

ADMINISTERING MEDICATIONS TO STUDENTS

The Hortonville Area School District is committed to providing safe administration of medication to our students during the school day. Most students take their medication from parents at home. However, under exceptional circumstances, some students will need to take their medication during the school hours.

The Hortonville Area School District shall administer medication in accordance with Wisconsin State Statutes 118.29, 118.291, 121.02(1)(g) and 939.25(1). The School District may administer any prescription medication to a student in compliance with the written instruction of a practitioner, as defined by Statute 118.29, and written consent from the student’s parent or guardian.

School employees, other than school nurses, who are authorized and trained to administer medications are immune from civil liability for his or her acts or omissions in administering medication to a student unless the act or omission constitutes criminal negligence which is defined in state law as a “high degree of negligence”- (State Statute: 939.25 (1), Wis. Stats)

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Definitions:

1. "**Administer**" means the direct application of a nonprescription drug product or prescription drug, whether by injection, ingestion or other means, to the human body.
2. "**Controlled Substance**" drugs that have a legitimate medical purpose, coupled with a potential for abuse and psychological and physical dependence. They include opiates, stimulants, depressants, hallucinogens, and anabolic steroids. The safe and effective use of controlled substances by students at school has increased dramatically because of their accepted use in treatment of illness and disability enabling many sick and disabled children to attend school.
3. "**Drug**" means any substance recognized as a drug in the official U.S. pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States or any supplement to either of them.
4. "**Drug product**" means a specific drug or drugs in a specific dosage form and strength from a known source of manufacture.
5. "**Epinephrine auto-injector**" means a device used for the automatic injection of epinephrine into the human body.
6. "**Health care professional**" means a person licensed as an emergency medical technician under s. 256.15, a person certified as a first responder under s. 256.15 (8) or any person licensed, certified, permitted or registered under chs. 441 or 446 to 449.
7. "**Guardian**" means one who has the authority and obligations of guardianship of the person of a minor and includes: (1) the obligation of care and control; and (2) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.
8. "**Professional Nurse**" is a nurse who has a certificate of registration under s. 441.06 or who is licensed as a registered nurse in a party state, as defined in s. 441.50 (2) (j) who performs for compensation of any act in the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences, herein referred to as the School Nurse.
9. "**High degree of negligence**" means criminal negligence, as defined in s. 939.25 (1).
10. "**Over-the-counter**" means any nonnarcotic drug product which may be sold without a prescription order and which is prepackaged for use by consumers and labeled in accordance with the requirements of state and federal law.
11. "**Practitioner**" means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.
12. "**Prescription drug**" has the meaning specified in s. 450.01 (20).
13. "**Delegation**" is the process for a nurse to direct another person to perform nursing tasks and activities.

School Responsibilities

1. School personnel authorized by the building principal or school administrator to administer medication to students shall be provided appropriate instruction approved by Wisconsin Department of Public Instruction (DPI) and will be supervised by the School Nurse. Determining which individuals should be responsible for medication administration will be the joint responsibility of the building administrator and the School Nurse.

2. No employee, except a health professional, will be required to administer any medication to a student by any means other than ingestion. However, the student's parent or a trained and authorized staff person or volunteer must be available to administer medication that is injected (or other mode of delivery) in all academic environments, including field trips.

Record Keeping

1. An accurate and confidential system, in accordance with FERPA and HIPAA regulations, of record keeping must be maintained each time a medication is dispensed.
 - a. An individual Medication Record is to be established for each student which will include date, time, dosage, and name of the individual dispensing medication, extension or disruption of medication, any changes, description of reactions experienced by the student or errors made in the administration of the medication. Medication and treatment records are protected and kept as part of the pupil's behavioral record per Wisconsin Department of Public Instructions Guidelines. These records may be maintained for no longer than 1 year after graduation or enrollment, unless you have written consent from the student authorizing to hold the records for a longer period. (Wis. Sta. 118.125(3))
2. For prescription medication, designated school personnel shall verify the amount of medication delivered by counting individual units of medication in the presence of either the adult who delivers it or another school personnel. The amount of medication shall be documented by the designated school personnel. School officials and/or adult delivering medication shall document verification of the medication count recording it on the medication consent form. In addition, the designated school official will transcribe the inventory in the electronic medication administration record.

Nursing Responsibilities

- 1) The School Nurse reviews medication orders upon receipt to evaluate if medication administration can safely be delegated.
- 2) The School Nurse reviews medication administration records as needed to ensure accurate medication administration procedures.
- 3) The School Nurse follows up on any identified medication errors, including parent notification (if it has not already occurred), physician notification if needed, and providing reinforcement of medication administration training and re-evaluation of competency of the person who was involved in the medication error (See "Medication Error").
- 4) For students where a health care practitioner prescribed an albuterol inhaler for use by the student during school hours and has instructed the student in the correct and responsible way to use the medication(s), the School Nurse will assess whether an asthmatic pupil has the necessary self-management skills needed to possess and use a metered dose inhaler or dry powder inhaler.
- 5) For students where a health care practitioner prescribed an epinephrine auto-injector for use by the student during school hours and has instructed the student in the correct and responsible way to use the medication(s), the School Nurse will assess whether a student diagnosed with anaphylactic allergy has the necessary self-management skills needed to possess and use an epinephrine auto-injector.

Staff Training

1. Employees, other than health care professionals with a license to administer medication, who are authorized to administer oral medications to students, will receive training approved by the District. Employees, other than health care professionals, who are authorized to give medication by means other than ingestion will receive training proved by the Department of public Instruction.
2. If the medication to be given is other than oral, the person giving the medication shall be provided instruction by the physician or registered nurse and approved by DPI and demonstrate or provide evidence of appropriate learning. The School Nurse will perform an initial evaluation of the extent to which the medication may be delegated, with such delegation appropriately accepted by unlicensed or licensed school employees.
3. Each administrator is ultimately responsible for medication administration in his/her building and must complete the training to ensure compliance with the new state law. This is in addition to, not in lieu of, having staff trained at your school.
4. The School Nurse assures that school staff designated to provide medication administration receive DPI approved knowledge training at least every 4 years (yearly is recommended) and perform a return demonstration of the medication administration procedure (skills training) to the RN to ensure competency at least yearly.
5. The School Nurse provides yearly knowledge and skill acquisition training for emergency medication administration to the district's designated school personnel each school year. Skill reinforcement is recommended to occur as needed, based on the RN's judgment.
6. The School District maintains documentation of all school staff who has received DPI approved medication administration training and have demonstrated competency through return demonstration. List of trained school staff should be updated at least annually.

Prescription Medication or Medication Outside Manufacturer's Dosage Recommendations

No prescription medication shall be given to a student by any employee of the District unless the following have been received in the school where the medication will be administered:

1. Written instructions from the prescribing practitioner for the administration of the prescribed medication. Such instructions shall be signed by the prescribing practitioner.
2. Written instructions should include:
 - the name of the drug,
 - the dose,
 - the route,
 - approximate time it is to be taken
3. Written instructions may include:
 - the diagnosis or reason the medication may be needed,
 - a list of adverse effects that may be reasonably expected,
 - contraindications to administering the medication.

4. A written statement from the parent/legal guardian authorizing school personnel to give medication whether the dosage is prescribed by the practitioner or an over-the counter medication and authorizing school personnel to contact the practitioner directly.
5. Written approval from the pupil's practitioner for the administration of a Food and Drug Association (FDA) approved, nonprescription drug product in a dosage other than the recommended manufacture's dose or approved weight-based dose.
6. Parents or guardians or adult designee should hand-deliver prescribed medication to the school. However, the consent must be filled out by the parent or guardian.
7. Authorization for prescription and over the counter medication must be obtained annually and when changes occur. (Annual authorization for prescription and over the counter medications will be valid for students attending summer school).
8. No student will be allowed to carry non-emergent prescription medications.
9. The prescription substance shall be counted and reconciled upon delivery and pick-up with verification by another school personnel or parent. The date, amount of medication and signature of the two people who verified medication count shall be documented on medication consent form.

Alternative Medication and Homeopathies

The National Center for Complementary and Alternative Medicine (NCCAM) defines Complementary and Alternative Medicine (CAM) as "group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine." (NCCAM, 2011). Both nonprescription and prescription drugs must be recognized as drugs in the official U.S. Pharmacopoeia and national formulary or official Homeopathic Pharmacopoeia of the United States or any supplemental publication to these references.

U.S. Pharmacopoeia (<http://www.uspnf.com/uspnf/login>)

U. S. Homeopathic Pharmacopoeia

(http://www.hpus.com/online_database/register_action.php)

For the safety and protection of students, alternative medication will not be given in the school setting unless approved by the FDA or prescribed by a practitioner. ⁽²⁾ The following criteria must be met:

- An original container is provided.
- Use for student is indicated.
- Appropriate dosing for student is clearly stated on the label/packaging insert.
- Possible untoward effects are listed.
- Signed parent/guardian statement.
- Signed practitioner consent if non-FDA approved.

Essential Oils

We do not allow essential oils to be given or applied during school hours. This is for the protection of students with anaphylactic allergies and/or asthma.

Controlled Substances

Controlled substances shall be stored in a locked/ secured location. Controlled substances and other drugs at risk for abuse or sale to others are not appropriate for self-carry by the student. ^(2,13)

Narcotics will not be administered at school.

Over-the-Counter Medications

Over-the-counter medications can be carried by high school students with an “over-the-counter consent to carry form” on file. The parent and student both must agree to not share their medication, to keep it in a secure location where others would not have easy access and take the medication as indicated by the manufacturer’s dosing guidelines. If the student is non-compliant with the expectations of safe medication handling, their medication will need to be stored in the health room and they will no longer be able to carry their over-the- counter medication.

Students in 4k to 8th grade or students in 9-12th grade without a consent to carry on file, need to have medication kept in the health room. Students with a “over-the-counter consent to carry form” of file may transport their medications. All other over-the-counter medications need to be hand delivered to the school by the parent/guardian or designated adult.

Students can keep sun-screen, lotion and Chapstick on their person without a consent. These supplies should not be shared with other students. We promote fragrance free products.

Cough drops are not allowed for 4k and kindergarten students. All other students may carry them on their person without a consent. Cough drops should not be shared with other students. If students are caught sharing, then they will no longer be allowed to carry cough drops.

Parents or guardians or adult designee should hand-deliver prescribed medication to the school. However, the consent must be filled out by the parent or guardian.

Student Supplied Emergency Medication

Students will be allowed to transport glucagon, epinephrine auto-injectors, rescue inhalers, emergency seizure medications and any other emergency medication per parent/guardian and practitioner authorization.

School Supplied (Stock) Emergency Medication

Epinephrine and Glucagon: The law specifically permits authorized personnel (school bus driver, employee, or volunteer) to administer epinephrine to students who appear to be having an allergic reaction, and glucagon to know students with diabetes for severe low blood sugar with an altered state of consciousness, without parent and medical provider permission. In both cases, a bus driver, employee, or volunteer must call “911”. In areas in which the phone number “911” is not available, he or she must report the event to an emergency medical provider (Wis. Stat. sec. 118.29(2)).

Stock emergency medication is only available to district buildings, not outlying 4k sites.

Stock medication will not be provided on field trips.

Stock Epinephrine Administration Protocol:

An Anaphylactic emergency situation means: a situation in which someone is experiencing a severe allergic reaction that requires the administration of epinephrine to avoid severe injury or death.

Epinephrine auto-injector means a device used for the automatic injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough

HEART: Pale, blue, faint, weak pulse, dizzy, confused

THROAT: Tight, hoarse, trouble breathing/swallowing

MOUTH: Obstructive swelling (tongue and/or lips)

SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)

GUT: Vomiting, diarrhea

1. If student is suspected of having an anaphylactic reaction (see symptom list in box above)
INJECT EPINEPHRINE IMMEDIATELY
2. Call 911, tell rescue squad epinephrine was given; request an ambulance with epinephrine.
3. Continue monitoring.
4. Stay with student.
5. Request that someone alert healthcare professionals and parent.
6. Note time when epinephrine was administered.
7. If available, a second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.
8. For a severe reaction, consider keeping student lying on back with legs raised.
9. Treat student even if parents cannot be reached.

Stock Glucagon Administration Protocol:

Signs of hypoglycemia (low blood glucose)

Mild or Moderate		Severe
Shaky or jittery	Dizzy	Inability to eat or drink
Uncoordinated	Confused	Unconscious
Sweaty	Disoriented	Unresponsive
Irritable or nervous	Argumentative	Seizure activity or convulsions (jerking movements)
Hungry	Changed behavior	
Combative	Inability to concentrate	
Headache	Weak	
Changed personality	Lethargic	
Blurred vision	Pale	
Sleepy		

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Procedure for the administration of stock glucagon:

The following procedure is for a pupil, known to be diabetic and who appears to be experiencing a severe low blood sugar event with altered consciousness.

1. Position the student on his or her side.
2. Do not attempt to give anything by mouth.
3. Administer glucagon per student's emergency action plan.
4. While treating have another person call 911.
 - a. In an area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider.
5. Continue to monitor student's status and be prepared to provide additional medical services or further emergency care as the student may vomit following administration of glucagon. Students having severe hypoglycemia may also have seizure activity.
6. Contact the student's parents/guardian.
7. Stay with the student until Emergency Medical Services arrive.
8. Notify student's health care provider.

Field trips

In State Field Trips:

The following applies to any school sponsored activity, including: field trips, athletics, student groups or clubs, and any overnight events/field trips where a student has a medication of file that may need to be given.

Students may need medication administration during field trips. To accommodate for these needs, the school can request parental/guardian participation; however, if a parent is unable to attend, the school must provide a trained delegate to safely administer any needed medications.

Before the field trip:

- field trip planning should begin far in advance of any field trip. At least fourteen (14) days prior to the field trip, the teacher or staff responsible for the field trip is responsible for forwarding a list of students participating to the health room staff.
- A list of any pertinent health care or medication needs for each student will be returned by the health room staff to person responsible for the field trip no greater than four (4) business days after receiving the list of students. The principal or his/her designee must ensure that the teacher or staff member responsible for the field trip and any other staff member responsible for administering medication on the field trip has successfully completed the DPI approved training for oral medication, inhalers, or Epinephrine auto-injectors depending on the medication needs of the students.

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- No less than (1) day prior to the field trip, the trained staff member shall collect the necessary medication for each student and first aid kit.
- At least one-school personnel must have successfully completed the applicable DPI approved training depending on the medication needs of the students.
- Current training documentation must be on file with the District prior to the date of event or practice.

Day of the field trip:

The school administrator or his/her designee assigned to administer student prescribed medications shall:

1. Document the following items on an envelope:
 - a. Name of the student
 - b. Name of the drug,
 - c. Dose,
 - d. Scheduled time it is to be taken,
 - e. Instructions pertinent to administration of the medication.
2. Place one medication dose in envelope (if student requires more than one medication while on field trip, place each dose in a separate envelope).
3. Securely tape the envelope containing the prescribed medication to prevent loss of the medication.
4. Explain to the individual who will be administering the medication(s) on the field trip that he/she must follow the procedures listed below to comply with the school district's policy:

After the field trip:

The school administrator or his/her designee who is assigned to administer student prescribed medications during the field trip will be responsible for the following:

- The staff member from the field trip should take the envelope to the school health room upon return from the field trip.
- The health room staff will transfer all information from the field trip medication envelope label to the student's medication records along with the name of the person who administered the medication.

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Overnight Field Trips:

The school will provide stock acetaminophen, ibuprofen, hydrocortisone cream for overnight trips. A parent consent form has to be on file to administer these medications. Medication will be given according to the weight/dose instructions. A new form needs to be filled out each school year. A log will be sent along on the trip and all medication administrations must be documented. Stock medications and medication administration logs must be returned to the health room upon return from the trip.

Out of State Field Trips:

School districts have a legal obligation to ensure students with disabilities are able to participate in the school's programs, including field trips and extracurricular activities, to the fullest extent possible, including through the use of accommodations. Denying a student with special health care needs the right to participate in extracurricular activities or field trips solely due to the student's disability violates IDEA and/or Section 504.

1. A student who requires medical care cannot be excluded from a field trip due to lack of personnel to provide required medical/nursing services. A nurse may need to accompany the student if the School Nurse determines that medical care cannot legally or safely be delegated. (The student's parent can accompany the child to provide the necessary medical/nursing services but cannot be required to attend).
2. Plans must be in place to meet the practice laws of the state where the field trip is taking place as well as any states through which transport and overnight stays are occurring.
3. It is the administrator's responsibility to ensure that the medical needs are met for the student(s) in states where the school nurse's license isn't valid, or tasks cannot be delegated to a unlicensed assistive personnel. This may include hiring a registered nurse from another state for the term of the trip.
 - a. If the field trip is in a state where the School Nurse's license isn't valid and medication delegation is allowed by unlicensed staff to unlicensed staff, it would be the administrators decision if he/she wants to review those laws and delegate those tasks to unlicensed staff.
4. The exception would be Washington D.C. This location allows registered nurses from other states to practice under the laws of their state and delegate to unlicensed staff.

Out of Country Trips:

1. If the field trip involves traveling out of the county, the building administrator or facilitator of the trip may choose to contact the [U.S. Embassy \(https://www.usembassy.gov/\)](https://www.usembassy.gov/) for direction for the appropriate contact for that country.
 - a. It is the administrator's responsibility to ensure that the medical needs are met for the student(s) in countries traveled. This may include hiring a registered nurse from another country for the term of the trip.

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Staff Medications

Staff will need to provide their own medication, there will not be stock medication provided by the school. Staff will need to secure their medication to prevent student access.

Administering Medications

1. No prescription or non-prescription drug product will be administered by school/school district personnel without the Medication Consent form being filled out and returned to the School Health Office.
 - a. Medication Consent Form must be filled out by the parent/legal guardian and returned to the School Health Office
 - b. A new consent form needs to be filled out annually.
 - c. For a prescription medication, the prescribing provider must review and sign the consent form annually.
 - d. Any changes shall be communicated to the School Health Office by both the prescribing practitioner and parent/legal guardian.
2. Prescription drugs to be administered in the school or at a school district site/program must be supplied by the student's/participant's parent/legal guardian in the original pharmacy-labeled package and have the following information printed, in a legible format, on the container:
 - a. Student's/participant's full name;
 - b. Name of the drug and dosage;
 - c. Effective date;
 - d. Directions;
 - e. Time to be given; and
 - f. Prescribing practitioner's name.
3. Nonprescription drug products to be administered in the school or at a school district site/program must be supplied by the student's/participant's parent/legal guardian in the original manufacturer's package and the package shall list the ingredients and recommended dosage in a legible format. The medication also shall not be expired, and the expiration date should be legible.
4. Prescription and non-prescription drugs will be administered to the student/participant by the School Nurse or by an individual who has been authorized to do so.
5. All District employees authorized to administer drugs in the school or at a district site/program shall receive training, approved by the Department of Public Instruction, prior to administering any nonprescription or prescription drug product.
6. The school district staff person designated to administer medications shall see that the medication is given within 30 minutes before or after the time specified by the health care practitioner.
7. All prescription and nonprescription drug products administered at the school will be kept in a locked cubicle, drawer, or other secure manner that maintains the medications' effectiveness (such as a locked refrigerator or a locked container in the refrigerator for medications that require refrigeration).

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8. Emergency medications will be stored in a reasonably accessible location.
 - a. Medication should be kept in a secure but unlocked area
 - b. Staff should be aware of the storage locations, and of any back-up supply
 - c. 5th grade to 12th grade students or other students, when appropriate, may be allowed to carry their own emergency medication. A signed authorization from the prescribing practitioner and parent/guardian to carry needs to be on file. The student must be able to demonstrate responsibility, proper care and administration of the medication. If a student is in 4th grade or under, the school nurse needs to approve of the student to carry their emergency medication.
 - d. An individual is identified to maintain a schedule for tracking medication status and expiration dates of emergency medications
9. The length of time for which the drug is to be administered, which is not to exceed the current school year, including summer school or the length of the school district program, shall be contained in the written instructions from the prescribing practitioner.
 - a. Further written instructions must be received from the parent/legal guardian if the drug is to be discontinued. A notice of discontinuation will be sent to the provider. If any other changes are to be made to the original instructions, a new consent form will needed to be completed and signed by the parent/guardian and the prescribing practitioner, if warranted.
10. An accurate and confidential system of record keeping shall be established for each student/participant receiving drug products.
11. An individual record for each student/participant receiving a drug product shall be kept by the School Health Office. The individual record shall include the type of drug product, the dose, the time given, the duration, and an inventory of the amount of drug product.
 - a. The individual student record should include that student's picture to assist with identification of the student while taking appropriate steps to maintain confidentiality.
12. In the event of a drug administration error, parent and School Nurse will be notified. Prescribing physician will be notified if parent or School Nurse feels it is appropriate or necessary. A written incident report explaining the error shall be completed by the School Nurse or school district administrator's designee or other employee involved, if any, and such report shall be filed with the student or participant health record and sent to School Nurse. (See Medication Procedure)
13. Nothing in this policy shall be construed to limit an employee's ability, including a nurse's ability, to respond appropriately in a health emergency situation, including but not limited to administering medication, if needed.
14. Prior arrangements must be made with the school nurse for medications outside of the school day (i.e. the bus, school sports, clubs and other events). No medications will automatically be provided during these times.

Summer School

All medication transportation must be provided by parent/ guardian or authorized designee to the summer school location. School staff will not transport medications.

Medications must be picked up within 5 business days of the completion of summer school. Medications not picked up will apply to the "disposal of medication" below.

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Consent forms are still valid from the current school year until the completion of the summer school program.

Disposal of Medication and Sharps

Sharps

Students requiring sharps for medication administration should adhere to the bloodborne pathogen policy regarding disposal.

Disposal of Medications Procedure

1. The first notification will be on the medication consent form. Two notification reminders to parent/guardian that medication not claimed by the 5th business day after the commencement of the school year will be destroyed: these letters will be sent during the last 4 weeks of the school year explaining the need to claim medication. A phone call will be made as the final third notification for emergency medications only.
2. Completion of a controlled medication log: name of school, academic year, name of student, date of birth, medication name, dose, verification date of two letters and one phone call, discarded amount.
 - a. Medication count should be done with 2 staff members before disposal.
 - b. All disposal logs are kept in the school health office for 2 years.
3. Disposal includes:
 - a. Take student labels off of medication bottles.
 - b. Place medications in their original containers inside a contained bag.
 - c. Student resource officer will transport them to the police station drop off or other designated facility.
4. Approximately two weeks prior to the end of school parents will be notified in writing to pick up any remaining unused medication. The parent or guardian shall pick up unused portions of medications within five (5) business days after the completion of the school year or when medications have been discontinued. Medication/treatment supplies will be destroyed if they have not been picked up after five (5) business days after the completion of the school year. (see Medication Disposal Procedure).

Medication Errors

A medication error is defined as “a medication administered that deviates from the instructions of the medical provider and parent “(WI Department of Public Instruction, 2012, p. 4). A medication error occurs when one of the “five rights of medication administration” has been violated. Examples are:

1. administering the wrong medication
2. administering the wrong dose of medication
3. administering medication at the wrong time
4. administering the medication in the wrong way (e.g., ear drops administered to eye)
5. administering medication to wrong student

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In addition, circumstances that may require additional follow up would be administering the medication for the wrong reason and administering the medication without proper documentation.

Situations that are not considered medication errors include: students who refuse to consume or are unable to tolerate the medication, lack of supply of the medication from the parent, and a medication held by a parent. Careful notation of these situations should be made in the medication log and parent/guardian will be notified.

Staff Responsibilities

When a medication administration error occurs, follow these guidelines:

1. Keep the student in the health room (or room where medication was administered)
2. If the student has already returned to class, have someone accompany the student back to the room where medication was administered
3. Observe the student's status and document what you observe
4. Remain calm and do not alarm the student
5. Identify the incorrect dose or type of medication taken by the student
6. Notify the principal and supervising School Nurse immediately if non-licensed personnel gave medication, (The supervising School Nurse or administrator will contact the parents of the student and/or health care provider.)
7. If contacting the Poison Control Center for instructions:
 - a. give the name and dose of the medication taken in error
 - b. give the student's age and approximate weight, if possible
 - c. give the name and dose of any other medication the student receives, if possible
8. Follow instructions from the Poison Control Center, if possible. If unable to follow their instructions, explain the problem to the Poison Control Center to determine if the student should be transported for emergency care. Poison Control: 1-800-222-1222
9. Complete a "Medication Administration Incident Report Form." Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or the student's health care provider, and the student's status. All reports are to be filed and kept by the school district.
10. Give completed Medication Administration Incident Report form to School Nurse and administrator within 24 hours of incident

Errors made in documenting medications on the Medication Administration Record should have the entry voided and noted "entry error" initialed and dated.

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School Nurse Responsibilities

1. Upon notification of medication error, contact the parents of the student and health care provider, if warranted
2. Review Medication Administration Incident Report form immediately
3. Follow up with employee(s) who was involved in medication error
4. Provide additional education to employee(s) who was involved in medication error
5. Ensure competency of employee who was involved in medication error
6. If appropriate, identify someone else to assume responsibility of medication administration
7. In conjunction with school administration, review all the completed Medication Administration Incident Report forms to understand the factors that contribute to errors and identify if the errors are related to systems and/or process issues
8. Identify process changes that may need to occur to improve medication administration procedures, examples:
 - a. Reducing distractions when/where the medications are being given
 - b. Having photos of the student attached to the medication administration form to assist with proper identification
 - c. Providing more frequent medication administration education refreshers

Administrator Responsibilities

1. Upon notification of medication error, contact the parents of the student and health care provider, if warranted (if School Nurse has not already done so)
2. Review Medication Administration Incident Report form immediately
3. In conjunction with school nurse, review all the completed Medication Administration Incident Report forms to understand the factors that contribute to errors and identify if the errors are related to systems and/or process issues

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