. Check the expiration date at least once every semester and replace expired medication immediately.¹²⁸

D. Auto-Injector Procedure

Note: A member of the school emergency first responders team should call the rescue squad, notify the school nurse and the parent while another trained employee administers the Epi-Pen®.

1. Pull off safety cap.
2. Place tip on student's thigh.
3. Swing and firmly press auto-injector against student's thigh until mechanism activates, and hold in place at least 10 seconds.
4. May be injected through clothing.
5. Remove auto-injector and massage area for at least 10 seconds.¹²⁹
Dispose of auto-injector in the biohazards sharps container.
6. Follow established emergency response procedures.
7. Remain with student, keep student calm and still until rescue squad arrives.
Observe student for signs and symptoms of recovery or worsening condition.
8. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine via auto-injector 5-15 minutes after the initial injection if indicated.
9. Complete appropriate documentation.¹³⁰

¹²⁸ Munoz-Furlong, A. (Ed.) (2000) *The School Food Allergy Program (pp5-7)*. Fairfax, Va.: The Food Allergy Network.

¹²⁹ Food Allergy and Anaphylaxis Network. (2012). Available at www.foodallergy.org.

¹³⁰ Southall, V. H. Virginia Department of Health and Education (2004). *Specialized Health Care Procedures* (p. 292-295). *Manual* Richmond, Va.

Part 11. Review Emergency Protocol for Medication Related Reactions

I. Extreme Allergic Reaction

An extreme sensitivity may cause an allergic reaction. An allergic reaction is rare and an extremely serious, possibly life-threatening situation. The reaction may start rapidly, be brief, and requires immediate action. It is possible for people to develop allergic reactions to medications, foods or other substances even if they have been exposed to them before.¹³⁰

II. Symptoms

Symptoms may include any change in behavior and are not limited to:

- A. Feelings of apprehension, sweating, weakness.
- B. Nausea, vomiting, abdominal pain, diarrhea.
- C. Low blood pressure with weak, rapid pulse.
- D. Flushing of skin, hives, itching.
- E. Shallow respirations, difficulty breathing, swelling of tongue, gurgling or high-pitched sounds.
- F. Nasal congestion, itching, sneezing, wheezing.
- G. Seizures, loss of consciousness, shock, coma.
- H. Difficulty walking, blue/gray lips or fingernails.

III. Procedure

- A. Send someone to get help. Stay with the individual with the reaction and keep him or her quiet and still. **Do not move the person. Do not have the person walk.** If necessary, cover the person with blankets to keep them warm. Observe symptoms, note time.
- B. Immediately call emergency services for transportation to health facility per emergency plan.

¹³⁰ Pollack, C (Ed.) Cialogio, C., Elwood, L., Enoch, J.P., and Fitzpatrick, S. (2003). *First aid Guide for School Emergencies*. Richmond, VA. Virginia Department of Health

- C. Have building CPR- or first aid-trained staff immediately available in case the situation becomes more serious.
- D. Have someone check the student's emergency plan to see whether there is an Epi-pen® available. If the student can communicate, ask if they know what they might be reacting to. If possible remove the student from contact with the problem substance.
- E. Continue observing vital signs (respirations, blood pressure, pulse, and level of consciousness). Follow the student's emergency plan or standing orders for the treatment of anaphylaxis, local school system procedures and/or the First Aid Guide for School Emergencies to manage the situation till emergency personnel arrive.
- F. Provide emergency personnel with health information and a summary of the reaction and any treatment rendered when they arrive. If possible, have a copy of the student's parent/emergency contact and health information available to send to the hospital.
- G. Have someone notify the school nurse, parent/guardian, and physician.

IV. Follow-Up Activities

- A. Complete school division incident or accident report.
- B. Consult with parent/guardian and physician to review appropriate individual school emergency health plan.¹³¹

¹³¹ Southall, V. H. (2004). *Guidelines for Specialized Health Care Procedures* (pp. 294-999). Richmond, Va; Virginia Departments of Health and Education.

Part 12. Security and Safe Storage of Medication¹³²

I. Medication Container

- A. All medication, including over-the-counter medications, must always be kept in the original, labeled container from the pharmacy. This allows the school nurse or designated school staff to verify the correct dose based on the age and size of the student.
- B. **Never** empty medication into a plastic bag or other container for convenience or any other reason. Do not accept medication from a parent that is not in the original container.

II. Storage of Medication

- A. Except for self-administered medication that students have permission to carry with them, medication should always be stored in a clean, locked cabinet or secured area.
- B. Controlled drugs, such as Ritalin, must be kept in a double-locked cabinet and require special attention in the school division's policies.
- C. Some medications need to be refrigerated. The refrigerator should be in a secured area and should be checked periodically to ensure that it does not freeze the medication.
- D. The temperature inside the refrigerator should be between 36 and 46 degrees Fahrenheit. Warmer temperatures or freezing may cause the medication to deteriorate or become ineffective.
- E. A weekly refrigerator temperature log should be maintained. See [Appendix D](#) for a sample form.
- F. Ideally, food and medication should not be kept in the same refrigerator. However, if only one refrigerator is available, medication must be kept in a locked container inside the appliance.
- G. The keys to the medication cabinet must NEVER be taken home or out of the building. They must be kept in a secure location accessible only to those employees who have been designated and trained to administer students' medications.

III. Monitoring Supply of Medications

- A. When medication is brought to school by the parent, the supply of the drug must be counted (e.g., number of tablets, level of liquid medicine). If possible, the supply of

¹³² Moreau, D. (Ed.). (2003). *Medication Administration Made Incredibly Easy*, (p.72). Philadelphia: Lippincott, Williams & Wilkins.

the drug should be counted in the presence of the parent. If the parent is not available, count the medication in the presence of another staff member.

- B. The count, date, and initials of person counting and the parent or staff witness must be recorded on the student's medication log.
- C. Send notice to the parent at least 10 days prior to completion of long-term medication that a refill is needed.¹³³
- D. For controlled substances, such as Ritalin, it is recommended that the school nurse and the person administering the medication count the supply of the drug at least once each week.

¹³³ Arlington Department of Human Services Public Health Division (2000). *Training for Administration of Medications by School Clinic Aides* (p.10). Arlington, Va.: Author.

Part 13. Confidentiality¹³⁴

I. Confidentiality

A. Federal Laws

1. Family Education Rights and Privacy Act (FERPA)
 - (a) Since 1974, FERPA has ensured the privacy of educational records.
 - (b) FERPA also covers school health records.
2. Health Insurance Portability and Accountability Act (HIPAA)
 - (a) Public schools receiving federal funds may be subject to the regulations of the HIPAA if they are billing for health care provided by school employees, transmitting documents electronically, providing employee health services, or utilizing non-district employees to provide school health services (e.g. school nurses contracted from the local health department).
 - (b) HIPAA was enacted in 2003 and provides privacy rights to all citizens.
 - (c) While HIPAA-covered providers may share health information with school nurses and others providing health care to students, signed parent authorizations permitting the sharing of such student information should be obtained first.
 - (d) Most health care providers will feel more confident that they are not violating privacy rights if they have this documentation.
 - (e) Specific HIPAA compliant forms are required for the release of records or information to school personnel for assessment and evaluation purposes.¹³⁵

B. Confidential Information

According to the American School Health Association National Task Force on Confidential Student Health Information, school personnel should consider all information (written, oral, or in electronic form) related to a specific student's physical, mental, and developmental health status as confidential.

C. Guidelines for Protecting Confidential Student Health Information

¹³⁴ Adapted from: National Task Force on Confidential Student Health Information (2000). *Guidelines for Protecting Confidential Student Health Information* (pp. 18-19). Kent, Ohio: American School Health Association.

¹³⁵ Bergren, M. D. (2004). HIPAA-FERPA Revisited *The Journal of School Nursing*, 20(2), 107-112.

1. Distinguish student health information from other types of school records.
2. Extend to school health records the same protections granted medical records by federal and state law.
3. Establish uniform standards for collecting and recording student health information.
4. Establish district policies and standard procedures for protecting confidentiality during the creation, storage, transfer, and destruction of student health records.
5. Require written, informed consent from the parent and, when appropriate, the student, to release medical and psychiatric diagnoses to other school personnel.
6. Limit the disclosure of confidential health information within the school to information necessary to benefit student's health or education.
7. Establish policies and standard procedures for requesting needed health information from outside sources and for releasing confidential health information, with parental consent, to outside agencies and individuals.
8. Provide regular, periodic training for all new school staff, contracted service providers, substitute teachers, and school volunteers concerning the school division's policies and procedures for protecting confidentiality.
9. A school health record, which includes the student's medication log, is to be kept confidential. Health records are shared only with written parental consent.
10. General sign-in logs listing student's name and reason for visits to school health office should not be used. Records of individual student visits should be kept in each individual student health record.

Part 14. Conduct Post-Test

- I. See "Medication Administration Test: Administering Medication to Students in Virginia Public Schools" in [Appendix A](#).¹³⁶
- II. Employees who do not correctly answer at least 80% of the test questions should receive additional training until they can pass the test.
- III. See "Test Key" in [Appendix A](#).

¹³⁶ Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide*. Des Moines, Iowa: Author.

Chapter 3.

Post-Training Information

I. Documentation

- A. The final step in the training for the administration of medication to public school students is documentation of employee training.
- B. Documentation of training should include the following information.
 - 1. Dates and times that training took place.
 - 2. Summaries of training techniques employed, such as demonstration, written instructions, lecture, and so forth.
 - 3. The school nurse's evaluation of the designee's readiness to perform the related task or activity.
 - 4. The designee must sign the training document stating that he or she has undergone the training and understands the proper procedures for medication administration.¹³⁷

II. Training

Training in the administration of medications should be updated annually and include observation and supervision of the designated personnel's practice and documentation.

III. Supervision

- A. After the unlicensed assistive person has successfully completed the training in the administration of medication, the school nurse must provide on-going supervision during the period medications are being given.
- B. Methods of supervision include:
 - 1. Periodic direct observation of the designee providing the care.
 - 2. Periodic conferences in person.
 - 3. Telephone consultation.

¹³⁷ Schwab, Nadine, Delegation and Supervision in School Settings, *Journal of School Nursing*, Vol. 12, Number 2, April 1996, pp. 14.

4. Review of the designee's documentation of care.¹³⁸
- C. A plan of supervision must always include the components of periodic on-site observation and review of the designee's documentation.
1. If the supervising registered school nurse is not on-site, he or she must be available by telecommunication (telephone, cell phone, beeper).
 2. The supervising registered school nurse must be available in the school division while the unlicensed person is performing the task—the administration of medication.
 3. If the supervising registered school nurse is not available on a particular day, the school division must provide an alternative plan for supervision.¹³⁹
- D. Medication Policy Review: Sample

The following is a sample medication policy review that has been developed and implemented by a Virginia school division.¹⁴⁰

1. Each September a yearly review of policies and procedures is completed by the registered school nurse and includes:
 - (a) General instructions to include review correct use of medication authorization form, pharmacy-labeled container, and recording forms.
 - (b) Review of school division policy.
 - (c) Demonstration of medication procedures by the registered nurse and return demonstration by the trainee using the pharmacy labels and authorization of medication form.
 - (d) The registered school nurse reviews the organization of the medication logbook and provides explanation of purpose of current daily, PRN, and emergency medications administered.
 - (e) Explanation of side effects and potential adverse reactions of all medication is provided.

¹³⁸ Schwab, Nadine, Delegation and Supervision in School Settings, *Journal of School Nursing*, Vol. 12, Number 2, April 1996, pp. 14-15.

¹³⁹ Schwab, Nadine, Delegation and Supervision in School Settings, *Journal of School Nursing*, Vol. 12, Number 2, April 1996, pp. 14-15.

¹⁴⁰ Arlington Department of Human Services, Public Health Division, School Health Bureau (Reviewed 2/2000). *Training for Administration of Medications by School Clinic Aides*. Arlington, Va.: Author.

- (f) The registered school nurse also provides an explanation and demonstration of any special procedures (e.g., nebulization, blood sugar monitoring).
 - (g) Information is provided on how to contact the registered nurse for consultation/emergency procedures and use of pager/beeper.
 - (h) The registered school nurse or the registered school nurse supervisor must be called at any time there are any questions regarding policy or procedure.
 - (i) The September training is documented.
2. Each January a mid-year review of policies and procedures to include:
- (a) On-site six-month review of policy.
 - (b) Review of current medication.
 - (c) Review of policies and procedures.
 - (d) Documentation of completion of review.

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Appendices

[Appendix A: Pre- and Post-Test](#)

[Appendix B: Code of Virginia: Related Sections](#)

[Appendix C: Universal Precautions for Handling Blood/Body Fluids in School](#)

[Appendix D: Sample Forms](#)

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Appendix A. Pre- and Post-Test

[Medication Administration Test: Administering Medication to Students in Virginia Public Schools](#)

[Test Key](#)

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Medication Administration Test

Administering Medication to Students in Virginia Public Schools

PART I: TRUE OR FALSE—Circle appropriate response.

- T F 1. Medication administration at school requires a parent's written consent.
- T F 2. Medication may be stored in an unlocked cabinet if the school is locked.
- T F 3. Record medication administration prior to giving the medication.
- T F 4. When a student refuses to take a scheduled medication, you should report this immediately.
- T F 5. Prescription medication is over-the-counter medication.
- T F 6. Proper handwashing is very important in fighting the spread of germs.
- T F 7. It is proper to put tablets and capsules in the student's hand if you are careful.
- T F 8. Unwrap individually wrapped medication when you are ready to give the medication.
- T F 9. Measure liquid medication at eye level to assure proper dosage.
- T F 10. If you wash your hands first, you may apply topical medications—such as ointments, creams and lotions—using your fingers.
- T F 11. If you are unsure about how to administer a medication, check with the school nurse before administering the medication.
- T F 12. Report any change in the student's condition.
- T F 13. The auto-injector pen may be administered through clothing.
- T F 14. Drug legislation is designed to ensure the public's safety and to regulate the manufacture and sale of drugs.
- T F 15. School personnel may dispense prescription medication.
- T F 16. In Virginia, a legal prescriber includes a pharmacist, physician, dentist, podiatrist, physician's assistant, and advanced registered nurse practitioner.

PART II: MULTIPLE CHOICE—Circle only one response.

17. Drugs may be classified as:
- A. Over The Counter
 - B. Controlled substances
 - C. Prescription medication
 - D. All of the above
18. The first action you take when you are unclear about administering medication is:
- A. Check with the student
 - B. Check with the licensed prescriber
 - C. Do not administer the medication
 - D. Use judgment
19. The record of medication administration includes:
- A. Name of the student
 - B. Date
 - C. Time medication is given
 - D. All of the above
20. The student does not come for the medication on time. You should:
- A. Check with the classroom teacher, attendance office, or principal
 - B. Call the student's parents
 - C. Notify the school nurse immediately
 - D. Call the physician
21. A student vomits after taking medication, you report:
- A. Student's name and age
 - B. Medicine and dosage
 - C. Time interval between medication administration and vomiting
 - D. All of the above
22. You make a medication error. You should **immediately**:
- A. Report the error following school guidelines
 - B. Fill out an incident report
 - C. Induce vomiting
 - D. Notify the student's parent and physician

23. To prevent the spread of germs, wash hands:
- | | |
|------------------|--|
| A. 1, 2, 5 | 1. Before giving each student's medication |
| B. 3, 4, 5 | 2. After giving each student's medication |
| C. All of these | 3. At the beginning of the day |
| D. None of these | 4. After using the restroom |
| | 5. Between giving each student medication |
| | 6. After removing gloves |
24. Each time you give a medication you should:
- Perform proper hand-washing techniques
 - Check the “**Five Rights**”
 - Fill out the medication log
 - All of the above
25. A student is taking two liquid medications. You do all **except**:
- Measure the liquid using a medicine cup
 - Mix liquid medications in the same cup
 - Hold the bottle with the label facing your palm
 - Measure dosage at the bottom of the disc
26. Administration of eye drops includes:
- Approach from inside the student's field of vision
 - Touch the eye with the dropper
 - After administration the student closes their eyes for a few minutes
 - Blot excess from the outside of the eye to the inside
27. Administration of the auto-injector medication in emergencies includes:
- Pull off safety cap
 - Place tip on the student's thigh.
 - Press auto-injector against thigh until mechanism activates
 - All of the above
28. When administering ear drops:
- Pull the ear up and back for children
 - Wait at least 1 minute before putting drops in the second ear
 - Washing your hands is not necessary since chances of spreading germs are minimal
 - All but C
29. Qualified school personnel may administer medication by injection:
- In situations where no previous training has occurred
 - In emergency situations such as allergic reactions
 - Both A and B
 - None of the above

30. Monitoring student self-administration by inhaler does **not** include:
- A. Exhaling immediately after inhalation for medication to settle
 - B. Physician authorization for student to self-administer at school
 - C. Shaking the inhaler for two seconds
 - D. Waiting 1 to 2 minutes before the second inhalation
31. The role of the qualified person to administer medication includes all **except**:
- A. Responsibility for following medication administration procedures
 - B. Obtaining medication information from the individualized healthcare plan
 - C. Not having accountability for errors
 - D. Knowing the specific instructions for each medication administered
32. The best definition of medication is:
- A. A synthetic and artificial substance prepared in labs from chemicals
 - B. A substance to prevent, diagnose, cure, or relieve disease
 - C. The generic name is designated and patented by the manufacturer
 - D. A substance that is unlikely to produce adverse effects
33. Reliable sources of medication information include all of the following **except**:
- A. Phonology textbooks
 - B. Drug reference books
 - C. School nurse
 - D. Pharmacist
34. List the “**Five Rights**” of medication administration and explain each one (10 points).
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
35. Name and explain what is often referred to as the “**Sixth Right**” of medication administration (2 points).
- _____

Test Key

PART I	PART II
1. T 2. F 3. F 4. T 5. F 6. T 7. T 8. T 9. T 10. F 11. T 12. T 13. T 14. T 15. F 16. F	17. D 18. C 19. D 20. A 21. D 22. A 23. C 24. D 25. B 26. C 27. D 28. D 29. B 30. A 31. C 32. B 33. A 34. (1) Right Student: Properly identifies the student. (2) Right Time: Administer medication at the prescribed time (3) Right Medicine: Administration of the correct medication (4) Right Dose: Administration of the right amount of medication (5) Right Route: Use the prescribed method of medication administration (One point each for rights and description for a total of 10 points). 35. Right Documentation: Record and report the five rights of medication administration. Include the student's name, time, medication, dose, route, date, name of person administering the medication, and unusual observations and circumstances. (One point for the right and one point for the description for a total of 2 points).
Total Score : Possible: 45 Points Score of 38 Points = 85% mastery	

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Appendix B. Code of Virginia: Related Sections

[§ 8.01-225. Persons rendering emergency care, obstetrical services exempt from liability.](#)

[§ 8.01-226.5:1. Civil immunity for school board employees supervising self-administration of asthma medication.](#)

[§ 22.1-274. School health services.](#)

[§ 22.1-274.2. Possession and self-administration of inhaled asthma medications by asthmatic students.](#)

[§ 22.1-274.3 Policies regarding medication recommendations by school personnel.](#)

[§22.1-279.3:1 Reports of certain acts to school authorities.](#)

[§ 54.1-2901. Exceptions and exemptions generally.](#)

[§ 54.1-3001. Exemptions.](#)

[§ 54.1-3005. Specific powers and duties of Board.](#)

[§ 54.1-3408. \(Effective January 1, 2001\) Professional use by practitioners.](#)

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§ [8.01-225](#). Persons rendering emergency care, obstetrical services exempt from liability.

A. Any person who:

...

9. Is an employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, who, upon the written request of the parents as defined in § [22.1-1](#), assists with the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered according to the child's medication schedule or such employee has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a school board is covered by the immunity granted herein, the school board employing him shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

§ [8.01-226.5:1](#). Civil immunity for school board employees supervising self-administration of asthma medication and auto injectable medication.

A. Any school principal or other employee of a school board who, in good faith, without compensation, and in the absence of gross negligence or willful misconduct, supervises the self-administration of inhaled asthma medications or auto-injectable epinephrine by a student, pursuant to § [22.1-274.2](#), shall not be liable for any civil damages for acts or omissions resulting from the supervision of self-administration of inhaled asthma medication or auto-injectable epinephrine by such student further, no such principal or school board employee shall be liable for any civil damages for any injuries or deaths resulting from the misuse of such auto-injectable epinephrine.

B. For the purposes of this section, "employee" shall include any person employed by a local health department who is assigned to a public school pursuant to an agreement between a local health department and a school board.

§ [22.1-274](#). School health services.

A. A school board shall provide pupil personnel and support services, in compliance with § [22.1-253.13:2](#). A school board may employ school nurses, physicians, physical therapists, occupational therapists and speech therapists. No such personnel shall be employed unless they meet such standards as may be determined by the Board of Education. Subject to the approval of the appropriate local governing body, a local health department may provide personnel for health services for the school division.

B. In implementing subsection C of § [22.1-253.13:2](#), relating to providing support services which are necessary for the efficient and cost-effective operation and maintenance of its public

schools, each school board may strive to employ, or contract with local health departments for, nursing services consistent with a ratio of at least one nurse (i) per 2,500 students by July 1, 1996; (ii) per 2,000 students by July 1, 1997; (iii) per 1,500 students by July 1, 1998; and (iv) per 1,000 students by July 1, 1999. In those school divisions in which there are more than 1,000 students in average daily membership in school buildings, this section shall not be construed to encourage the employment of more than one nurse per school building. Further, this section shall not be construed to mandate the aspired-to ratios.

C. The Board of Education shall monitor the progress in achieving the ratios set forth in subsection B of this section and any subsequent increase in prevailing statewide costs, and the mechanism for funding health services, pursuant to subsection E of § [22.1-253.13:2](#) and the appropriation act. The Board shall also determine how school health funds are used and school health services are delivered in each locality and shall provide, by December 1, 1994, a detailed analysis of school health expenditures to the House Committee on Education, the House Committee on Appropriations, the Senate Committee on Education and Health, and the Senate Committee on Finance.

D. With the exception of school administrative personnel and persons employed by school boards who have the specific duty to deliver health-related services, no licensed instructional employee, instructional aide, or clerical employee shall be disciplined, placed on probation or dismissed on the basis of such employee's refusal to (i) perform nonemergency health-related services for students or (ii) obtain training in the administration of insulin and glucagon. However, instructional aides and clerical employees may not refuse to dispense oral medications. For the purposes of this subsection, "health-related services" means those activities which, when performed in a health care facility, must be delivered by or under the supervision of a licensed or certified professional.

E. Each school board shall ensure that, in school buildings with an instructional and administrative staff of ten or more, (i) at least two employees have current certification in cardiopulmonary resuscitation or have received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation and (ii) if one or more students diagnosed as having diabetes attend such school, at least two employees have been trained in the administration of insulin and glucagon. In school buildings with an instructional and administrative staff of fewer than ten, school boards shall ensure that (i) at least one employee has current certification in cardiopulmonary resuscitation or has received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation and (ii) if one or more students diagnosed as having diabetes attend such school, at least one employee has been trained in the administration of insulin and glucagon. "Employee" shall include any person employed by a local health department who is assigned to the public school pursuant to an agreement between the local health department and the school board. When a registered nurse, nurse practitioner, physician or physician assistant is present, no employee who is not a registered nurse, nurse practitioner, physician or physician assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and parental consent shall be obtained for any employee who is not a registered nurse, nurse practitioner, physician or physician assistant to assist with the administration of insulin and administer glucagon.

§ [22.1-274.2](#). Possession and self-administration of inhaled asthma medications and auto-injectable epinephrine by certain students.

A. Effective on July 1, 2000, local school boards shall develop and implement policies permitting a student with a diagnosis of asthma or anaphylaxis or both, to possess and self-administer inhaled asthma medications or auto-injectable, or both as the case may be, during the school day, at school-sponsored activities, or while on a school bus or other school property. Such policies shall include, but not be limited to, provisions for:

1. Written consent of the parent, as defined in § [22.1-1](#), of a student with a diagnosis of asthma or anaphylaxis, or both, that the student may self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.
2. Written notice from the student's primary care provider or medical specialist, or a licensed physician or licensed nurse practitioner that (i) identifies the student; (ii) states that the student has a diagnosis of asthma or anaphylaxis, or both, and has approval to self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, that have been prescribed or authorized for the student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications or auto-injectable epinephrine, such as before exercising or engaging in physical activity to prevent the onset of asthma symptoms or to alleviate asthma symptoms after the onset of an asthma episode; and (iv) attests to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.
3. Development of an individualized health care plan, including emergency procedures for any life-threatening conditions.
4. Consultation with the student's parent before any limitations or restrictions are imposed upon a student's possession and self-administration of inhaled asthma medications and auto-injectable epinephrine and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year is revoked.
5. Self-administration of inhaled asthma medications and auto-injectable epinephrine to be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.
6. Disclosure or dissemination of information pertaining to the health condition of a student to school board employees to comply with §§ [22.1-287](#) and [22.1-289](#) and the federal Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. § 1232g, which govern the disclosure and dissemination of information contained in student scholastic records.

B. The permission granted a student with a diagnosis of asthma or anaphylaxis, or both, to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, shall be effective for one school year. Permission to possess and self-administer such

medications shall be renewed annually. For the purposes of this section, "one school year" means 365 calendar days.

22.1-274.3. Policies regarding medication recommendations by school personnel.

The Board of Education shall develop and implement policies prohibiting school personnel from recommending the use of psychotropic medications for any student. Such policies shall not prohibit school health staff, classroom teachers or other school professionals from recommending that a student be evaluated by an appropriate medical practitioner, or prohibit school personnel from consulting with such practitioner, with the written consent of the student's parent.

For the purposes of this section, "psychotropic medications" means those medications the prescribed intention of which is to alter mental activity or state, including, but not limited to, antipsychotic, antidepressant, and anachylaxis medication and behavior-altering medication.

(2002, c. 314.)

§ 22.1-279.3:1. Reports of certain acts to school authorities.

A. Reports shall be made to the division superintendent and to the principal or his designee on all incidents involving...iii) any conduct involving alcohol, marijuana, a controlled substance, imitation controlled substance, or an anabolic steroid on a school bus, on school property, or at a school-sponsored activity, including the theft or attempted theft of student prescription medications; ... The principal or his designee shall also notify the parent of any student involved in an incident required pursuant to this section to be reported, regardless of whether disciplinary action is taken against such student or the nature of the disciplinary action. Such notice shall relate to only the relevant student's involvement and shall not include information concerning other students.

Whenever any student commits any reportable incident as set forth in this section, such student shall be required to participate in such prevention and intervention activities as deemed appropriate by the superintendent or his designee. Prevention and intervention activities shall be identified in the local school division's drug and violence prevention plans developed pursuant to the federal Improving America's Schools Act of 1994 (Title IV - Safe and Drug-Free Schools and Communities Act).

D. Except as may otherwise be required by federal law, regulation, or jurisprudence, the principal shall immediately report to the local law-enforcement agency any act enumerated in clauses (ii) through (vii) of subsection A that may constitute a criminal offense and may report to the local law-enforcement agency any incident described in clause (i) of subsection A.

§ [54.1-2901](#). Exceptions and exemptions generally.

The provisions of this chapter shall not prevent or prohibit:

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § [22.1-1](#), assisting with the administration of insulin or administering glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia.

§ [54.1-3001](#). Exemptions.

This chapter shall not apply to the following:

...

9. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § [22.1-1](#), assisting with the administration of insulin or administering glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia.

§ [54.1-3005](#). Specific powers and duties of Board.

...

14. To develop and revise as may be necessary, in coordination with the Boards of Medicine and Education, guidelines for the training of employees of a school board in the administration of insulin and glucagon for the purpose of assisting with routine insulin injections and providing emergency treatment for life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999, and shall be made available to local school boards for a fee not to exceed the costs of publication; and

§ [54.1-3408](#). (Effective January 1, 2001) Professional use by practitioners

A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § [54.1-2957.01](#), a licensed physician assistant pursuant to § [54.1-2952.1](#), or a TPA-certified optometrist pursuant to Article 5 (§ [54.1-3222](#) et seq.) of Chapter 32 of this title shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause them to be administered by a nurse, physician assistant or intern under his direction and supervision, or he may prescribe and cause drugs and devices to be administered to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the State Mental Health, Mental Retardation and Substance Abuse Services Board by other persons who have been trained properly to administer drugs and who administer drugs only under the control and supervision of the prescriber or a

pharmacist or a prescriber may cause drugs and devices to be administered to patients by emergency medical services personnel who have been certified and authorized to administer such drugs and devices pursuant to Board of Health regulations governing emergency medical services and who are acting within the scope of such certification. A prescriber may authorize a certified respiratory therapy practitioner as defined in § [54.1-2954](#) to administer by inhalation controlled substances used in inhalation or respiratory therapy.

Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease.

Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § [22.1-1](#), an employee of a school board who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician or physician assistant is not present to perform the administration of the medication.

A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, (i) by licensed pharmacists, (ii) by registered nurses, or (iii) licensed practical nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist or nurse when the prescriber is not physically present.

A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.

This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) a resident of a facility licensed or certified by the State Mental Health, Mental Retardation and Substance Abuse Services Board; (ii) a resident of any assisted living facility which is licensed by the Department of Social Services; (iii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iv) a resident of a facility

approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (v) a program participant of an adult day-care center licensed by the Department of Social Services; or (vi) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services.

In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

Nothing in this title shall prohibit the administration of normally self-administered oral or topical drugs by unlicensed individuals to a person in his private residence.

This section shall not interfere with any prescriber issuing prescriptions in compliance with his authority and scope of practice and the provisions of this section to a Board agent for use pursuant to subsection G of § [18.2-258.1](#). Such prescriptions issued by such prescriber shall be deemed to be valid prescriptions.

Nothing in this title shall prevent dialysis care technicians, in the ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site anesthetics, dialysis solutions and sterile normal saline solution for the purpose of facilitating renal dialysis treatment, provided such administration of medications occurs under the orders of a licensed physician and under the immediate and direct supervision of a licensed registered nurse. The dialysis care technician administering the medications must have been trained in renal dialysis practices and procedures by a licensed nurse, and must have demonstrated competency as evidenced by satisfactory completion of a training program in accordance with the Core Curriculum for the Dialysis Technician, also known as the Amgen Core Curriculum, or a comparable education and training curriculum.

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Appendix C. Standard Precautions for Handling Blood/Body Fluids in School

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Standard Precautions for Handling Blood/Body Fluids in School

(Reprinted with permission from:

Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (pp.573-582). Richmond, Va.: Virginia Department of Health.)

Authorization

Occupational Safety and Health Administration (OSHA) Final Bloodborne Pathogens Standard. The following guidelines are designed to protect persons who may be exposed to blood or body fluids of students or employees in a school. Please refer to the Occupational Safety and Health Administration (OSHA) Final Bloodborne Pathogens Standard for the most recent requirements.

Overview

Anticipating Potential Contact. Anticipating potential contact with infectious materials in routine and emergency situations is the most important step in preventing exposure to and transmission of infections. Use universal precautions and infection control techniques in all situations that may present the hazard of infection. Diligent and proper handwashing, the use of barriers (e.g., latex or vinyl gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.

Applying the Concept of Universal Precautions. When applying the concept of universal precautions to infection control, all blood and body fluids are treated as if they contain bloodborne pathogens, such as the human immunodeficiency virus (HIV) and hepatitis B virus (HBV). HIV and HBV can be found in:

- ◆ Blood
- ◆ Spinal fluid
- ◆ Synovial fluid
- ◆ Vaginal secretions
- ◆ Semen
- ◆ Pericardial fluid
- ◆ breast milk
- ◆ Peritoneal fluid
- ◆ Amniotic fluid
- ◆ Pleural fluid

Hepatitis B Virus (HBV). HBV (not HIV) is also found in saliva and other body fluids such as urine, vomitus, nasal secretions, sputum, and feces. It is not possible to know whether these body fluids contain bloodborne pathogens therefore, **all body fluids should be considered potentially infectious.** Thus universal precautions should be observed by all students and staff when handling or coming into contact with any blood or body fluids.

Handwashing

Diligent and proper handwashing is an essential component of infection control. Hands should be washed:

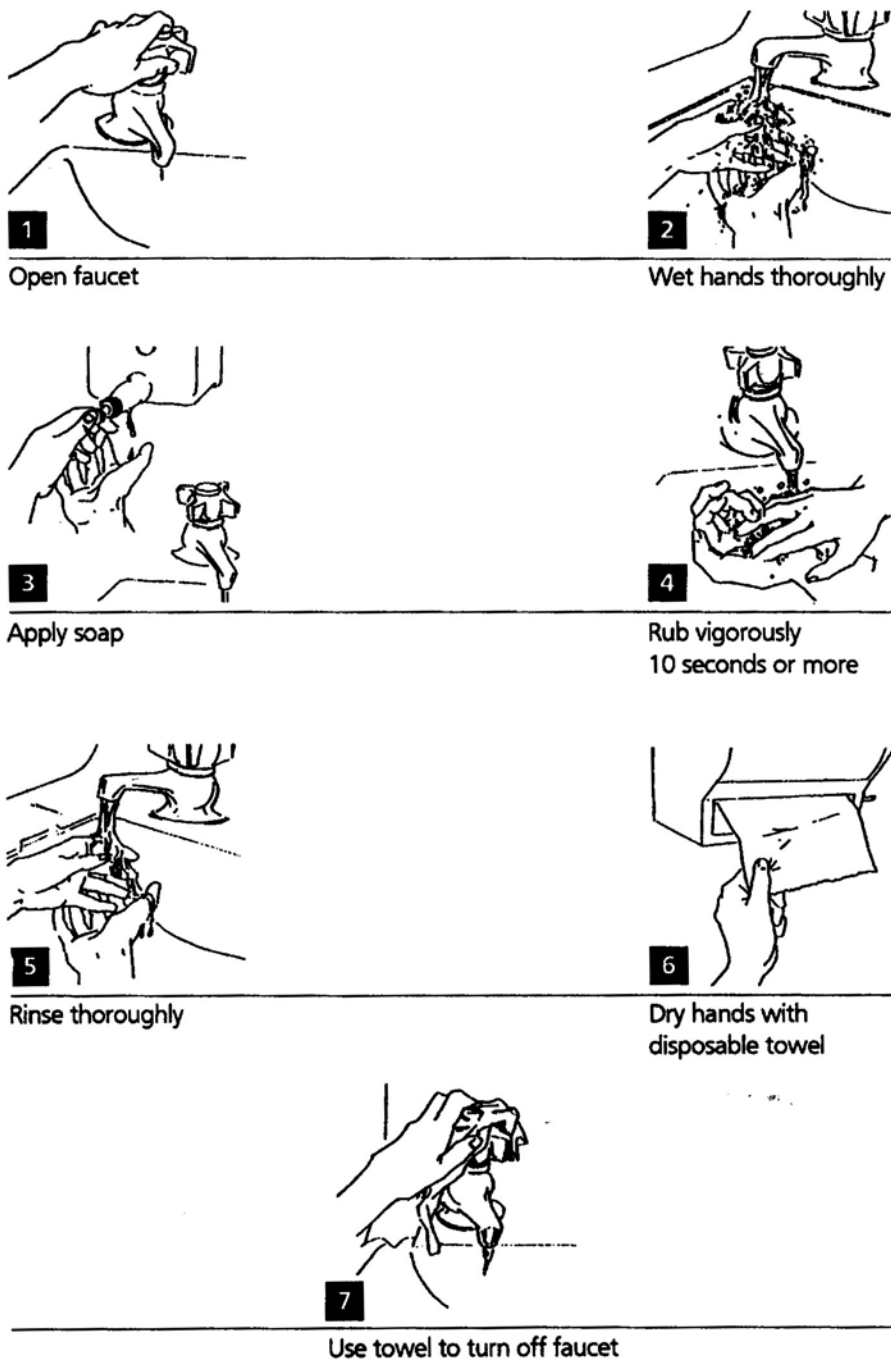
- ◆ Immediately before and after physical contact with a student (e.g., diaper changes, assisting with toileting, assisting with feeding).
- ◆ Immediately after contact with blood or body fluids or garments or objects soiled with body fluids or blood.
- ◆ After contact with used equipment (e.g., stethoscope, emesis basin, gloves).
- ◆ After removing protective equipment, such as gloves or clothing.

Procedure.

1. Remove jewelry and store in a safe place prior to initial handwashing (replace jewelry after final handwashing).
2. Wash hands vigorously with soap under a stream of running water for approximately 15 seconds.
3. Rinse hands well with running water and thoroughly dry with paper towels.
4. If soap and water are unavailable, bacteriostatic/bactericidal wet towelettes, “handi-wipes,” or instant hand cleaner may be used.

Please see detailed instructions in Figure 1, Eight Steps to Proper Handwashing, for detailed handwashing instructions.

Figure 1. Eight Steps to Proper Handwashing ¹⁴¹



¹⁴¹ From *Resource Manual for the Prevention of HIB/HBV Viruses* by Maryland State Department of Education, 1991.

Ways to Avoid Contact with Body Fluids

Gloves. When possible, avoid direct skin contact with body fluids. Disposable single-use, waterproof, latex, or vinyl gloves should be available in school clinics. Vinyl gloves should be used with students who have a latex allergy or a high potential for developing a latex allergy, such as students with spina bifida. The use of gloves is intended to reduce the risk of contact with blood and body fluids for the caregiver as well as to control the spread of infectious agents from student to employee, employee to student, or employee to employee.

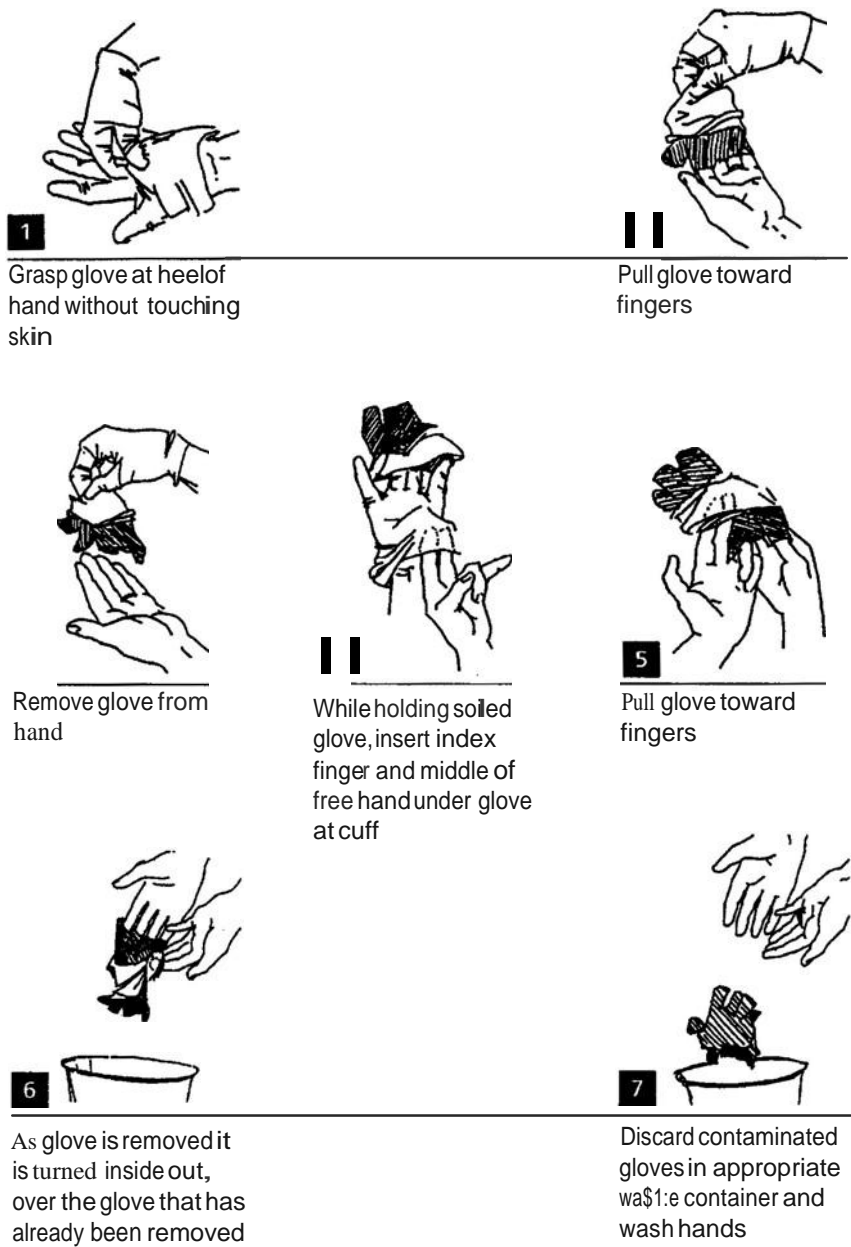
Gloves should be worn when direct care may involve contact with any type of body fluids. Incidents when gloves should be worn include (but are not limited to) caring for nose bleeds, changing a bandage or sanitary napkins, cleaning up spills or garments soiled with body fluids, disposing of supplies soiled with blood, or any procedure where blood is visible. Gloves should also be worn when changing a diaper, catheterizing a student, or providing mouth, nose or tracheal care.

Do Not Reuse Gloves. After each use, gloves should be removed without touching the outside of the glove and disposed of in a lined waste container. After removing the gloves, the hands should be washed according to the handwashing procedure. (See Figures 2. Proper Removal of Gloves.)

Protective Clothing. If spattering of body fluids is anticipated, the clothing of the caregiver should be protected with an apron or gown and the face protected with a face-mask and eye goggles or face shield. The apron or gown should be laundered or disposed of after it is used and should not be used again until it is clean. The goggles and mask should be disposed of properly.

Shield for Rescue Breathing. If it is necessary to perform rescue breathing, a one-way mask or other infection control barrier should be used. However, rescue breathing should not be delayed while such a device is located.

Figure 2. Proper Removal of Gloves ¹⁴²



¹⁴² From *Resource A: A Manual for the Prevention of HIV and HBV Viruses* by Maryland State Department of Education, 1991.

Disposal of Infectious Waste

Contaminated Supplies. All used or contaminated supplies (e.g., gloves and other barriers, sanitary napkins, Band-Aids), except syringes, needles, and other sharp implements, should be placed into a plastic bag and sealed. This bag can be thrown into the garbage, out of reach of children or animals.

Used Needles, Syringes, And Other Sharp Objects. Make arrangements to dispose of used needles, syringes, and other sharp objects at a local medical facility or health department. Needles, syringes, and other sharp objects should be placed **immediately after use** in a metal or other puncture-proof container that is leak proof on the bottom and sides. To reduce the risk of a cut or accidental puncture by a needle, NEEDLES SHOULD NOT BE RECAPPED, BENT, OR REMOVED FROM THE SYRINGE BEFORE DISPOSAL. Once it is full, the container should be sealed, bagged, and kept out of the reach of children until it can be disposed of properly.

Body Waste. Body waste (e.g., urine, vomitus, and feces) should be disposed of in the toilet. If such body fluids as urine and vomitus are spilled, the body fluids should be covered with an absorbent sanitary material, gently swept up, and discarded in plastic bags.

Clean-Up

Spills of blood and body fluids should be cleaned up immediately with an approved disinfectant cleaner.

Procedure.

1. Wear gloves. (See “Ways to Avoid Contact with Body Fluids” on previous page.)
2. Mop up spill with absorbent material.
3. Wash the area well, using the disinfectant cleaner supplied in the clinics or a 1:10 bleach solution (mix 1 part household bleach, sodium hypochlorite, in ten parts of water). Replace solution daily.
4. Dispose of gloves, soiled towels, and other waste in sealed plastic bags and place in garbage, as already indicated.
5. WASH HANDS.

Routine Environmental Clean-Up Facilities. Routine environmental clean-up facilities (e.g., clinic and bathrooms) do not require modification unless contaminated with blood or body fluids. If so, the area should be decontaminated using the procedure outlined. Regular cleaning of noncontaminated surfaces, such as toilet seats and table tops, can be done with the standard cleaning solutions or the 1:10 bleach solution described above. Regular cleaning of obvious soil is more effective than extraordinary attempts to disinfect or sterilize surfaces.

Cleaning Tools. Rooms and dustpans must be rinsed in disinfectant. Mops must be soaked in disinfectant, washed, and thoroughly rinsed. The disinfectant solution should be disposed of promptly down the drain.

Laundry. Whenever possible, disposable barriers (e.g., disposable gloves and gowns) should be used if contamination with blood or body fluids is possible. If sheets, towels, or clothing become soiled, they should not be handled more than necessary. Wash contaminated items with hot water and detergent for at least 25 minutes. Presoaking may be required for heavily soiled clothing. The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and hot water.

Soiled student clothing should be rinsed using gloves, placed in a plastic bag, and sent home with appropriate washing instructions for the parents.

Accidental Exposure

Accidental exposure to blood, body products, or body fluids places the exposed individual at risk of infection. The risk varies depending on the type of body fluid (e.g., blood vs. respiratory vs. feces), the type of infection (e.g., salmonellae vs. haemophilus influenzae virus vs. HIV), and the integrity of the skin that is contaminated.

Procedure.

1. Always wash the contaminated area **immediately** with soap and water.
2. If the mucous membranes (i.e., eye or mouth) are contaminated by a splash of potentially infectious material or contamination of broken skin occurs, irrigate or wash area thoroughly.
3. If a cut or needle injury occurs, wash the skin thoroughly with soap and water.

In instances where broken skin or mucous membranes, or a needle puncture occur, the caregiver should document the incident. The student's parent or guardian should also be notified. The person who was exposed to the infection should contact his/her health care provider for further care as outlined in the recommendations by the Centers for Disease Control and Prevention (CDC).

Pregnant Women

Pregnant women are at no higher risk for infection than other caregivers, as long as appropriate precautions are observed. There is, however, the possibility of in utero transmission of viral infections, such as cytomegalovirus (CMV), HIV, or HBV to unborn children.

Guidelines for Exposure Policy Development

As of 1992, all school divisions, should have an exposure policy as mandated in the Virginia Department of Labor and Industry's *Occupational Exposure to Bloodborne Pathogens; Final Rule (1992)*. For assistance concerning an exposure policy, contact the Virginia Department of Labor and Industry's Regional Office.

Department of Labor and Industry
Powers-Taylor Building
13 South Thirteenth Street
Richmond, VA 23219
Telephone: (804) 371-2327
Fax: (804) 371-2324
TDD: (804) 786-2376
E-mail: jap@doli.state.va.us

Resource

Bradley, B. (1994). *Occupational Exposure to Bloodborne Pathogens, Implementing OSHA Standards in the School Setting*. Scarborough, Maine: National Association of School Nurses.

Appendix D. Sample Forms

[Medication Incident Report](#)

[Medication Log](#)

[Medication Permission Forms](#)

[Annual Contract for Self-Administration of Inhaled Medication for Asthma](#)

[Weekly Refrigerator Log](#)

[Physician Order/Care Plan for Severe Allergy](#)

[Asthma Action Plan & Authorization for Medication](#)

[Diabetes Care Plan](#)

[Physician Order / Care Plan for Seizures](#)

[Authorization for Medication Administration](#)

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MEDICATION INCIDENT REPORT

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

Date of Report _____ School _____ Prepared by _____

Name of Student _____ Date of Birth _____ Sex _____ Grade _____

Date & time incident occurred _____

Person Administering Medication _____
(Name) (Title)

Licensed Prescriber _____
(Name) (Address)

Reason medication was prescribed _____

Date of Order _____ Instructions for Administration _____

Medication _____ Dose _____ Route _____ Scheduled Time _____

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

Action Taken

Parent/guardian notified: Date _____ Time _____

Principal notified: Date _____ Time _____

Follow-up information _____

Outcome:

Name _____	_____	_____	_____
Type or Print	Signature	Title	Date

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HENRICO COUNTY PUBLIC SCHOOLS

1. Record time(s) & initial in box when medication is given.
2. Record "AB" if student absent, "FT" Field Trip; "NM" No medication
3. Include form in health record if pupil transfers to another school.

MEDICATION LOG

Student _____ Name _____
 Clinic _____ Attendant/Nurse _____
 Grade _____ HR: _____

School _____

DIAGNOSIS		PHYSICIAN'S NAME					MEDICATION					DIRECTIONS FOR ADMINISTERING					SIDE EFFECTS								
2000-01	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
SEPT.	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29					
TIMES/ INITIAL	H													½											
OCT.	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
TIMES/ INITIAL						H																			
NOV.			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	
TIMES/ INITIAL							H							½					H	H					
DEC.					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29
TIMES/ INITIAL																H	H	H	H	H	H	H	H	H	H
JAN.	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
TIMES/ INITIAL	H										H										H				
FEB.				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28		
TIMES/ INITIAL																H									
MARCH				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
TIMES/ INITIAL														½											
APRIL	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30				
TIMES/ INITIAL		½				H	H	H	H	H															
MAY		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31	
TIMES/ INITIAL																					H				
JUNE					1	4	5	6	7	8	11	12	13	14	15	18									
TIMES/ INITIAL																									

MEDICATION PERMISSION FORM

Received **Medication #** **Received From**

OVER-THE-COUNTER MEDICATION REQUEST

Student: _____ DOB: _____

Name _____ of _____ Medication: _____

Specific time(s) and dose(s) to be given at school: _____

Length _____ of _____ time _____ to _____ be _____ given: _____

Reason(s) medication is to be given: _____

I, _____,
the parent/legal custodian of _____,
request that the clinic attendant/school nurse or principal's designees
administer the above medication to
during school hours and at the times indicated. I agree to furnish said
medication in the **ORIGINAL** container supplied by the pharmacy with
the label intact. I understand and accept that the Henrico County
School Board, its employees, agents or designees are not responsible
for any effects of the medication administered. Any nonprescription
medication that is to be given for more than three (3) consecutive
school days must be authorized in writing by a physician.

TO BE COMPLETED BY PHYSICIAN

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

Prescription:

Medication _____

Dosage & Time _____

Duration _____

Date of Prescription _____

Diagnosis requiring medication _____

Date _____

Signature of Physician

TO BE COMPLETED BY PARENT/LEGAL CUSTODIAN

I, _____, the parent or
legal custodian of _____, request
that the clinic attendant/school nurse or principal's designees
administer the above medication to

_____ during the school hours
and at the times indicated. I agree to furnish said medication in the
ORIGINAL container supplied by the pharmacy with the label intact. I
understand and accept that the Henrico County School Board, its

MEDICATION PERMISSION FORM

Date _____
Signature of Parent/Legal Custodian _____

employees, agents or designees are not responsible for any effects of the medication administered.

Date _____
Signature of Parent/Legal Custodian _____
Home Tel. No. _____
Work Tel. No. _____

NOTE: PLEASE RETURN THIS FORM WITH MEDICATION OR HAVE YOUR PHYSICIAN MAIL OR FAX IT BACK TO YOUR CHILD'S SCHOOL, ATTN: CLINIC ATTENDANT/SCHOOL NURSE

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Parental Consent and Licensed Prescriber Authorization For Administering Medication

(Use a separate authorization form for each medication.)

Parental Consent

Student's Last Name: _____ First Name: _____ M.I. _____

Student Number _____ Grade _____ Date of Birth: _____

Allergies: _____

Parental Consent

I am the parent or guardian of _____. I give my permission for him/her to take the following prescribed medication while in _____ School. I hereby acknowledge that I have read and understood the School Board Regulations relating to the taking of medications. I hereby release _____ School and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the above licensed prescriber.

Parent/Guardian Signature _____ Daytime Phone _____ Date _____

Medication Authorization

(For Use By Licensed Prescriber ONLY)

Relevant Diagnosis _____ Medication _____

Dates medication must be administered at school:

_____ Short Term (List dates to be given): _____

_____ Every Day at school

_____ Episodic/Emergency Events ONLY

Dosage (Amount): _____ Route: _____ Form: _____ Time(s) of Day: _____

A. Serious reactions can occur if the medication is not given as prescribed: _____ YES _____ NO

If yes, describe: _____

B. Serious reactions/adverse side effects from this medication may occur: _____ YES _____ NO

Action/Treatment for reactions: _____

Report to you: _____ YES _____ NO (Drug information sheet may be attached.)

Special Handling Instructions: _____ Refrigeration _____ Keep out of sunlight _____ Other _____

Asthmatic/Diabetic ONLY

This student is both capable and responsible for self-administering this medication:

_____ NO _____ YES-Supervised _____ YES—Unsupervised

This student may carry this medication: _____ NO _____ YES

Licensed Prescriber's Name _____

Telephone Number _____ Emergency Number _____

Licensed Prescriber's Signature _____ Date _____

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Annual Contract for Self-Administration of Inhaled Medication for Asthma

PHYSICIAN OR PRESCRIBER

Name of Student _____ Grade/Room _____

Name of Medication _____

Frequency of Use _____

Duration of Order _____

Health Care Plan or Action Plan, specific for the student is provided for the school.

(This plan is required by state code.) Yes _____ No _____

Any directions or comments specific to the student. What is the recommended emergency response?

Physician's signature _____ **Phone** _____ **Date** _____

.....

PARENT/GUARDIAN

I have provided the school with the orders and health care plan from the physician. I understand that I will not hold the school board or its employees responsible for any negative outcomes from self-administration of the inhaled asthma medication. Further more, I understand that the principal may revoke the permission to possess and self administer inhaled asthma medication for the remainder of the school year, if it is determined that my student is not safely and effectively self-administering the inhaled medication.

Parent/Guardian's signature _____ **Phone Number** _____ **Date** _____

.....

TO BE COMPLETED BY THE SCHOOL NURSE

SCHOOL NURSE CHECKLIST: Documentation of this agreement is on file in the school clinic.

_____ Prescribed orders _____ Demonstrated ability by the student

_____ Action Plan _____ Parent signature

_____ Emergency Plan _____ Teacher(s) informed

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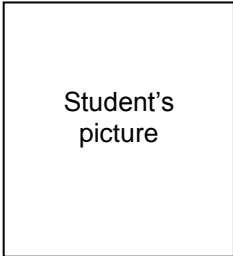
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Loudoun County Public Schools — Physician Order/Care Plan for Severe Allergy

Student Name: _____ Bus # _____ Car: _____ Walker: _____

Has a life threatening allergy to: _____
 _____ (attach 11:11 if necessary)



School _____ D.O.B _____
 : _____ Teacher: _____ Grade: _____ :

- High risk for severe reaction: YES NO Date of last reaction: _____
- Please list the specific symptoms the student has experienced in the past: _____
- Location(s) where EpiPen(s) is/are stored in school: _____

ACTION PLAN – PHYSICIAN ORDER

Immediately determine the symptoms and treat the reaction as follows: NOTE: If EpiPen and antihistamine are to be given for symptoms, give EpiPen first.

Symptoms		Give Medication Checked "X"
MOUTH	itching, tingling, or swelling of the lips, tongue, or mouth	Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
SKIN	hives, itchy rash, and/or swelling about the face or extremities	Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
THROAT	sense of tightness in the throat, hoarseness and hacking cough	Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
GUT	nausea, stomach ache/ abdominal cramps, vomiting and/or diarrhea	Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
LUNG	shortness of breath, repetitive coughing, and/or wheezing	Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
HEART	"thready" pulse, "passing out", fainting, blueness, pale	Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
GENERAL	panic, sudden fatigue, chills, fear of impending doom	Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
OTHER	_____	Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
If a food allergen has been ingested, but no symptoms: <input type="checkbox"/> Other: _____		Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
If exposure to allergen other than by ingestion (e.g. skin, inhalation):		Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>
If a reaction is progressing (several of the above areas affected):		Antihistamine <input type="checkbox"/> EpiPen <input type="checkbox"/>

Asthma? YES NO

If **only** lung symptoms are present without known triggers of asthma or suspected ingestion first give:
 Fast acting inhaler Antihistamine EpiPen

If **only** inhaler is given, and lung symptoms are not relieved within _____ minutes give:
 Repeat inhaler Antihistamine EpiPen

Medication Doses:

EpiPen _____(0.3) EpiPen jr. _____(0.15) injected into upper outer thigh.
 Antihistamine _____ Give _____teaspoons, or _____cc, or _____tablets by mouth
 Repeat dose of EpiPen: YES NO If YES, when: _____

- **Call 911 immediately. State that student is having severe allergic reaction. EpiPen has been given.**
- **DO NOT HESITATE to administer EpiPen and to call 911 even if the parents cannot be reached.**

It is medically necessary for this student to carry an EpiPen during school hours? YES NO

Physician's Signature: _____ Physician's Printed Name: _____ Date: _____
 Physician's Phone: _____ Physician's FAX: _____

PARENT TO COMPLETE NEXT SIDE

Loudoun County Public Schools — Physician Order/Care Plan for Severe Allergy

Page 2

If EpiPen Given:

- Lay student flat, ELEVATE LEGS.
- Do not move student.
- Call Resource Nurse or Health Services Office @ 703-771-6428 and Risk Management @ 703-771-6544.

PARENT SECTION

Individual Considerations (to be completed by parent/guardian):

Bus: Transportation will be alerted to student's allergy.

- This student carries EpiPen on bus: YES NO
- EpiPen can be found in: Backpack Waist pack Other (specify): _____
- Student will sit at front of bus: YES NO
- Other (specify) _____

Field Trip Procedures: EpiPen should accompany student during any off campus activities.

- The student should remain with the teacher during the entire field trip: YES NO
- Other (specify) _____

Classroom:

- This student is allowed to eat only the following foods:
 - Those approved by parent.
 - Middle school or high school student will be making his/her own decision.
 - Alternative snacks will be provided by parent/guardian to be kept in the classroom.
 - Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects should be reviewed by the parent and the teaching staff: YES NO
- Student should have someone accompany him/her in hallways: YES NO
- Other (specify): _____

Cafeteria:

- Student will sit at a specified allergy table: YES NO
- Student will sit at the classroom table cleansed according to procedure guidelines prior to student's arrival and following student's departure: YES NO
- Student will sit at the classroom table at a specified location: YES NO
- Cafeteria manager and attendant will be alerted to the student's allergy (attendant in elementary level only).
- Completed form "Foods and Other Allergens to Be Avoided" (Form 11:11): YES NO
- Form may be posted in cafeteria in a private place: YES NO
- Other (specify): _____
- NO RESTRICTIONS

Emergency Contacts

<u>Mother/Guardian</u>	<u>Father/Guardian</u>
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Other: _____	Other: _____

Or Emergency Contacts Listed Below

1. Name: _____	Relationship: _____	Phone: _____
2. Name: _____	Relationship: _____	Phone: _____

Parent signature gives permission for principal's designee to administer prescribed medicine and gives principal's designee permission to contact physician if necessary.

Parent/ Guardian Signature: _____ Date: _____

A copy of the Health Care Plan will be kept in the substitute folder and given to all staff members who are involved with the student.

Number of EpiPens received: 1 2 3 By: _____ (name of staff)

Loudon County Public Schools Asthma Action Plan & Authorization for Medication

Transportation:
_____ Walker
_____ Car
_____ Bus #

TO BE COMPLETED BY PARENT/GUARDIAN:

Student's Name _____ Date of Birth _____ School _____ Grade _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Emergency Contact _____ Relationship _____ Phone _____

Name of Physician _____ Office Phone Number _____

What triggers your student's asthma attack? (Check all that apply)

- | | | | |
|------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Cigarette or other smoke | <input type="checkbox"/> Food _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotions | <input type="checkbox"/> Exercise | <input type="checkbox"/> Weather changes | |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cat | <input type="checkbox"/> Dog | <input type="checkbox"/> Dust |
| | | <input type="checkbox"/> Mold | <input type="checkbox"/> Pollen |

Describe the symptoms your student experiences before or during an asthma episode: (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Cough | <input checked="" type="checkbox"/> "Tightness" in the chest | <input checked="" type="checkbox"/> Rubbing chin/neck |
| <input checked="" type="checkbox"/> Shortness of breath | <input checked="" type="checkbox"/> Breathing hard/fast | <input checked="" type="checkbox"/> Feeling tired/weak |
| <input checked="" type="checkbox"/> Wheezing | <input checked="" type="checkbox"/> Runny nose | <input checked="" type="checkbox"/> Other _____ |

TO BE COMPLETED BY PHYSICIAN:

The student's asthma is: mild persistent moderate persistent severe persistent exercised induced

Symptoms	OR	Peak Flow Monitoring	Treatment		
			Relievers	How Much	When
WELL <input checked="" type="checkbox"/> No cough or wheeze <input checked="" type="checkbox"/> Able to sleep through the night <input checked="" type="checkbox"/> Able to run and play <input checked="" type="checkbox"/> Usual medications control asthma		GREEN ZONE > _____	<input checked="" type="checkbox"/> Xopenex MDI <input checked="" type="checkbox"/> With spacer	2 puffs 1 minute apart every 4 hours pm	<input checked="" type="checkbox"/> 20 min before exercise
			<input checked="" type="checkbox"/> Albuterol, Proventil, or Ventolin MDI <input checked="" type="checkbox"/> With spacer	2 puffs 1 minute apart every 4 hours pm	<input checked="" type="checkbox"/> 20 min before exercise
			<input checked="" type="checkbox"/> Nebulizer treatment:		
			Controller meds taken at home:		
SICK <input checked="" type="checkbox"/> Increased asthma symptoms (shortness of breath, cough, chest pain) <input checked="" type="checkbox"/> Wakes at night due to asthma <input checked="" type="checkbox"/> Unable to do usual activities <input checked="" type="checkbox"/> Needs reliever medications more often		YELLOW ZONE _____ to _____	1. Give Albuterol/Xopenex as ordered. <input checked="" type="checkbox"/> If symptoms worsens move to red zone . <input checked="" type="checkbox"/> If no improvement after 20 minutes, repeat 2 puffs or nebulizer. Call parent after second dose. Student to go home from school if no relief. Move to red zone if student is in acute distress.		
			2. If student returns to Green Zone: <input checked="" type="checkbox"/> Notify parent of incident. Student OK to return to class. <input checked="" type="checkbox"/> No physical exercise <input checked="" type="checkbox"/> Physical exercise, as tolerated		
EMERGENCY! <input checked="" type="checkbox"/> Very short of breath, difficulty breathing <input checked="" type="checkbox"/> Constant cough <input checked="" type="checkbox"/> Reliever medications do not help		RED ZONE < _____	Give albuterol (2 puffs with spacer or by nebulizer) NOW. Call parent and/or 911. Student must go home or be transported to hospital.		
			1. Give EpiPen if student has a severe allergy 2. Call 911 if: <input checked="" type="checkbox"/> Student is struggling to breathe and there is no improvement after taking inhaler. <input checked="" type="checkbox"/> Trouble talking or walking <input checked="" type="checkbox"/> Lips or fingernails are gray or blue <input checked="" type="checkbox"/> Chest or neck is pulling in with breathing.		

For inhaled medication:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Student is able to perform procedure alone and may carry the inhaler with them. See back for signatures. | <input checked="" type="checkbox"/> Student is able to perform procedure with supervision |
| | <input checked="" type="checkbox"/> Student requires a staff member to perform procedure |

Notify health care provider if:

- | | |
|---|--|
| <input checked="" type="checkbox"/> More than 2 absences related to asthma per month | <input checked="" type="checkbox"/> The student is persistently in the Yellow Zone |
| <input checked="" type="checkbox"/> Albuterol is being used as a rescue medication 2 times per week at school | |

Provider Signature

Printed Name

Date Current school year

I give my permission for school personnel to follow this plan, administer medication, and care to my student and contact my physician if necessary. I assume full responsibility for providing the school with prescribed medications and monitoring devices including inhaler, nebulizer, and peak flow meter. I understand the school nebulizer is for back-up purposes only. I approve this Asthma Management Plan for my student.

Parent/Guardian Signature

Date

Loudon County Public Schools
Parent/Student Agreement for Permission to Carry an Inhaler

(Physician must also sign that student should carry an inhaler at school on the Asthma Action Plan & Authorization for Medication form.)

Parent:

- I give my consent for my student to carry and self-administer his/her inhaler.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of the inhaled asthma medication.
- This permission to possess and self-administer asthma medication may be revoked by the principal if it is determined that your student is not safely and effectively self-administering the medication.
- A new Physician Order/Care Plan for Asthma and Parent/Student Agreement for Permission to Carry an Inhaler must be submitted each school year.

Parent/Guardian's Signature Required

Date

Student:

- I have demonstrated the correct use of the inhaler to the school nurse/health clinic assistant.
- I agree never to share my inhaler with another person or use it in an unsafe manner.
- I agree that if there is no improvement after self-administering, I will report to the school nurse/health clinic assistant or another appropriate adult if the nurse/health clinic assistant is not available or present.

Student's Signature Required

Date

Loudoun County Public Schools Diabetes Care Plan

Student Name: _____

Exercise

A fast-acting sugar such as _____ should be available at the site of exercise or sport activity.

PE Times _____ (to be filled in by school)
 Mon. Tues. Wed. Thurs. Fri.

If blood glucose is lower than _____ or higher than _____ mg/dl, or moderate or large ketones, exercise should be avoided or delayed.

List any activity restrictions: _____

Meal and Snack Time:

Meal and Snack Time	Amount of Carbohydrate or food content and amount
Breakfast :	
Mid morning snack:	
Lunch:	
Mid afternoon snack:	
Dinner:	
Before or after exercise: Yes ___ No ___	
Bedtime snack:	

(Snack and lunch times will be determined according to class schedule; student's needs, and parent consultation)

Instructions for when food is provided to (e.g., as part of a class party or food sampling event):

Hyperglycemia:

For blood sugar above: _____

Usual symptoms of high blood sugar: _____

Usual treatment:

- Give zero calorie fluids.
- Test for urine ketones if blood sugar is greater than _____ mg/dl or if student complains of nausea, stomach pain, or vomits yes no
- If urine ketones are positive or blood glucose above _____ mg/dl,
 - a. Inform parent(s)/guardian(s)
 - b. Please list any other action to be taken at school for ketones:

 - c. If blood glucose is higher than _____ mg/dl, or moderate or large ketones, exercise should be avoided or delayed.

Student Name: _____

Parent to Complete This Section

(Physician and parent/guardian must sign bottom of form)

List any other health concerns that this student has: _____

List any medications that this student takes: _____
(For medication for other health concerns, a separate form must be completed for that health concern.)

SUPPLIES TO BE PROVIDED BY PARENT/GUARDIAN

- | | |
|--|--|
| <input type="checkbox"/> Blood Glucose Meter and Test Strips | <input type="checkbox"/> Lancing Device and Lancets |
| <input type="checkbox"/> Urine Ketone Strips | <input type="checkbox"/> Glucagon Emergency Kit |
| <input type="checkbox"/> Concentrated Sugar Source
(glucose tablets, cakemate gel etc.) | <input type="checkbox"/> Insulin & Insulin Syringes |
| <input type="checkbox"/> Insulin Pump Supplies | <input type="checkbox"/> All Snacks, i.e. cheese or peanut butter crackers |
| <input type="checkbox"/> Insulin Pen and Needles | |

SCHOOL PARTIES:

Parent/Guardian may provide alternate snacks that may be kept in the classroom for times when the class has treats. Parent will be consulted for planned parties.

FIELD TRIPS:

Parents/Guardian are encouraged to attend whenever possible. If parents cannot attend, staff trained in diabetes management will care for the student.

AFTER SCHOOL ACTIVITIES:

The school will provide care for a student who has a care plan and is a direct participant in a school sponsored activity. The parent/guardian must provide a written request to the school administrator at least one week prior to the activity.

High School students who plan to join a sports team must inform the school nurse at least two weeks in advance to allow time for coaches to receive training.

PARENT PERMISSION:

I give permission for blood glucose testing, urine ketone testing, treatment of low and high blood glucose, and administration of insulin and glucagon as ordered by the physician, and any other tasks that may need to be carried out by staff trained in diabetes management. I also give permission for release of information to communicate as necessary with Dr. _____ in order to give appropriate care and supervision for my child.

Physician's orders must be on file before the school may provide services. I agree to provide all necessary supplies and equipment.

I understand that this request will not be valid for any period greater than one year or past the end of the current school year, whichever comes first.

Students who wish to carry syringes and or insulin must confer with the school nurse and develop a plan to safely carry and dispose of needles.

Parent/Guardian Signature: _____ Date: _____

This diabetes management plan has been reviewed and approved by:

Physician Signature: _____ Date: _____

Loudoun County Public Schools Physician Order / Care Plan for Seizures

Student Name: _____

School: _____ Grade: _____ Date of Birth: _____

Homeroom Teacher: _____ Room#: _____

Gender: Male: _____ Female: _____ Transportation: Walker _____ Car _____ Bus# _____

PHYSICIAN SECTION

List measures school personnel are to take when a seizure occurs at school:

Limitations: _____

Emergency Medical Services should be called when: _____

Additional Comments: _____

Medications to be given at school:

Name of Medication	Dose/ Route	Time	Possible Side Effects

Physician Signature: _____ Date: _____

Physician Printed Name: _____

Telephone Number: _____ Fax Number: _____

PARENT/GUARDIAN SECTION

Student: _____ Homeroom Teacher: _____ Grade: _____

Age: _____ School: _____

Parent/Guardian Name: _____ Home Phone: _____

Mother's Work#: _____ Cell #: _____ Pager #: _____

Father Work#: _____ Cell #: _____ Pager #: _____

Type of Seizure: _____ Frequency: _____

Age seizures started: _____ Date of last seizure: _____

Describe what your child's seizure looks like: _____

Is there an aura? _____ If yes, describe: _____

List medications currently being taken and possible side effects:

1. _____

2. _____

3. _____

Parent's signature gives permission for principal's designee to administer prescribed medicine and gives principal's designee permission to contact physician if necessary.

Parent/Guardian Signature: _____ Date: _____

**Loudoun County Public Schools
Authorization For Medication Administration
Bus# _____**

PARENT/ GUARDIAN SECTION

Student _____ DOB _____ Age _____ Grade _____

School _____ Homeroom Teacher _____

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Printed Name _____

Signature gives permission for principal's designee to administer prescribed medicine and gives principal's designee permission to contact physician/ dentist if necessary. For Over-the-Counter medicine, parent's signature gives principal's designee permission to administer medicine.

**PHYSICIAN/ DENTIST SECTION
(Must be completed by Physician/ Dentist)**

PRESCRIPTION MEDICATIONS:

Name of Medication: _____

Reason medication is needed, unless confidential: _____

Dosage: _____ Length of Time: _____

Time of day to be given: _____

*If potentially serious side effects exist,
please outline any necessary emergency response on a separate sheet.*

Physician/ Dentist Signature _____ Date: _____

Physician/ Dentist PRINTED Name _____

Physician/ Dentist Phone _____ Fax _____

Physician/ Dentist Address _____

OVER-THE-COUNTER MEDICATIONS:

Name of Medication: _____

Dosage/ Length of Time: _____

Time of Day to be Given: _____

Side Effects: _____

Received By: _____ **Date:** _____

DISTRIBUTION: Original to be kept with medication, Copy to Student Health Record, Copy to Physician

**Loudoun County Public Schools
Authorization For Medication
Parent Information**

Health clinics in Loudoun County Public Schools are committed to caring for many students' health needs.

Parents/Guardian are advised to give medications at home whenever possible. If it is necessary that a medication be given during school hours, the following regulations must be followed:

- Medication must be brought to school in the original container with appropriate label intact. Parent/guardian must bring medication to the nurse, health clinic assistant, or designee. Medication will be kept in a locked medicine area of the clinic.
- The Nurse/ Health Clinic Assistant must have written instructions from the physician in order to administer **prescription medications**. These should include:
 - Ⓞ Student's name
 - Ⓞ Name and purpose of medicine
 - Ⓞ Dosage and time of administration
 - Ⓞ Possible side effects and actions to take if those occur
 - Ⓞ End date for administering the medicine
 - Ⓞ Parent signature gives permission to administer medicine and to contact physician if necessary
 - Ⓞ Physician's signature
- All prescription medicine must be in the original pharmacy bottle with proper label containing the student's name, medication, dosage, and instructions for administration. If you ask, the pharmacy will give you an extra bottle for liquid or tablets with the proper amount of medicine for school.
- **Non-prescription medicine:**
 - Ⓞ Must be in an original package with the name of the medicine and instructions.
 - Ⓞ Must have a signed and dated note or form 12:3 from the parent regarding when and how much medicine to administer.
 - Ⓞ Will be given according to the amount listed on the package for your child's age and weight unless the doctor's orders on a medication form indicate differently.
- Children who have fevers should be kept at home for at least 24 hours after fever subsides.
- Be sure to keep the emergency contact phone numbers and information up-to-date so that we can reach you if your child is ill or injured.