



# ADMINISTRATION OF MEDICATION IN SCHOOLS

## MARYLAND STATE SCHOOL HEALTH SERVICES GUIDELINE

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Maryland State Department of Education  
Student Services and Alternative Programs  
Branch  
200 West Baltimore Street  
Baltimore, Maryland 21201  
Phone: 410-767-0311  
TTY/TDD: 410-333-6442

Maryland Department of Health and  
Mental Hygiene Center for Maternal  
& Child Health  
201 West Preston Street  
Baltimore, Maryland 21201  
Phone: 1-877-463-3464  
TTY/TTD: 1-800-735-2258



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### Foreword

There is a strong relationship between academic achievement and a child's physical, emotional and mental health. This link is the foundation for providing school health services as an important component of a school program. School health services provide primary prevention aimed at keeping students in schools through appropriate screenings, early identification of children at risk for physical, emotional and mental health concerns, and case management of students with chronic health concerns.

The Annotated Code of Maryland, Education Article, § 7-401 requires the Maryland State Department of Education (MSDE) and the Maryland Department of Health and Mental Hygiene (DHMH) to jointly develop public standards and guidelines for school health programs. The following guideline is developed in accordance with that requirement and is based on the expressed needs of the local school health services programs. It has been reviewed by the Maryland Board of Nursing, the Maryland Board of Pharmacy, the Maryland Chapter of the American Academy of Pediatrics, and the Committee on School Health. These guidelines contain recommendations for minimum standards of care and current best practices for the health service topics addressed. It is intended that these guidelines will be used by the local school systems in developing local school health services policies and procedures as a means to assist local school health services programs in providing consistent and safe care to the students of Maryland. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines.

The Maryland State School Health Council serves as an advisory council to both departments and as such, the council's School Health Services Subcommittee serves as the committee that develops and reviews these guidelines along with the specialists from MSDE and DHMH. School Health Services Program supervisors/coordinators also review and participate in the guideline development process. To those dedicated school health services professionals and administrators, our thanks.

## Introduction

The administration of medication in the school setting is a service that is provided to promote wellness and decrease absenteeism. When there is a need for a student to receive medication in school, safe and proper administration is essential. To assist local school systems (LSSs), schools, and local health departments, the Maryland State Department of Education, the Department of Health and Mental Hygiene, and the Maryland State School Health Council developed the following Guideline for the administration of medication in schools. These guidelines were approved by the Maryland Board of Nursing and reviewed by the Maryland Board of Pharmacy.

## Prescription Medication

All prescription medication to be given in school must be ordered by a person authorized to prescribe medication. In Maryland an authorized prescriber is a physician, nurse practitioner, certified midwife, podiatrist, physician's assistant or dentist, (Section 12-101(b), Health Occupations, Annotated Code of Maryland). It is recommended that an approved medication administration/authorization form be developed (see example of state form in Appendix). The locally approved medication administration/authorization form should contain the following information:

- Date of order;
- Name of student;
- Diagnosis;
- Name of medication to be administered;
- Dosage;
- Time of administration;
- Route of administration;
- Duration of medication order;
- Possible side effects;
- Special requirements such as "take with food"; and
- Whether or not medication may be self-administered.

The locally approved medication administration/authorization form must be signed by the authorized prescriber and the parent/guardian. A stamp with the prescriber's signature is acceptable; however a printed name stamp is not acceptable. A written parent/guardian authorization must accompany each medication order. An order should be renewed annually even if the order is for a prn (as needed) medication. The authorization should be filed in the student's school health record.

**Verbal orders** from an authorized prescriber may be taken only by a registered nurse (RN) or a licensed practical nurse (LPN). This order shall be recorded by the nurse in the student's health record and must be followed up within a locally determined number of days, by a written order from the prescriber. If unable to obtain the written order, the nurse should attempt to contact both the prescriber and parent/guardian. If the written order is not received within the locally determined number of days, administration of the medication must be discontinued in school.

**Faxed medication orders** for the administration of medication may be accepted when submitted on a written, locally approved authorization form and signed by an authorized prescriber. The parent should sign the form within a locally determined number of days.

## Parental Consent

Written parental consent is required for each medication ordered and for each new order (even if the medication was previously given in school). Parental consent is required as a part of the authorization. As with the medication orders, parental consent must be renewed annually.

In the case of verbal orders from an authorized prescriber, verbal consent from the parent must be obtained and documented, to be followed by the written consent within a locally designated number of days. Parental consent forms should be filed in the student's school health record.

## Labeling, Storage, and Disposal

The medication container shall accompany all medications to be administered in school. Parents/guardians may request two containers (one for school and one for home) from the pharmacist when getting a prescription filled. Medications should be brought to the school by the parent or responsible adult, especially for elementary school students. However, if this is not possible, the parent/guardian should inform the school nurse, principal, or designee by telephone that his/her child is bringing the medication to school and how much medication is in the container. This eliminates any question about how much medication should have been in the container when the child reached the school. The amount of medication received should be checked by the school nurse, school administrator, or designee and documented as soon as the parent/guardian delivers the medication. Alternatives to this procedure can be determined by the local SHS program provided that the students health & safety is not jeopardized.

The medication container shall be labeled with the following:

- Name of student;
- Name of medication;
- Dosage of medication to be given;
- Frequency of administration;
- Route of administration;
- Name of physician/authorized prescriber ordering medication;
- Date of prescription; and
- Expiration date.

In compliance with the School Health Standards (COMAR 13A.05.05.05--.15), all medication must be stored in a locked cabinet. Medications that must be refrigerated must be stored in a locked box in the refrigerator. Access to medication locked in the designated space shall be under the authority of the designated school health professional, the principal, and/or designee.

All medication must be removed from the school premises one week after the expiration date, upon appropriate notification of medication being discontinued, or at the end of the school year. If not retrieved by a parent or responsible adult, unused and unclaimed medication should be disposed of by flushing. Empty asthma inhalers may be disposed of in the trash. Sharps (needles and lancets) must be disposed of in a puncture-proof container. Disposal of this container and other medical waste must follow Occupational Safety and Health Administration (OSHA)/Maryland Occupational Safety and Health (MOSH). Bloodborne Pathogens Standard found in the Code of Federal Regulations (29CFR1910.1030).

## Administration of Medication

The designated school health professional, in collaboration with the school administrator, implements the medication policy. School staff and parents shall be informed annually of the medication policies and procedures.

The following are recommended in the administration of medication:

- ❑ The parent/guardian should give the first dose of any new prescription or over-the-counter medication, except for prn emergency medications (e.g. Epi-Pen); and a record must be maintained each time a medication is administered.
- ❑ The record shall include: student's name, date and time of administration, dosage, and signature of person administering the medication.
- ❑ A plan should be developed by the physician, parent, and school nurse for students who self-administer. A physician must authorize self-administration of medication. The school nurse must **evaluate and approve** the student's ability and capability to self-administer medication. The plan shall address how to keep a record of administrations.
- ❑ It must be determined by the school nurse whether a student who self administers medication is responsible to self carry their medication. The developmental ability of the student, the need to have ready access to emergency medication and the safe storage of medication must be taken into account when making this decision.

## Narcotics

If a narcotic must be administered in school, the guideline for prescription medications should be followed with the following modifications:

- ❑ The parent/guardian shall bring the medication to school;
- ❑ The amount of the drug received shall be immediately counted and recorded by the school health professional or designee, witnessed by a responsible employee;
- ❑ Narcotics shall be counted on a scheduled basis by the designated school health professional and witnessed by a responsible employee. This count should be reconciled with the prior count and medication administration record;
- ❑ The school nurse should maintain no more than a 30 day supply of narcotics; and
- ❑ There must be a new order and parent authorization every 30 days EXCEPT if the narcotic is to be given prn. If the narcotic is to be given prn and for more than thirty days, the designated school health professional should contact the parent or prescriber to confirm the continued need for the medication, especially in cases where the medication is classified as a narcotic.

## Over-the-Counter (OTC) Medications

Administration of OTC medication must be conducted in accordance with the guideline for prescription medication. The only exception is if the local school system and local school health services program has adopted "physician directed nursing protocols" for the administration of OTC medication in compliance with Board of Nursing regulations. If the local school system and local school health services program has adopted "physician directed nursing protocols" the following should be incorporated in the policy:

- ❑ The LSS and the Health Services Program shall identify which OTC medications are to be administered under its policy;
- ❑ Parental consent is required annually for the administration of the identified OTC medications;
- ❑ Administration of the identified OTC medications must be part of a nursing protocol which has been approved by the LSS, the supervisor of health services, and the medical director;
- ❑ Only RNs may make the assessment and the decision to administer an OTC medication (therefore the LSS and the Health Services Program’s “physician directed nursing protocols”, may only be used in schools that are staffed by a fulltime RN); and
- ❑ Medications administered under the LSS and the Health Services Program’s “physician directed nursing protocols” are not to be given for a problem/health concern diagnosed by the child’s primary care physician. The guideline for prescribed medication must be followed when this occurs. In the absence of an order from an authorized prescriber for a medication that is included in the “physician directed nursing protocols”, the LSS and the Health Services Program’s “physician directed nursing protocols” may be followed if parental permission is obtained. A student’s specific medication order from an authorized prescriber shall take precedence over the LSS and the Health Services Program’s “physician directed nursing protocols”. OTC medication must be brought to school in an original, unopened container.

### **Homeopathic and Herbal Medications**

Homeopathic and herbal medicines should be administered in accordance with the guideline for prescription drugs.

### **Delegation of Medication Administration to Unlicensed Staff**

Plans for the administration of medications in the absence of the nurse shall be developed collaboratively by the school nurse and the school administrator. The decision regarding delegation of medication administration should be considered in conjunction with other school duties, such as lunch and recess supervision. Such comprehensive planning will ensure that the most appropriate person is assigned to each task and that medication administration is completed in a safe manner.

*Criteria for Personnel Selected to Administer Medication in the Absence of the School Nurse:* In all cases, the person to whom the administration of medications is delegated should meet criteria set forth in COMAR 10.27.11. and COMAR 10.39.01 which includes:

- ❑ In the judgment of the nurse, the task delegated can be properly and safely performed by the unlicensed individual or certified nursing assistant without jeopardizing the client’s welfare.
- ❑ That the person is competent to perform the task assigned.

Additionally, the person should:

- ❑ Be an employee and agree to this responsibility;
- ❑ Have good attendance;
- ❑ Be familiar with the students in the school;
- ❑ Possess good organizational skills;
- ❑ Handle stress in a calm manner;
- ❑ Have coverage/assistance available for regularly assigned job duties during peak times when medications must be given (usually between 11:00 a.m.-1:00 p.m.); and
- ❑ Be in a quiet environment which allows for safe and effective administration of medications.

Since the majority of medication doses are scheduled for administration between the hours of 11:00 a.m. and 1:00 p.m., plans must include considerations for the person's lunch.

COMAR 10.27.11.05G and COMAR 10.39.01 requires that persons administering medications under the direction of a nurse be appropriately trained and supervised. The School Health Medication Administration Training Program is the approved program for school staff. This training provides instruction in the administration of oral medications. Administration of medication by any other route requires that the delegating nurse train the unlicensed person on a one-to-one basis. Records of the date and nature of the initial training and every two year re-certification must be maintained. At the conclusion of the training, the school administrator and nurse should make a final decision as to the appropriateness of the assignment for the individuals trained.

School systems must make plans for periodic direct supervision by registered nurses of personnel assigned responsibility for medication administration. Registered nurses should maintain records of this supervision.

Each person assigned routine responsibility for medication administration should have at least one person designated as an alternate to substitute in the case of absence. Selection and training of alternates should follow the same Medication Technician training process outlined above.

Persons assigned responsibility for medication administration should have regular opportunities to administer medications in order to reinforce training and ensure that skills are maintained.

Medication administration is not an appropriate assignment for an unlicensed school volunteer.

### **Administration of Medication on School-Sponsored Activities**

Medications should be administered to students on school-sponsored trips only when absolutely necessary. Timing of doses should be adjusted to occur outside of the school-sponsored activity period if medically appropriate. Medications may be administered on school-sponsored trips only when previously administered and a parent permission form is on file. The only exception is emergency prn (as needed) medications. A written, locally approved authorization form is required for all medications. The determination of whether a medication is administered during a school-sponsored activity and by whom shall be determined by the designated school health professional in collaboration with the school administrator and parents. Options for administration of medications during field trips may include the following:

The parent/guardian may accompany student on the field trip and administer the medication. A single dose of the medication may be placed in a properly labeled envelope or container only by the licensed nurse, to be given on the field trip by school personnel. The Board of Pharmacy allows a parent to bring in a single dose of medication for the field trip in a properly labeled prescription or OTC container to be given on the school-sponsored trip by school personnel.

Upon completion of the field trip, the labeled container should be returned to the health suite. A notation shall be made on the student's medication record that the medication was administered. The person who administered the medication is responsible for documenting the administration of that

medication in accordance with local policy. If the parent accompanies the student on the field trip & administers medication not from the school supply. The parent should notify the school nurse of the time the medication was administered.

### **Errors in the Administration of Medication**

If an error in medication administration occurs (such as missing a dose, giving the incorrect dose, giving a dose at the wrong time, giving incorrect medication to the student, or giving a student another student's medication even if the medication was the same drug and dose), follow the procedures listed below:

- Observe the student for untoward side effects;
- Take appropriate action based on nursing judgment and/or physician order;
- Notify the parent, school administrator, nursing supervisor and primary care provider of the child;
- Complete the appropriate reporting forms; and
- Document the specifics of the incident and the action taken. The local school health services program shall develop procedures to ensure accurate documentation.

### **Stolen or Lost Medication**

If any medication is reported missing, the school administrator and the local school health services program administrator shall be notified and procedures for missing property on school grounds should be followed. Since the incident may involve controlled, dangerous substances, notification of the police may be appropriate. Parents shall also be told in order to replace the medication. Appropriate documentation shall be completed and the designated school health professional shall keep a copy of the documentation.

### **Education on the Use of Medication**

It is strongly recommended that the school nurse assess and provide health education for students regarding their prescribed medications. This education should support/supplement the educational program implemented by the student's health care provider. Health education should include appropriate management of all aspects of a student's health maintenance including medication administration.

Since medication taken in school often assists the student to be available for instruction, the school nurse may work with the parent and school team to address issues surrounding the use of medication at school. This should include developing plans to assist students to remember to come to the health room for their medication.

It is also recommended that the policies, procedures, and forms regarding medication administration in schools be shared with local physicians, dentists, and health care providers.

## **Communication with Physicians Regarding Treatment of a Student**

If the school nurse has concerns about the medical orders, or wants to share information that may be relevant to the treatment regimen with the physician, the school nurse and physician may communicate with each other regarding the medical orders and treatment regimen without written authorization of the parent. HIPAA allows health care professionals to share protected health information if it is for treatment purposes. Furthermore, regardless of the healthcare setting, state licensure statutes and professional standards of practice for nurses and physicians require nurses to question and clarify medical orders, when indicated, before carrying them out. They also require physicians to provide nurses with sufficient information for safe execution of the treatment plan. Therefore, such communication is based on state law and necessary.

Original date of issue: 1992; Revised 1997, 2000, 2006

**MARYLAND STATE  
SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM**

This order is valid only for school year (current) \_\_\_\_\_ including the summer session.

School: \_\_\_\_\_

**This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.**

- \* Prescription medication must be in a container labeled by the pharmacist or prescriber.
- \* Non-prescription medication must be in the original container with the label intact.
- \* An adult must bring the medication to the school.
- \* The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

**Prescriber's Authorization**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects:  None expected  Specify: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: \_\_\_\_\_

(Type or print)

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

A verbal order was taken by the school RN (Name): \_\_\_\_\_ for the above medication on (Date): \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: \_\_\_\_\_

Signature

Date

School RN approval for self carry/self administration of emergency medication: \_\_\_\_\_

Signature

Date

Order reviewed by the school RN: \_\_\_\_\_

Signature

Date