

**RECOMMENDED GUIDELINES
FOR
MEDICATION ADMINISTRATION
IN SCHOOLS**



**ILLINOIS DEPARTMENT OF
HUMAN SERVICES**

and the

**ILLINOIS STATE
BOARD OF EDUCATION**

September, 2000

RECOMMENDED GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOLS

Introduction

The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his or her education. The administration of medication to students should be discouraged unless absolutely necessary for the student's health. (See Appendix A 105 ILCS 5/10-22.21b for legal citations regarding the administration of medication.)

An objective of any medication administration program is to promote self-responsibility. This can be achieved by educating students and their families. The school nurse can facilitate this process by providing information regarding the action, dosage and side effects of medication.

The intent of these guidelines is to assure safe administration of medications for those students who require them. Local school district policies must be established that assure this process. (See Appendix A, 105 ILCS 5/10-20.14b for legal citations regarding policy development.)

I. Definitions

- A. Administration** - accepted nursing practice holds that "to administer" means to select the correct medication, deliver it by the correct route, and give it to the student at the time prescribed.

The district should consult with its own nursing advisers to ensure that its use of the term in the district's policy is consistent with generally accepted nursing practice.

- B. Certificated School Nurse** - as referred to in this document is a registered professional nurse who holds an Illinois State Board of Education Type 73 Certificate with an endorsement in school nursing. (See Appendix A, 105 ILCS 5/10-22.23 and 23 Ill.Adm.Code 1.760(c).)

- C. Controlled Substance** – a drug, substance or immediate precursor as listed in the Illinois Controlled Substance Act.

- D. Health Care Plan** – A health care plan (504 Plan or IEP) is required for all students who require medication and/or treatment while in school attendance. The student health care plan is a tool for responding to the temporary and/or long-term medical needs of a student. The plan provides a format for summarizing health information; it may include a problem/need statement, goals, plan of action and outcome expected.

504 Plan - (Section 504 of the Rehabilitation Act of 1973) "*Individual with handicaps* means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. As used in this definition, the phrase--

(1) Physical or mental impairment includes--

(i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or

(ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism;

(2) Major life activities includes functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working;

(3) Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities; and

(4) Is regarded as having an impairment means--

(i) Has a physical or mental impairment that does not substantially limit major life activities but is treated by the Department (of Education) as constituting such a limitation;

(ii) Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward the impairment; or

(iii) Has none of the impairments defined in paragraph (1) of this definition but is treated by the Department as having such an impairment."

A 504 plan will describe (1) the disabling condition, (2) the major life function affected by the condition in the school setting, (3) how the major life activity within the school setting is limited, and (4) the services to be provided by the school district to meet the need(s) identified, e.g. ADHD-difficulty learning, staying on task, paying attention - service provided by the school district will include a medication administration and monitoring program.

IEP - (Public Law 94-142, passed in 1975 and ultimately renamed the Individuals with Disabilities Education Act (IDEA) in 1990.) - an Individualized Education Program (IEP) developed at the onset of special education services by a multi-disciplinary team which addresses the child's unique needs, including learning strengths and weaknesses, special education and support services required and projected educational goals. When a student has a health problem that requires the administration of medication or treatment during the school day, the IEP should contain a health care plan for the student. The IEP serves as a written contract describing what services the school district will provide for the student.

E. Long-term medication - medication used to treat chronic illnesses including both daily and PRN (as needed) medication.

F. Medication - as used in this document will refer to both prescription and non-prescription drugs.

G. Medication Error

1. Giving the wrong medication dosage
2. Giving medication to the wrong child

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3. Failing to give a dose of medication
 4. Giving medication at the wrong time

H. Medication Record – the individual medication record or medicine log used to record the medication given to a student. [The individual medication record is a part of the temporary health record and should be maintained in accordance with the Illinois School Student Records Act (105 ILCS 10/1 et seq.) By comparison, the “Certificate of Child Health Examination” is included in the permanent health record.](See Appendix A, 105 ILCS 10/2 and 23 Ill. Adm. Code 375.10 for legal citations regarding student records.)

I. Non-prescription drugs - medication that may be obtained over-the-counter (OTC) without a prescription from a licensed prescriber.

J. Prescription drugs - Medication requiring a written order for dispensing, signed by a licensed prescriber.

K. PRN (As Needed) Orders - Orders by a licensed prescriber to administer a specific medication for a specific student under certain circumstances, e.g. inhaler for acute asthma attack.

L. Self-administration – medication administered by the student under the direct supervision of the school nurse, principal or principal’s designee. The self-administration of medication may also include medication taken by a student in an emergency situation not under the supervision of a school nurse, principal or principal’s designee and/or emergency medication carried on their person, (e.g. asthma inhaler).

M. Short-term medication - medication administered over a short period of time to treat short-term illnesses, e.g. an antibiotic.

N. Standing orders - written protocol for administering a medication for all students as opposed to a PRN order for a medication written for a specific student, e.g. acetaminophen to be given to any student who has a headache. **STANDING ORDERS ARE NOT RECOMMENDED FOR SCHOOLS.**

O. Supervision - monitor the administration of medication by legally qualified persons.

II. Prescription/Dispensation/Administration Authority

State laws exist to assure the safe prescribing, dispensing and administration of medication. The state agency responsible for monitoring this process is the Illinois Department of Professional Regulation (IDPR). IDPR approves educational programs that prepare individuals to administer, dispense and prescribe medication. Upon the successful completion of an approved program, IDPR issues a license to those who may perform these duties.

A. Prescribe Medication (Licensed Prescriber):

1. **Physician** - a physician licensed to practice medicine in all of its branches including Medical Doctors and Doctors of Osteopathy;
 2. **Dentist** - a person licensed to practice dentistry in any of its branches;
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3. **Podiatrist** - a physician licensed to practice podiatric medicine;
 4. **Optometrist** - a person licensed to practice optometry;
 5. **Physician Assistant** - a person licensed as a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1997;
 6. **Advanced Practice Nurse** - an advanced practice nurse in accordance with a written collaborative agreement required under the Nursing and Advanced Practice Act of 1998.

B. Dispense Medication:

1. **Pharmacist** – an individual currently licensed by this State to engage in the practice of pharmacy.
2. **Licensed Prescriber** – as defined in A above.

C. Administer Medication :

1. **Certificated School Nurse** – a registered professional nurse who holds a Type 73 School Service Personnel Certificate with an endorsement in school nursing or any non-certificated registered professional nurse who was employed in the school district of current employment before July 1, 1976. (See Appendix A, 105 ILCS 5/10-22.23 and 23 Ill Adm.Code 1.760 (c)).
2. **Registered Nurse (R.N.)** – holds a current Illinois Registered Professional Nurse license from the Illinois Department of Professional Regulation. (See Appendix B 225 ILCS 65/5-10 (k) and (j) for a definition and scope of practice a RN may provide.)
3. **Licensed Practical Nurse (LPN)** – holds a current Illinois Practical Nurse license from the Illinois Department of Professional Regulation and has completed the required pharmacology course that allows him/her to administer medication. (See Appendix B 225 ILCS 65/5-10 (j) for a definition and scope of practice a LPN may provide.)

Note: 105 ILCS 5/10.22.23 does not authorize local school districts to employ a LPN to function as a school nurse. **A LPN MUST always work under the direction of a properly licensed person as determined by IDPR.** (See Appendix B 225 ILCS 65/5-10 (j).)

Because of their “in loco parentis” status as set forth in 105 ILCS 5/24-24, school employees are afforded liability protection from negligence in the administration of medication and treatment in a school setting. (See Appendix A.) Those school employees who do not hold a valid IDPR license must receive training in the correct procedure to be used to administer medication. Any properly trained staff member at the school – whether certificated or not – may administer medication in an emergency.

III. Guidelines:

- A. Medications should be limited to those required during school hours which are necessary to maintain the student in school and those needed in the event of an emergency. **These guidelines**

do not prohibit any school employee from providing emergency assistance to a student. (See Appendix A, 105 ILCS 5/10-22.21b.)

- B. A policy for administration of medication to students must be developed and approved by the local school board in accordance with 105 ILCS 5/10-20.14 b Medication Policy. (See Appendix A.) A sample policy is included in Appendix C.
- C. A program for administration of medications to students in schools must be developed and managed by a certificated school nurse or registered nurse in accordance with the *Recommended Guidelines for Medication Administration in Schools*. Each school district must determine who (e.g. superintendent, principal) is responsible for administering medication in the absence of a certificated school nurse or registered nurse. Pursuant to section 105 ILCS 5/10-22.21b of the School Code, teachers and other non-administrative employees **cannot be required** to administer medication, although they may volunteer to do so. The components of such a program are as follows:
1. Each dose of medication shall be documented in the student's individual medication record. Documentation shall include date, time, dosage, route by which the medication is to be administered, and the signature of the person administering the medication or supervising the student in self-administration. In the event a dosage is not administered as ordered, the reasons shall be entered in the record. A daily accounting (count) shall be maintained of any controlled substance prescribed for any student. This documentation is considered part of the student's temporary record.
 2. The certificated school nurse or registered nurse may, in conjunction with a licensed prescriber and parent(s) or guardian, identify circumstances in which a student may self-administer medication.
 3. Effectiveness and side effects shall be assessed with each administration and documented as necessary in the student's individual medication record. Documentation of effects of long-term medications should be summarized at least quarterly or more frequently as determined by the certificated school nurse or registered nurse.
 4. A procedure shall be established for written feedback to the licensed prescriber and the parent(s) or guardian at scheduled, appropriate intervals for long-term medication or as requested by the licensed prescriber.
 5. Permission for long-term medication shall be renewed at least annually. Changes in medication shall have written authorization from the licensed prescriber.
 6. All medication errors must be documented on the student's medication record and an accident report form must be completed. The student's parent or guardian and the licensed prescriber must be notified immediately that a medication error has been made.
 7. A health care plan shall be developed for any student who requires a long-term medication to be administered in school.
- D. All medications given in school, including non-prescription drugs, shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status. Such written documentation must be maintained in the student's individual medication record.

1. A written order for prescription and non-prescription medications must be obtained from the student's licensed prescriber. The order includes:

- ?? Student's Name
- ?? Date of Birth
- ?? Licensed Prescriber, Signature and Date
- ?? Licensed Prescriber Phone and Emergency Number(s)
- ?? Name of Medication
 - dosage
 - route of administration
 - frequency and time of administration
- ?? Diagnosis Requiring Medication
- ?? Intended Effect of the Medication /Possible Side Effects
- ?? Other Medications Student is Receiving
- ?? Time Interval for Re-Evaluation
- ?? Approval for Self-Administration
- ?? Approval for students to carry emergency medication on their person (i.e. inhaler, Epi-Pen)

2. Medication must be brought to the school in a container, labeled appropriately by the pharmacist or licensed prescriber.

a) **Prescription medication shall display:**

- ?? Student's Name
- ?? Prescription Number
- ?? Medication Name and Dosage
- ?? Administration Route or Other Directions
- ?? Date and Refill
- ?? Licensed Prescriber's Name
- ?? Pharmacy Name, Address and Phone Number
- ?? Name or Initials of Pharmacist

b) **Over the Counter Medication (OTC):**

OTC (non-prescription) medication shall be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container.

E. In addition to the licensed prescriber's order, a written request shall be obtained from the parent(s) or guardian requesting that medication be given during school hours. The request must include the name of the student, the parent(s) or guardian's name and phone number in case of emergency. It is the parent(s) or guardian's responsibility to ensure that the licensed prescriber's order, written request and medication are brought to the school.

F. Students should be evaluated on an individual basis regarding the need to carry emergency medication. A written statement signed by the student's physician and parent or guardian verifying the necessity and student's ability to self-administer the medication appropriately should be on file in the health office.

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- G. Medications must be stored in a separate locked drawer or cabinet. When the medication being stored is a controlled substance, the locked cabinet must be securely affixed to the wall. Medications requiring refrigeration must be kept in a locked refrigerator separate from food products.**
 - H.** At the end of the school year or the end of the treatment regime, the student's parent(s) or guardian will be responsible for removing from the school any unused medication. If the parent(s) or guardian does not pick up the medication by the end of the school year, the certificated school nurse or registered nurse will dispose of the medication(s) and document that it was discarded. Medication must be discarded in the presence of a witness and documentation signed by both parties.
 - I.** Nurses are responsible for their own actions regardless of the licensed prescriber's written order. It is the nurse's responsibility to clarify any medication order which is deemed inappropriate or ambiguous. Nurses have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety.¹ In such instances, the nurse must notify the parent, or guardian, student's physician and administrator.
 - J.** A student has the right to refuse medication, and in some instances may do so. In such instances, it is the nurse's responsibility to explain to the student as fully and clearly as possible the importance of taking the medication.² If the student continues to refuse to comply, the parent or guardian, student's physician, and administrator must be notified.

IV. Options for Implementation of Guidelines

Options should be based on the needs of the student and the school district. Work with the licensed prescriber and the parent(s) or guardian to adjust medication administration time. The following options will meet these guidelines:

- A.** Have one certificated school nurse or registered nurse per building available for administering medications.
- B.** In circumstances where one certificated school nurse or registered nurse must provide services for multiple buildings, use a schedule that will allow staggered station times. The nurse should be assigned in an area where one to three buildings are in close proximity.
- C.** Have one certificated school nurse responsible for the district administration policy supplemented by other registered nurses who are supervised in the administration of medication.
- D.** Contract with a local community agency, e.g., local health department, visiting nurses association or local hospital to employ registered nurses to come into the school and administer medication.

¹ Craven, Ruth F. and Hirnle, Constance J..1996. Fundamentals of Nursing, Human Health and Function, 2nd Edition. Philadelphia: Lippincott. p. 590

² Craven, Ruth F. and Hirnle, Constance J..1996. Fundamentals of Nursing, Human Health and Function, 2nd Edition. Philadelphia: Lippincott. p. 591

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- E.** A student's parent or guardian may come to the school to administer medication(s) to his/her own child. (Note: Parent action is purely voluntary and may not be forced. The district is responsible for administering medication under Section 504 and IDEA.)

APPENDIX A
Legal Citations
from
The School Code and 23 Illinois Administrative Code

105 ILCS 5/10-20.14b. Medications policy

“Sec. 10-20.14b. Medications policy. To develop a policy for administration of medications in schools, to furnish a copy of the policy to the parents or guardians of each pupil within 15 days after the beginning of each school year, or within 15 days after starting classes for a pupil who transfers into the district, and to require that each school informs its pupils of the contents of its policy.”

105 ILCS 5/10-22.21b Administration of Medication

“Sec. 10-22.21b Administering medication. To provide for the administration of medication to students. It shall be the policy of the State of Illinois that the administration of medication to students during regular school hours and during school-related activities should be discouraged unless absolutely necessary for the critical health and wellbeing of the student. Under no circumstances shall teachers or other non-administrative school employees, except certified school nurses and non-certificated registered professional nurses, be required to administer medication to students. This Section shall not prohibit a school district from adopting guidelines for self-administration of medication by students. This Section shall not prohibit any school employee from providing emergency assistance to students.”

105 ILCS 5/24-24 and 105 ILCS 5/34-84a Maintenance of Discipline [In Loco Parentis Law]

“Sec. 24-24. Maintenance of discipline. Subject to the limitations of all policies established or adopted under Section 14-8.05 [105ILCS 5/14-8.05], teachers, other certificated educational employees, and any other person, whether or not a certificated employee, providing a related service for or with respect to a student shall maintain discipline in schools, including school grounds which are owned or leased by the board and used for school purposes and activities. In all matters relating to the discipline in and conduct of the school and the school children, they stand in the relation of parents and guardians to the pupils. This relationship shall extend to all activities connected with the school program, including all athletic and extracurricular programs, and may be exercised at any time for the safety and supervision of the pupils in the absence of their parents or guardians....”

105 ILCS 10/2. 23 Illinois Administrative Code [Definitions]

“(d) "School Student Record" means any writing or other recorded information concerning a student and by which a student may be individually identified, maintained by a school or at its direction or by an employee of a school, regardless of how or where the information is stored. The following shall not be deemed school student records under this Act: writings or other recorded information maintained by an employee of a school or other person at the direction of a school for his or her exclusive use; provided that all such writings and other recorded information are destroyed not later than the student's graduation or permanent withdrawal from the school; and provided further that no such records or recorded information may be released or disclosed to any person except a person designated by the school as a substitute unless they are first incorporated in a school student record and made subject to all of the

provisions of this Act. School student records shall not include information maintained by law enforcement professionals working in the school.

(e) "Student Permanent Record" means the minimum personal information necessary to a school in the education of the student and contained in a school student record. Such information may include the student's name, birth date, address, grades and grade level, parents' names and addresses, attendance records, and such other entries as the State Board may require or authorize.

(f) "Student Temporary Record" means all information contained in a school student record but not contained in the student permanent record. Such information may include family background information, intelligence test scores, aptitude test scores, psychological and personality test results, teacher evaluations, and other information of clear relevance to the education of the student, all subject to regulations of the State Board. In addition, the student temporary record shall include information regarding serious disciplinary infractions that resulted in expulsion, suspension, or the imposition of punishment or sanction. For purposes of this provision, serious disciplinary infractions means: infractions involving drugs, weapons, or bodily harm to another."

23 Ill. Adm. Code 375.10 [Definitions]

"Student Permanent Record" means and shall consist of the following, as limited by Section 2(d) of the Act [105 ILCS 10/2(d)]:

Basic identifying information, including the student's name and address, birthdate and place, and gender, and the names and addresses of the student's parents;

Academic transcript, including grades, class rank, graduation date, grade level achieved and scores on college entrance examinations;

Attendance record;

Accident reports and **health record**;

Record of release of permanent record information in accordance with Section 6(c) of the Act [105 ILCS 10/6 (c)];

Scores received on all State assessment tests administered at the high school level (i.e., grades 9 through 12) (see 105 ILCS 5/2-3.64(a)); and

May also consist of:

Honors and awards received; and

Information concerning participation in school-sponsored activities or athletics, or offices held in school-sponsored organizations.

No other information shall be placed in the student permanent record.

"Student Temporary Record" means all information not required to be in the student permanent record and shall consist of the following, as limited by Section 2(d) of the Act:

A record of release of temporary record information in accordance with Section 6(c) of the Act [105 ILCS 10/6(c)];

Scores received on the State assessment tests administered in the elementary grade levels (i.e., kindergarten through grade 8) (see 105 ILCS 5/2-3.64(a)); and

Information regarding serious infractions (i.e., those involving drugs, weapons, or bodily harm to another) that resulted in expulsion, suspension or the imposition of punishment or sanction [105 ILCS 10/2(f)];

APPENDIX B
Legal Citations
from
Nursing And Advanced Practice Nursing Act of 1998

225 ILCS 65/5-10 (i) Licensed Practical Nurse Defined

“Sec. 65/5-10 Definitions...(i) Practical nurse” or “licensed practical nurse” means a person who is licensed as a practical nurse under this Act and practices practical nursing as defined in paragraph (j) of this Section. Only a practical nurse licensed under this Act is entitled to use the title “licensed practical nurse” and the abbreviation “L.P.N.”

225 ILCS 65/5-10 (j) Practical Nursing Practice

“Sec. 65/5-10 Definitions...(j) “Practical nursing” means the performance of nursing acts requiring the basic nursing knowledge, judgment and skill acquired by means of completion of an approved practical nursing education program. Practical nursing includes assisting in the nursing process as delegated by and under the direction of a registered professional nurse. The practical nurse may work under the direction of a licensed physician, dentist, podiatrist or other health care professional determined by the Department.”

225 ILCS 65/5-10 (k) Registered Professional Nurse Defined

“Sec. 65/5-10 Definitions...(k) “Registered Nurse” or Registered Professional Nurse” means a person who is licensed as a professional nurse under this Act and practices nursing as defined in paragraph (l) in this Section. Only a registered nurse licensed under this Act is entitled to use the titles “registered nurse” and registered professional nurse” and the abbreviation, “R.N.”

225 ILCS 65/5-10 (l) Registered Professional Nursing Practice Defined

“Sec. 65/10 Definitions...(l) Registered professional nursing practice” includes all nursing specialties and means the performance of any nursing act based upon professional knowledge, judgement, and skills acquired by means of completion of an approved registered nursing education program. A registered professional nurse provides nursing care emphasizing the importance of the whole and the interdependence of its parts through the nursing process to individuals, groups, families or communities, that includes but is not limited to: (1) the assessment of healthcare needs, nursing diagnosis, planning, implementation, and nursing evaluation; (2) the promotion, maintenance, and restoration of health; (3) counseling, patient education, health education, and patient advocacy; (4) the administration of medications and treatments as prescribed by a physician licensed to practice medicine in all of its branches, a licensed dentist, a licensed podiatrist, or a licensed optometrist or as prescribed by a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1987 or by an advanced practice nurse in accordance with a written collaborative agreement required under the Nursing and Advanced Practice Nursing Act; (5) the coordination and management of the nursing plan of care; (6) the delegation to and supervision of individuals who assist the registered professional nurse implementing the plan of care; and (7) teaching and supervision of nursing students. The foregoing shall not be deemed to include those acts of medical diagnosis or prescription of therapeutic or corrective measures that are properly performed only by physicians licensed in the State of Illinois.”

225 ILCS 65/15-5 Advanced Practice Nurse Defined

“Sec. 65/15-5 Definitions... “Advanced practice nurse” or “APN” means a person who: (1) is licensed as a registered professional nurse under this Act; (2) meets the requirements for licensure as an advanced practice nurse under Section 15-10; (3) except as provided in Section 15-25, has a written collaborative agreement with a collaborating physician in the diagnosis of illness and management of wellness and other conditions as appropriate to the level and area of his or her practice in accordance with Section 15-15; and (4) cares for patients (A) by using advanced diagnostic skills, the results of diagnostic tests and procedures ordered by the advanced practice nurse, a physician assistant, a dentist, a podiatrist, or a physician, and professional judgment to initiate and coordinate the care of patients; (B) by ordering diagnostic tests, prescribing medications and drugs in accordance with Section 15-20, and administering medications and drugs; and (C) by using medical, therapeutic, and corrective measures to treat illness and improve health status. Categories include certified nurse midwife (CNM), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) or certified clinical nurse specialist (CNS).”

Appendix C

SAMPLE POLICY MEDICATION ADMINISTRATION

Subject: Administering Medication to Students

Adopted:

Purpose: To establish a procedure for the administration of medication during school hours

Revised:

It shall be the policy of _____ that the administration of medication or supervision of self-medication to students during regular school hours should be discouraged unless necessary to maintain the student in school, or in the event of an emergency. The objective of any medication program is to promote self-responsibility. The school nurse or her/his designee can facilitate this process by providing information to the parent(s) or guardian and students on the process to be followed in administration of medication during school hours. The Board of Education will insure and indemnify personnel designated to administer or supervise the self-administration of medication when such personnel follow the policy and procedures put forth in this document. School personnel will not diagnose or treat illnesses.

The Illinois Department of Professional Regulation (IDPR) issued a legal opinion which allows a school employee to stand in the place of a parent or guardian in administration of medication or supervision of self-medication in the school setting. School employees who do not hold a valid IDPR license must receive training in the correct procedure to be used to administer medication and/or provide a specific treatment. This does not prohibit any school employee from administering emergency assistance to a student.

A certificated school nurse or registered nurse must manage the medication administration program following the *Recommended Guidelines for Medication Administration in Schools* developed by the Illinois Department Human Services (IDHS) and the Illinois State Board of Education (ISBE), September 2000. A designated administrator will be responsible for medication administration or supervision of self-medication when a nurse is not available. Teachers or other employees cannot be required to administer medication or supervise self-medication although they may volunteer to do so.

DEFINITIONS

- A. Administration** - accepted nursing practice holds that “to administer” means to select the correct medication, deliver it by the correct route, and give it to the student at the time prescribed.
- B. Certificated School Nurse** - as referred to in this document is a registered professional nurse who holds an Illinois State Board of Education Type 73 Certificate with an endorsement in school nursing (See Appendix A 105 ILCS 5/10-22.23).
- C. Controlled Substance** – a drug, substance or immediate precursor as listed in the Illinois Controlled Substance Act.
- D. Health Care Plan** – A health care plan (504 Plan or IEP) is required for all students who require medication and/or treatment while in school attendance. The student health care plan is a tool for responding to the temporary and/or long-term medical needs of a student. The plan provides a format for summarizing health information; it may include a problem/need statement, goals, plan of action and outcome expected.
- E. Long-term medication** - medication used to treat chronic illnesses including both daily and PRN (as needed) medication.
- F. Medication** - as used in this document will refer to both prescription and non-prescription drugs.
- G. Medication Error**
1. Giving the wrong medication dosage
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- H. Medication Record** – the individual medication record or medicine log used to record the medication given to a student. [The individual medication record is a part of the temporary health record and should be maintained in accordance with the Illinois School Student Records Act (105 ILCS 10/1 et seq.) By comparison, the “Certificate of Child Health Examination” is included in the permanent health record.](See Appendix A, 105 ILCS 10/2 and 23 Ill.Adm. Code 375.10 for legal citations regarding student records.)
- I. Non-prescription drugs** - medication that may be obtained over-the-counter (OTC) without a prescription from a licensed prescriber.
- J. Prescription drugs** - Medication requiring a written order for dispensing, signed by a licensed prescriber.
- K. PRN (As Needed) Orders** - Orders by a licensed prescriber to administer a specific medication for a specific student under certain circumstances, (e.g. inhaler for acute asthma attack).

- L. **Self-administration** – medication administered by the student under the direct supervision of the school nurse, principal or principal’s designee. The self-administration of medication may also include medication taken by a student in an emergency situation not under the supervision of a school nurse, principal or principal’s designee and/or emergency medication carried on their person, (e.g. asthma inhaler).
- M. **Short-term medication** - medication administered over a short period of time to treat short-term illnesses, (e.g. antibiotic).
- N. **Standing orders** - written protocol for administering a medication for all students as opposed to a PRN order for a medication written for a specific student, e.g. acetaminophen to be given to any student who has a headache. **STANDING ORDERS ARE NOT RECOMMENDED FOR SCHOOLS.**
- O. **Supervision** - monitor the administration of medication by legally qualified persons.

STUDENT MEDICAL AUTHORIZATION

No school personnel shall administer to any student, nor shall any student possess or consume any prescription or non-prescription medication unless the **Authorization and Permission for Administration of Medication** form has been filed with the school district which will forward it to the certificated school nurse, registered nurse, or the designated administrator. This form shall be completed by the student’s parent or guardian and licensed prescriber and shall be on file at the school district prior to the dispensing of any medication to a student. The **Authorization and Permission for Administration of Medication** form must be renewed annually at the beginning of each school year. Forms are available in the school district office as well as individual school offices.

MEDICATION ADMINISTRATION

- A. All medications given in school, including non-prescription drugs, shall be prescribed by a licensed prescriber on an individual basis as determined by the student’s health status. Such written documentation must be maintained in the student’s individual medication record.
 1. A written order for prescription and non-prescription medications must be obtained from the student’s licensed prescriber. The order includes:
 - ?? Student’s Name
 - ?? Date of Birth
 - ?? Licensed Prescriber Name, Signature and Date
 - ?? Licensed Prescriber Phone and Emergency Number(s)
 - ?? Name of Medication
 - dosage
 - route of administration
 - frequency and time of administration
 - ?? Diagnosis Requiring Medication
 - ?? Intended Effect of the Medication /Possible Side Effects
 - ?? Other Medications Student is Receiving

- ?? Time Interval for Re-Evaluation
- ?? Approval for Self-Administration
- ?? Approval for students to carry emergency medication on their person (i.e. inhaler, Epi-Pen)

2. Medication must be brought to the school in a container, labeled appropriately by the pharmacist or licensed prescriber.

c) **Prescription medication shall display:**

- ?? Student's Name
- ?? Prescription Number
- ?? Medication Name and Dosage
- ?? Administration Route or Other Directions
- ?? Date and Refill
- ?? Licensed Prescriber's Name
- ?? Pharmacy Name, Address and Phone Number
- ?? Name or Initials of Pharmacist

d) **Over the Counter Medication (OTC):**

OTC (non-prescription) medication shall be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container.

- B.** In addition to the licensed prescriber's order, a written request shall be obtained from the parent(s) or guardian requesting that medication be given during school hours. The request must include the name of the student, the parent(s) or guardian's name and phone number in case of emergency. It is the parent(s) or guardian's responsibility to ensure that the licensed prescriber's order, written request and medication are brought to the school.
- C.** Students should be evaluated on an individual basis regarding the need to carry emergency medication. A written statement signed by the student's physician and parent verifying the necessity and student's ability to self-administer the medication appropriately should be on file in the health office.
- D. Medications must be stored in a separate locked drawer or cabinet. When the medication being stored is a controlled substance, the locked cabinet must be securely affixed to the wall. Medications requiring refrigeration must be kept in a locked refrigerator separate from food products.**
- E.** At the end of the school year or the end of the treatment regime, the student's parent(s) or guardian will be responsible for removing from the school any unused medication. If the parent(s) or guardian does not pick up the medication by the end of the school year, the certificated school nurse or registered nurse will dispose of the medication(s) and document that it was discarded. Medication must be discarded in the presence of a witness and documentation signed by both parties.
- F.** Accepted nursing practice allows that nurses are responsible for their own actions regardless of the healthcare provider's written order. It is the nurse's responsibility to clarify any medication

order which is deemed inappropriate or ambiguous. Nurses have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety. In such instances, the nurse must notify the parent or guardian and student's physician.

- G.** A student has the right to refuse medication, and in some instances may do so. In such instances, it is the nurse's responsibility to explain to the student as fully and clearly as possible the importance of taking the medication. If the student continues to refuse to comply, the parent(s) or guardian and student's physician must be notified.

Please contact the school nurse if you have any questions (_____).

Superintendent

Board President

Principal

School Nurse

Appendix D

Sample Authorization and Permission for Administration of Medication

Student's Name (Last) (First) (Middle) Birthdate / / School Date

School medications and health care services are administered following these guidelines:

Physician/Prescriber signed dated authorization to administer the medication.

Parent signed, dated authorization to administer the medication.

The medication is in the original labeled container as dispensed or the manufacturer's labeled container.

The medication label contains the student name, name of the medication, directions for use and date.

Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

Medication/Health Care Treatment

Dosage

Time to be administered

Intended effect of this medication

Expected side effects, if any

Other medications student is taking

May student self-administer medication under supervision of Health Service personnel or designate?

(A student self-administration form must be completed)

(Please circle) YES / NO

Administration instructions

Discontinue/Re-Evaluate/Follow-up Date (circle one)

Prescriber's Signature

Date signed

Prescriber's Emergency Phone#

Prescriber's Address

Parental Authorization:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize (name of School District) and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature

Home Phone

Parent's Address

Business Phone

Date

Additional Information

Appendix F Sample Daily Medication Administration Record

Student: _____ School Year: _____ School _____

Date of Birth: _____ Teacher: _____ Diagnosis: _____

Medication, Route: _____ Date, Dose, Time: _____

Parent Name: _____ Physician: _____

Parent Phone: _____ Physician Address: _____

Comments: _____ Physician Phone: _____

Please put the time and your initials in appropriate box.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
AUGUST																																
SEPTEMBER																																
OCTOBER																																
NOVEMBER																																
DECEMBER																																
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY																																
JUNE																																
JULY																																

INITIAL _____ NAME _____

CODES

W : Weekend F : Field Trip

H : Holiday D : Early Dismissal

A : Absent W : Dose Withheld

N : None Available O : No Show