

InstructionDispensing Medications

The administration of medication at school is strongly discouraged except when necessary for the student's health or education. The dosage intervals of many medications can be adjusted so the times for taking the medication come outside school hours. When possible, interval adjustment should be considered before administering medication at school. All medications administered by school district personnel shall be administered in accordance with the Medication Aide Act.

- A. Authorizations for Prescription Medications. Prescription medications which must be administered during school hours may be administered when the following are on file at school:
1. A physician's signed, dated authorization including name of the medication, dosage, administration route, time to be given at school, and reason child is receiving the medication.
 2. A caretaker's signed and dated authorization/permission to administer the medication during school. (Note: All references to "caretaker" in this policy shall also include a parent, foster parent, family member or legal guardian; it shall not include a friend or child care provider).
 3. The medication is in its original packaging and is labeled as dispensed by the prescriber or pharmacist. The label must name the child and identify the medication, strength, time interval and route to be administered. Two labeled containers may be requested: one for home and one for school. If needed, the physician may be contacted for clarification on medication administration.
- B. Authorizations for Non-Prescription Medications. If a regular education student must take non-prescription medication during school, procedures 2 and 3 above are to be followed before administration.
- C. Authorizations. Medication authorizations must be renewed annually and updated immediately as changes occur.
- D. Documentation. The school district shall keep and maintain accurate medication administration records. A record of each dose of medication administered shall be documented reflecting the student's name, and the name of the medication, date, time, dosage, route, the signature and title of the person administering the medication and any unusual observations, and any refusal by the recipient to take and/or receive the medication. Medication documentation shall be kept confidential in accordance with the policies and practices concerning student records, provided that medication administration records shall be available to the Department of Health and Human Services Regulation and Licensure, the Department of Health and Human Services, and the State Department of Education for inspection and copying. Such medication administration records shall be maintained for not less than two (2) years.

- E. Storage of Medicine. Medication shall be stored in a locked or otherwise secure area in accordance with the manufacturer's or dispensing pharmacist's instructions or temperature, light, humidity, or other storage instructions. Only authorized school personnel who are designated by the administration of the school district for administration of medications shall have access to the medications; such authorized school personnel shall establish procedures for monitoring the storage and handling of medication, the medication's expiration date, and the disposal of medication.
- F. Receipt and Disposal of Medications. Medication shall be delivered by a parent to school personnel and picked up from school personnel by the parent. When medication is received, the amount received should be documented. Medication which is either past the expiration date or not claimed by the parent by the end of the school year shall be destroyed. Procedures for destroying medication shall include witness and documentation.
- G. School Personnel Administering Medication.
1. Administration of Medication: Only school personnel who are licensed health care professionals may administer medication. Administration of medication includes, but is not limited to:
 - a. Providing medications for another person according to the "five rights";
 - b. Recording medication provision; and
 - c. Observing, monitoring, reporting, and otherwise taking appropriate actions regarding desired affects, side effects, interactions, and contraindications associated with the medication.
 2. Provision of Medication: School personnel who are not licensed health care professionals may provide medication to students. Provision of medication includes, but is not limited to:
 - a. Giving or applying a dose of a medication to a student including helping a student in giving or applying medication to himself or herself according to the "five rights";
 - b. Recording medication provision; and
 - c. Provision of medication does not include observing, monitoring, reporting, and otherwise taking appropriate actions regarding desired affects, side effects, interactions, and contraindications associated with the medication.

3. Routes of Medication:
 - a. School personnel may provide routine medications by the following routes:
 - (1) Oral;
 - (2) Inhalation;
 - (3) Topical; and
 - (4) Instillation into the eyes, ears, and nose.
 - b. School personnel may provide medication by additional routes not listed in subparagraph “a.” above, provide PRN medication, or participate in observing and reporting for monitoring medications only under the following conditions:
 - (1) A determination has been made by a physician, physician's designee, or caretaker of the student and placed in writing that the school personnel administering the medication are competent to administer the medication by the activities called for by the additional routes, and it has been determined by the physician or physician's designee and placed in writing that these activities can be done safely for a specified recipient.
 - (2) Directions for additional routes not listed in subparagraph “a.” above must be for recipient specific procedures and must be in writing.
 - (3) Directions for PRN medication must be in writing and include parameters for provision of PRN medication; PRN medication means an administration scheme in which a medication is not routine, is taken as needed, and requires assessment for need and effectiveness.
 - (4) Directions for observing and reporting for monitoring medication must be in writing and include the parameters for the observation and reporting.
 - (5) School personnel administering such additional routes of medication shall comply with the written directions.
 - c. Medications that must be provided or administered by injection shall be provided or administered by a licensed health care professional unless (1) a student has been authorized to self-administer the medication by injection; or (2) school personnel who are not licensed health care professionals have been trained and certified as being qualified to administer such medication by injection.
4. Supervision of School Personnel Providing Medication:
 - a. Prescription medications shall be provided by school personnel under the direction or supervision and when monitored by the student's caretaker, physician or the physician's designee. The student's caretaker, physician or the physician's designee shall provide training or approve an alternative as

adequate. The student's caretaker, physician or the physician's designee will inform school personnel providing medication of the benefits and side effects of student medications. If side effects are observed, this information should be reported promptly to the student's caretaker, physician or the physician's designee or parent.

- b. Non-prescription medications shall be provided by school personnel only under the direction or supervision and when monitored by a caretaker of the student.
- c. The physician, physician's designee, or caretaker responsible for providing direction, supervision and monitoring of the school personnel providing medication to a student shall be identified in writing and such individual shall signify his/her acceptance of such responsibility in writing prior to the provision of any medications to the student.
- d. Any medication error shall be reported to the person responsible for providing direction and monitoring.

5. Minimum Competencies:

- a. The minimum competencies of school personnel providing medications to students shall include:
 - (1) Maintaining confidentiality;
 - (2) Complying with a competent recipient's right to refuse to take medication and, in the case of a non-competent, recognize the requirement to seek advice and consultation with the physician, physician's designee, or caretaker of the student providing direction and monitoring regarding the procedures and persuasive methods to be used to encourage compliance with medication provision. Recognizing that persuasive methods should not include anything that causes injury to the recipient;
 - (3) Maintaining hygiene and current accepted standards for infection control;
 - (4) Documenting accurately and completely;
 - (5) Safely providing medications according to the "five rights" by the routes described in subparagraph "G.3.a." above or authorized additional routes, and in consideration of the specialty needs of the student based upon such things as age, swallowing ability, and ability to cooperate ("five rights" means getting the right drug to the right recipient in the right dosage by the right route at the right time);
 - (6) Having the ability to understand and follow instructions;

- (7) Practicing safety in application of procedures for storage, handling and administration of medications;
 - (8) Complying with limitations and conditions under which school personnel may provide medications; and
 - (9) Having an awareness of abuse and neglect reporting requirements.
 - b. The minimum competencies of school personnel administering medications to students shall include those listed above in paragraph “G.5.a.”, and shall also include the following additional minimum competencies:
 - (1) Recognizing general unsafe conditions indicating that the medication should not be provided including change in consistency or color of the medication, unlabeled medication or illegible medication label, and those medications that have expired;
 - (2) Recognizing that unsafe conditions should be reported to the caretaker, physician or physician's designee for direction and monitoring thereof;
 - (3) Recognizing general conditions which may indicate an adverse reaction to medication such as rashes/hives, and general changes in recipient's condition which may indicate inability to receive medications, and that all such conditions shall be reported to the caretaker, physician or physician's designee responsible for providing direction and monitoring.
 - c. School personnel providing medication who are not licensed health care professionals shall receive training in the minimum competencies for provision of medications to students by a licensed health care professional; documentation verifying such training of each school employee providing medication to students shall be placed on file in the office of the Superintendent of Schools.
6. Refusal to Administer Medication: School personnel may refuse to give a medication at school after a reasonable and prudent decision has been made where the dosage prescribed exceeds that which is recommended in the Physician's Desk Reference, Mosby's Nursing Drug Reference, the most recent edition of the Nursing Drug Handbook, or other pharmaceutical manuals handbook; or when a drug or substance is not currently approved by the FDA. When school personnel refuse to carry out a request to administer medication, the following procedure shall be followed:
 - a. Notify nursing supervisor who will notify Superintendent.
 - b. Notify attending physician by phone with follow-up in writing.

- (1) State concern for dosage or particular medication, etc.
 - (2) Make every attempt to work out a suitable solution - Example: Change of time of administration, change of dosage, change of medication;
 - (3) Follow-up in writing.
 - c. Meet with parents.
 - (1) State concern for dosage or medication;
 - (2) Offer alternatives - Example: Change of time so as not to be given during school hours.
 - d. Consult with Nebraska State Board of Health for current procedures regarding refusal to follow written physician's orders.
 - e. Research by health care professional.
 - (1) Collect research articles from professional journals, organizations, etc.;
 - (2) Contact other physicians requesting their professional opinions and ask them to review current research;
 - (3) Contact state licensing boards and school nurse consultant;
 - (4) Consult with district's legal counsel;
 - (5) Assemble all data for review;
 - (6) Present data to review team organized by the Superintendent;
 - (7) Decision rendered and implemented;
 - (8) Parents and physician contacted in writing; and
 - (9) Alter and update policies and procedures as needed.
- H. Self-Administration of Medication. Students who are able to self-administer specific medication (epi-pens, inhalers) may do so provided:
1. The physician provides a written authorization allowing self-administration of said medication.
 2. The parent provides a written authorization for self-administration of the medication.
 3. Such medication is transported to the school and maintained under the student's control in the original, properly labeled packaging and (a) is not opened except when self-administering the medication, (b) is not self-administered during instructional time or in the presence of other students unless medically necessary, and (c) is not shown or exhibited to other students.
 4. The student's physician or the physician's designee has evaluated the situation and deemed it to be safe and appropriate; has documented this on the

physician's authorization for the student's cumulative health record, and has approved the general administration plan.

5. The student and the student's physician or the physician's designee have developed a plan for reporting and supervision of self-administration.

6. The principal, school nurse and appropriate teachers are informed that the student is self-administering prescribed medication.

I. Hypodermic Syringes. Certain additional safeguards must be followed relative to the storage, records and destruction of hypodermic needles and syringes.

Precautions to be observed:

1. The student's health status should be reviewed at frequent intervals by the student's physician or the physician's designee.

2. The physician's and parent's written authorization must specifically authorize use of hypodermic syringes and needles.

3. Adequate provisions should be made for storage of unused and destruction of used syringes.

-Unused hypodermic syringes and needles should be kept in double locked stationary cabinets or rooms, under protection of suitable locks and keys.

-Used hypodermic syringes and needles should be placed in a sealed, labeled disposal container located in the nurse's office or other location designated by the administration. The contents of the disposal container shall be disposed of through a disposal service approved by the Nebraska Department of Health and Human Services.

4. Internal medication is only for first-aid and adaptation of the school program to permit the student's attendance, and not for providing a treatment service.

5. An emergency care plan for such pupils in the case of the absence of the student's physician or the physician's designee should be outlined for any substitute school personnel.

Legal Reference: Neb. Rev. Stat. §§ 71-6718 to 71-6742

Date of Adoption: March 13, 2006

Reviewed: Nov. 12, 2007, Nov. 10, 2008, Nov. 9, 2009, Nov. 8, 2010, Nov. 14, 2011, Nov. 12, 2012, Nov. 11, 2013, Nov. 10, 2014, Nov. 9, 2015, Nov. 14, 2016, Nov. 13, 2017, Nov. 12, 2018, Jan. 13, 2020, Dec. 14, 2020, Jan. 10, 2022, Dec. 12, 2022, Jan. 15, 2024

**CARETAKER AUTHORIZATION FOR
ADMINISTRATION OF PRESCRIPTION MEDICATION TO STUDENT**

The undersigned(s) is/are the caretaker(s), parent(s), guardian(s), or person(s) in charge of _____ (“the Student”).

It is necessary that the Student receive _____ (medication), a physician-prescribed medication, during school intervals beginning on _____ (date) and continuing through _____ (date).

CHECK ONE (1) OF THE FOLLOWING BOXES

_____ I hereby authorize the Plattsmouth Community School District to allow the above-named Student to administer the above-described medication to himself/herself without monitoring or supervision by school personnel.

_____ I hereby request the Plattsmouth Community School District, or its authorized representative, to administer the above-named medication to the above-named Student, in accordance with the prescribing physician’s instructions, and agree to:

1. Submit this request to the principal or school nurse.
2. Make certain the Physician’s Request for the Administration of Prescription Medication by School Personnel is submitted to the principal or school nurse.
3. Make sure personally that the medication is received by the principal or school nurse and/or county nursing services administering it, in the container in which it was dispensed by the prescribing physician or licensed pharmacist.
4. Make sure personally that the container in which the medication is in is marked with the medication name, dosage, interval dosage, and date after which no administration should be given.
5. Submit a REVISED STATEMENT signed by the physician prescribing the medication to the principal or school nurse IF ANY OF THE INFORMATION PROVIDED BY THE PHYSICIAN CHANGES.
6. Provide directions to the school personnel providing the medication.
7. Provide monitoring of the medication's effects, and assume full responsibility therefor.

I understand that unlicensed school personnel may be assigned to provide medication to my Student and hereby release the School District and the Board of Education of the School District and all employees, agents, and representatives of the School District from any liability concerning the providing or non-providing of the medication to the Student.

DATED this _____ day of _____, _____.

Work Telephone Number

Name of Student

Home Telephone Number

Parent/Guardian

Alternate Number for Parent

Parent/Guardian

**PROVISION OF MEDICATION TO STUDENT
PHYSICIAN'S REQUEST FOR ADMINISTRATION OF PRESCRIPTION
MEDICATION BY SCHOOL PERSONNEL**

Date _____

_____ (Student's full name) is under my care and must take medication which I have prescribed during the school day.

Name of medication (as it appears on container in which the medication is stored) _____

Dosage and time _____

Date provision of medication is to begin _____

Date after which the medication should not be provided _____

Possible adverse reactions to be reported to physician _____

Special instructions for the provision and storage of the medication _____

CHECK ONE (1) OF THE FOLLOWING BOXES:

_____ Medication may be self-provided by the Student, and the Student is competent to self-provide medication. I, or my designee(s), and the Student have developed a plan for self-provision of the medication(s), the storage of the medication, and a plan for reporting and supervision of self-provision of the medication(s), and deem each to be safe and appropriate and, if applicable, authorize the use of hypodermic syringes and needles or similar medical items.

_____ Medication may **NOT** be self-provided by the Student, and the Student is **NOT** competent to self-provide medication. I, or my designee(s), have trained school personnel or approved alternative training as adequate to provide the medication, have evaluated the situation, the storage of the medication, the general administration plan and, if applicable, the self-administration plan or emergency care plan, and deem each to be safe and appropriate and, if applicable, authorize the use of hypodermic syringes and needles or similar medical items.

Name of Physician and/or Designee

Print or Type

Primary Phone Number

Signature of Physician

Secondary Phone Number

RECORD OF THE PROVISION OF PRESCRIPTION MEDICATION

Parent's Phone # _____
 Name of Student _____ Grade _____
 Medication _____ Date to Begin _____ Date to End _____
 Dosage _____ Time _____
 Doctor _____ Phone #1 _____ Phone #2 _____
 Possible Adverse Reaction: _____

Person(s) Authorized to Administer Drugs: _____

Date Provided	Time Provided	Medication Name	Dosage Provided	Route	Refused Medication	Signature of Employee Providing Medication