

## GUIDE TO MEDICATION ADMINISTRATION - TRAINING and DELEGATION

### REQUIREMENTS FOR SCHOOL PERSONNEL ADMINISTERING MEDICATION AT SCHOOL

Utah code 53 G-9-5 allows for the administration of medication to any student during periods when the student is under the control of the school, subject to certain conditions.

WCSD school personnel will be authorized to administer medication to students, under the delegation of the school nurse, when the following criteria are met:

- Completion of [the WCSD Vector - Medication Administration Basics module/test](#). Give copy of certificate to assigned school nurse.
- Completion and validation of [online, diagnosis specific training](#), as per school nurse.
- Completion, as needed, of [hands on training/physical skills pass](#) off by the school nurse.
- Review and understanding of the [WCSD Medication Policy for Students 2320](#).
- Completion of [required medication forms](#) – filled out and signed by parent/guardian and healthcare provider.

Note: Medication training must be renewed yearly. **Seizure rescue medication** may only be administered, if **additional training** is completed as per UDOH guidelines, and the required seizure rescue medication form is filled out. Contact your assigned school nurse for details.

As per the Utah Nurse Practice Act Rule 156-31b-701a, a registered nurse:

- May delegate a scheduled dose of insulin
- **May not** delegate to an unlicensed person the administration of any medication:
  - with **known, frequent side effects that can be life threatening**
  - that **requires a student's vital signs or oxygen saturation be monitored** before, during or after administration
  - that **requires nursing assessment or judgment** prior to or immediately after administration
  - that is **being administered as the first dose of any new medication** or the **first dose after a change** in the dose.

### FORMS TO GIVE PARENTS

School secretaries or other authorized school personnel will inform parents of the medication policy and provide the following forms as needed to the parent/guardian requesting that school staff administer medication (both prescribed and over the counter), and for students self-administering.

- [Washington County School District Medication Policy for Students 2320](#)
- [Utah Department of Health \(UDOH\) Medication Authorization/IHP/EAP Form\(s\)](#). The form(s) must be filled out completely before medication can be administered.
- [WCSD Authorization For Release And Use of Health Information](#) - authorizes the release of information relating to the student's diagnosis/condition to his/her school and appropriate school personnel, and authorizes the school to release and discuss information with the healthcare provider and provider's office personnel.

Forms are available on the WCSD website (<https://www.washk12.org/student-services/health/student-health-forms>) or the HEAL website (<https://heal.health.utah.gov/SN-documents/>).

It is the responsibility of the parent/guardian to ensure the required medication authorization/IHP/EAP forms are submitted completed, signed, and are current. **Any change in the medication requires that new forms be completed** before administration of the medication. The school nurse will contact the parent/guardian each year to determine if forms need updating.

Medication Authorization forms completed by the parent/guardian and the prescribing healthcare provider must correspond with the medication and pharmacy label for safe medication practices.

### DISTRICT NURSE NOTIFICATION

1. Fax or email a copy of the completed [UDOH or WCSD Medication Administration Authorization/IHP/EAP Form\(s\)](#) and the [WCSD Authorization For Release and Use Of Health Information](#) to your assigned school district nurse as soon as possible. *Confirm paperwork was received.*

### STUDENT MEDICAL RECORDS

1. Keep all medication records together in your red Confidential Medical Information binder. It should include the following records as appropriate, under each individual student index:

- [Medication Administration Authorization/IHP/EAP Form\(s\)](#)
- WCSD [Authorization For Release and Use Of Health Information](#) form
- [Individual Student Medication Calendar](#). *Be sure correct name, drug, dosage, time, and route are on the calendar. If medication is administered daily, you may opt to keep the calendar separately on a clipboard or in a medication cupboard for quicker, daily access.*
- *Individualized Health Care Plan*

2. Maintain a folder or binder with hard copy medication authorization forms to hand out to parents upon request.

3. Audits of these files will be performed twice per year, or more often as needed, by a district nurse.

4. At the end of the school year- if the student will remain in your school for the following school year, leave the paperwork in your Confidential Medical Information binder until any new, updated paperwork is completed.

**Medical records must be archived until several years after graduation.**

5. If the student is transferring to another school within our district, coordinate with your school nurse to arrange transfer of these hardcopy medical records.

**MEDICATION ADMINISTRATION PROCEDURE**

1. In general, keep medications in a **locked unit**. If medication must be refrigerated, it needs to be placed in a locked unit inside the refrigerator.

**Exception is made for students with written authorization to self-carry and for emergency medications (such as epinephrine auto-injectors, asthma rescue inhalers, glucagon kits, and naloxone). Emergency medications should be kept in a secure yet easily accessible location for quick access, but not locked**

2. Medication must come **ready to be administered** – EX: Parents are responsible to cut tablets if needed. **Count pills, note # on bottom of calendar**, then both the parent and staff will initial on calendar.

3. Medication is **never shareable**. Do not use one child's medication for another.

4. Call the parent and remind them when the **medication supply** is low.

5. If a **student has failed to visit the office** for the scheduled medication, call the student out of class. The medication must be given within 30 minutes of the scheduled time. The exception is for time sensitive medications which must be administered at specific times, or intervals.

6. **Be alert and focused** when administering medication. Let other personnel answer telephones. Do not become distracted. This will decrease the risk of errors. First **check the student's medication calendar** to see if another staff member has already administered the medication.

7. Follow the **5 RIGHTS** of MEDICATION ADMINISTRATION: Before administering the medication, check the pharmacy label against the medication authorization form to see that the **RIGHT student name and date of birth, medication, dose, time** to be given, and **route** to be administered correspond.

8. **Wash your hands** before administering, then place medication into a clean **medicine cup or student's hand** before administering to the student. **Address the student by name** when administering the medication.

9. When measuring **liquid medication**, pour it into a standard calibrated plastic measuring cup and view it at eye level, on a level surface.

10. Have the student **take the medication in your presence**. Provide a 4 ounce **cup of water** with oral medication, unless otherwise contraindicated.

11. **Document** the medication administration on the **Individual Student Medication Calendar** with your initials. Each medication should have its own calendar.

12. When the medication is not given, record the reason why as shown in the following **codes**:

<ul style="list-style-type: none"> <li>SA=Student Absent</li> <li>NS=No Show</li> </ul>	<ul style="list-style-type: none"> <li>EO= Early out day</li> <li>DC=Discontinued</li> </ul>	<ul style="list-style-type: none"> <li>NM=No Med Available</li> </ul>
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13. It is the **parents/guardian's responsibility to pick up any unused medication** at the end of the school year or upon discontinuing the medication. If they do not do so in a timely manner, school staff may dispose of the medication after 5 days. Staff and a witness must sign the **Individual Student Medication Calendar**, indicating parent pick up or staff disposal.

14. Always document your activity and **conversations with the parent and student**. Use the bottom portion of the **Individual Student Medication Calendar** for documentation. Include the date, the time, description of interaction, then your initials. When you run out of room use the back side of the form. Remember - **"If it isn't documented, it didn't happen!"**. You may also opt to enter a log entry in PowerSchool.

**MEDICATION INCIDENT REPORTING**

Contact the nurse ASAP by phone if there is an error or confrontation with regard to medication administration. Fill out a **Medication Incident Report Form**, then send or fax it to your district nurse, noted: CONFIDENTIAL.

The **Medical Incident Report Form** must be completed when:

- An **error is made** in medication administration,
- An **adverse reaction** is observed
- There is any **confrontation** with the student or parent in regards to medication administration.

The incident report form will walk you through the necessary steps, and will identify those persons whom you should contact. If emergency care is needed, call 911.

I have completed the necessary training and reviewed the **WCSD Guide to Medication Administration- Training and Delegation Guidelines** above. I will keep a copy for reference.

Unlicensed School Staff Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Job Title: \_\_\_\_\_ School \_\_\_\_\_

WCSD Registered Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_