GUIDELINES FOR MEDICATION ADMINISTRATION IN KANSAS SCHOOLS

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Many children and adolescents are able to attend school because of the effectiveness of their medication. The health circumstances requiring medication are diverse. Medication may be essential for continued functioning, either as a component of an elaborate treatment plan for the student with a complex disability or as the only treatment necessary for a student to maintain or regain control of his/her chronic illness. In rare instances medications may be necessary for life-threatening emergencies. For most students, the use of medication will be a convenient benefit to control acute minor or major illnesses, allowing a timely return to the classroom with minimal interference to the student and to others. A student may also symptomatically benefit from nonprescription (over-the counter, or OTC) medications, natural, or homeopathic remedies.

The school board and the school superintendent, in conjunction with school nurses and other school personnel and in collaboration with a physician consultant and health advisory committee for each school (district), should develop a policy for the safe administration of medication in the school setting. As policies and related procedures are determined, school administrators and physicians must be aware of legal requirements and constraints in Kansas as to who can legally administer medications in schools. Protection of the safety of the child (including immediate access to life-sustaining medications, eg, epinephrine for severe insect bite or food allergies as well as for children with unknown anaphylaxis, or rectal diastat for severe seizure disorders) and of the legal rights of school personnel who dispense medications must share equal concern. The rights of children to take ever-increasing responsibility for their own health must be strongly considered. The Kansas Department of Health and Environment, recommends that advice of knowledgeable school nurses, physician consultants and legal counsel experienced in school health affairs be sought as these policies, procedures, and monitoring guidelines are determined at the local level.

The Kansas Nurse Practice Act and Protection of the Public

The Kansas Board of Nursing has been established to protect the public health, safety and welfare of the citizens of Kansas through the licensure and regulation of nursing practice. The Kansas Nurse Practice Act is the legal document regulating the practice of every registered professional nurse (RN) and licensed practical nurse (LPN) in the state of Kansas. It dictates the scope of practice for all professions regulated by the Kansas Board of Nursing, regardless of practice setting. The Kansas Board of Nursing has the ultimate legal authority to interpret these laws relating to the practice of nursing, wherever the nurse may practice in the state. **This is the authority that governs the practice of every school nurse in Kansas, regardless of who employs them or the setting in which they practice.** The Kansas Nurse Practice Act can be viewed, downloaded and printed at http://www.ksbn.org/npa/npa.htm

The following bullets are a summary of the section of the Kansas Nurse Practice Act entitled **Performance of Selected Nursing Procedures in the School Setting**, which directly relates to the practice of school nursing. Nurses practicing in schools are subject to all of the provisions of the Nurse Practice Act, however this section is most specific to the nurse in the school setting. **K.A.R. 60-15-101 through 60-15-104 of the Kansas Nurse Practice Act specific to Performance of Selected Nursing Procedures in the School Setting carries the force of law**, and must be considered when creating policies for local school districts. These provisions can be accessed through the links below, or through the links at http://www.kdhe.state.ks.us/bcyf/c-f/school.html

- Only a registered professional nurse (or a physician provider) has the authority to delegate the administration of medication or other nursing procedures in schools, and then only with appropriate and adequate training, supervision and performance evaluation of the delegate as referenced in **K.A.R. 60-15-101. This regulation in the most current form can be viewed, downloaded and printed at** http://www.ksbn.org/npa/pages/60-15-101.doc

- Nursing procedures (including medication administration) in the schools can only be delegated in accordance with **K.A.R. 60-15-102**. This includes a nursing assessment of the student, the formulation of a student plan of care and the formulation of a delegation plan of care. **This regulation in the most current form can be viewed, downloaded and printed at** http://www.ksbn.org/npa/pages/60-15-102.doc

- The supervision of delegated nursing procedures, including medication administration, in the schools must be done in accordance with **K.A.R. 60-15-103**. This includes the registered nurses' responsibility for assessment of the degree of supervision required after taking into account the health status and stability of the student receiving nursing care, the complexity of the task or procedure to be delegated, the competency and training of the person to whom the task is delegated, and the proximity of the supervising RN to the student and delegate. **This regulation in the most current form can be viewed, downloaded and printed at** http://www.ksbn.org/npa/pages/60-15-103.doc.

- If the requirements of **K.A.R. 60-15-101 through 60-15-103** have been met, according to **K.A.R 60-15-104** the registered professional nurse may then delegate medication administration *only if* the initial dose has already been administered, no dosage calculation is required and the route is specified in the nursing plan of care*. Medications may **not** be delegated if the nursing plan of care includes IV or IM (except in the event of an anticipated health crisis e.g. anaphylaxis) administration, administration through intermittent positive pressure breathing machines, or through any tube inserted into the body except for an established feeding tube directly inserted into the abdomen.* **This regulation in the most current form can be viewed, downloaded and printed at** http://www.ksbn.org/npa/pages/60-15-104.doc .

****Because new medications and procedures with implications for school nurse practice are constantly being approved and introduced, school nurses and administrators are encouraged to seek interpretation from the Kansas Board of Nursing if questions arise. Specific practice questions regarding performance and delegation of nursing procedures, including medication administration in the school setting should be directed to Diane Glynn, the Practice Specialist at the Kansas State Board of Nursing diane.glynn@ksbn.state.ks.us. The Kansas Board of Nursing website can be accessed at http://www.ksbn.org/****

Medication Administration Guidelines/Best Practices

The following state guidelines have been developed and endorsed by the Kansas Department of Health and Environment, the Kansas School Nurse Organization, the Kansas School Health Committee of the American Academy of Pediatrics, and the Kansas Pharmacist's Association. Representatives from the Kansas State Board of Nursing, the Kansas Nurses' Association, the United School Administrators, the Kansas Association of School Boards, and the Kansas State Department of Education have reviewed and provided input for these revisions. **K.A.R. 60-15-101 through 60-15-104 of the Kansas Nurse Practice Act specific to Performance of Selected Nursing Procedures in the School Setting carries the force of law** and will be referenced in the guidelines as a Kansas Administrative Regulation (K.A.R). *The guidelines themselves have not been adopted as administrative rules or regulations and therefore, are not binding upon local boards of education* ***except*** *for the inclusion of the above referenced regulations.*

1. Per K.A.R. 60-15-101, registered professional nurses are responsible for the management, administration, and delegation of all medications in Kansas schools. If a registered nurse is not on staff, only the primary care provider—M.D. (Doctor of Medicine and Surgery), D.O. (Doctor of Osteopathic Medicine), D.D.S. (Doctor of Dental Surgery), ARNP (Advanced Registered Nurse Practitioner, or P.A. (Physician's Assistant), or Optometrist O.D. for certain eye medications—may supervise or delegate administration of medications in schools.

2. It is assumed that medication will be administered during the school day only when the interval between doses requires administration in school or the medication is a "when necessary" order. Only oral, prescribed subcutaneous, topical or intranasal medications, eye or ear drops should be routinely administered at school. Medications requiring IV or IM routes must without fail be accompanied by a detailed Individualized Care Plan developed by the registered professional school nurse in collaboration with the prescribing provider. The school nurse, because of educational background and knowledge, is uniquely qualified to monitor and administer medication for children and adolescents.

3. Written authorization from an M.D (Doctor of Medicine and Surgery), D.O. (Doctor of Osteopathic Medicine), D.D.S. (Doctor of Dental Surgery), ARNP (Advanced Registered Nurse Practitioner, or P.A. (Physician's Assistant) must accompany any prescription medication to be administered at school. An Optometrist (O.D.) may prescribe certain topical medications for the eyes. The authorization form must be dated and include
    a. Student name and birth date
    b. Medication
    c. Dosage
    d. Route of administration
    e. Reason the medication is prescribed
    f. Time(s) to be administered
    g. Duration of administration (entire school year, 10 days, 30 days, etc)

    It is recommended that written authorization from a primary care provider (MD, DO, ARNP, PA, DDS OD) accompany nonprescription over the counter (OTC) medications, natural and homeopathic remedies as well as prescription medications in order to ensure continuity of care and to prevent unintended medication interactions. Over the counter medications are **not** benign, and carry the potential for great harm if misused or abused. At the same time, it is understood that students may symptomatically benefit from appropriate use of nonprescription (over-the counter, or OTC) medications, and that their use may facilitate a student's return to class and remove temporary barriers to learning.

Some primary care providers may determine that the use of nonprescription medications is a parental, not a physician decision and may be unwilling to "authorize" nonprescription medications in the schools since they have no control over which medications are actually purchased for use. Consequently, it may sometimes be in the best interest of the student for the registered professional school nurse to administer OTC medications **in the original container with standardized dosing information, at parent request, for a specific, time-limited minor illness** (e.g. cough drops, for colds, Ibuprofen for muscle strain) **or for intermittent conditions** (e.g. Acetaminophen or NSAIDS for menstrual cramps, hydrocortisone ointment for insect bites, etc).

h. A parent request must accompany the medication and include in writing
   i. the name of the medication
   ii. the dose
   iii. the time for administration
   iv. the reason for administration
   v. a statement relieving the school of any responsibility for the benefits or consequences of the medication when it is "parent prescribed" and acknowledging that the school bears no responsibility for ensuring the medication is administered.

i. The school should retain the request for at least as long as the medication is used at school. It is preferable that the request remains part of the student's permanent health record. The school must reserve the right to limit the duration of parent prescribed medications and to require primary care provider authorization (MD, DO, ARNP, PA, DDS) for continued use.

Because the formulation of herbal, natural and homeopathic remedies in particular is unregulated, their potential for harm is great in a school setting where a student's complete medical history and medication history may not be known. These medications/remedies should ***not*** *be administered at school without primary care provider (MD, DO, ARNP, PA, DDS, OD) authorization. Even with proper authorization, the school nurse must take into consideration the risk inherent to student safety in administering a product that lacks published data about its safety, efficacy, and dosages for children.*

The NASN position statement on Alternative Medicine Use in the School Setting can be found at http://www.nasn.org/positions/altermedi.htm

4. Written request from the parent/guardian must accompany all prescription and OTC medications, natural and homeopathic remedies to be administered, be updated annually and include
   a. Student name and birth date
   b. Date of parent/guardian request
   c. Parent/guardian understanding of school policies regarding medication administration, **including** OTC medications and natural/homeopathic remedies
   d. Authorization for RN to communicate with the prescribing provider to ensure continuity of care
   e. Parent/guardian signature

5. Prescription medication must be brought to school in a container/package labeled by the pharmacist with the following information clearly stated
   a. Name of student
   b. Medication
   c. Dosage
   d. Route of administration
   e. Time(s) to be administered

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6. The use of unit dose or blister packs packaging should be encouraged in the effort to safeguard student health and avoid medication errors. If unit dose packaging is not available, two separate prescription containers should be requested from the prescribing provider and pharmacist—one for school and one for home. *Medications brought to school in Baggies, envelopes, lunch boxes, etc., labeled or not, should not be administered.*

7. **The National Poison Control Number is 1-800-222-1222**. This will connect you directly to the Kansas poison control center at Kansas University Medical Center (KUMC) for questions or concerns about medications, side effects, and pill/capsule identification.

8. Primary care providers and specialists are recognizing the need for students with special health care needs that require medications and technology to assume more responsibility for their own health care. As a result, more and more providers are requesting that students be granted the autonomy to self-administer some medications in the school setting. It is the recommendation of the Kansas Department of Health and Environment, the American Academy of Pediatrics, and the National Association of School Nurses that the registered professional school nurse monitor the self-administration of certain medications (i.e. epinephrine, insulin, inhalers) by students who demonstrate the capability for responsible self-administration.
   The NASN position statement on Medication Administration in the School Setting can be found at: http://www.nasn.org/positions/medication.htm
   The American Academy of Pediatrics (AAP) Guidelines for the Administration of Medication in School can be found at http://www.aap.org/policy/04524.html

   A *detailed Individualized Health Care Plan ensuring adequate and appropriate communication with the school nurse and appropriate written authorization from both the health care provider (MD, DO, ARNP, PA, DDS, OD) and the parent should be in place before self–administration of medications is permitted. Regular monitoring and evaluation of self-administered medications must be the responsibility of the registered professional school nurse and should not be delegated. The school should reserve the right to discontinue self-administration of medications if the privilege is abused or the safety of other students is compromised.* ***The self-administration of controlled substances should never be permitted in the school setting.***

9. An **individual** record (log) must be kept of **each** medication administered to **each** student. The record must identify
   a. Student by name and birth date
   b. Allergies
   c. Prescribing provider name and credentials
   d. Medication
   e. Route of administration
   f. Time of administration
   g. Duration of administration
   h. Potential side effects
   i. Initial nursing assessment
   j. Signature of RN responsible for administration
   k. Signature of unlicensed assistive personnel, if administration is delegated
   l. Section for comments and narrative notes

10. Any changes in medication, including dosage and/or time of administration must be accompanied by:
    a. New provider and parent authorization forms with signatures
    b. New container/package appropriately labeled by the pharmacist
    c. An additional assessment provided by the registered professional nurse when any change in medication—including dosage and/or time—is made.

    It is essential that the school nurse or medication administration delegate be able to unequivocally match the student name, medication, dosage, administration time and route to the student's medication record to avoid medication errors.

11. All medications (including OTC medications) maintained in the school setting (other than those approved for self-administration by specific students) must be kept in a locked and secured container or cabinet, in a room that can be locked. Medications requiring refrigeration should be kept in a secured refrigerator inaccessible to students or staff and should never be stored with food. Access to medications must be limited, and it is recommended that a list of persons with access to medications be maintained and updated regularly.

12. Medications used in athletic areas by coaches or trainers to whom their administration has been appropriately delegated, including OTC medications, are subject to the same requirements for authorization, storage, and administration as any other medication in the school setting and should not be maintained on school premises without these safeguards.

13. Medications must be inventoried at least every semester by a licensed health professional (RN, LPN, ARNP, PA, MD, DO, Pharmacist) and another staff member. Expired medications must be destroyed or disposed of, and their disposition clearly documented. Medications no longer being used should be returned home or destroyed. Needles, syringes, lancets, etc. should be sealed in a puncture proof container and properly disposed of.

14. Controlled substances must be counted when received and an accounting made at least weekly of remaining totals by the school nurse and an observer. All counts must be clearly documented on the student medication record and initialed by the participants. This process is greatly facilitated by the use of unit dose packaging or blister packs. Ideally, no more than a 30 day supply of prescribed medication should ever be stored at the school.

15. Medication errors—**including errors of omission**— must be clearly documented on the student medication record and parents, building administrator, and the School Health Services Coordinator should be notified immediately upon discovery. If medication administration has been delegated, the supervising registered professional nurse must be notified immediately and assume responsibility for notifying parents and administration. An incident should be filed in the student health record and with the prescribing provider. The Registered professional school nurse may reasonably work within a window (30-45 minutes in either direction) for administration of scheduled medications, based on priorities and nursing judgment without creating an error of omission. Any window granted to unlicensed assistive personnel to whom medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising RN.

16. Medications that must be administered on field trips should be placed in a waterproof pill bag and labeled clearly with student name and birth date, medication, dose, route and time for administration by the school nurse. Zip-loc pill bags (1.5 x 2 inches) are available from most school health catalogs or a pharmacy supply store for less than $10.00/1000. If not administered by the school nurse, the person to whom field trip medication

administration is delegated must be identified in a delegation plan of care and must assume responsibility for safe transport and storage as well as administration of medication. The disposition of the medication dose for field trips should be clearly documented on the student's medication record indicating to whom administration was delegated and time of actual administration.

17. Episodes of anaphylaxis in students or staff with no previous history of life threatening allergies are a very real potential problem and require immediate response and access to injectable epinephrine to save lives. It is recommended that the school maintain auto-injectors of Epinephrine in adult and child doses on school premises. The registered professional school nurse, physician, and/or EMS train should train staff in the recognition of life-threatening allergic reactions and the appropriate administration of pre-filled single dose auto injectable epinephrine.
    Appropriate protocols for Anaphylaxis should be developed with the assistance of the school nurse, local physicians and EMS providers.
    The NASN position statement on Epinephrine Use In Life Threatening Emergencies can be found at http://www.nasn.org/positions/Epinephrine.htm. The American Academy of Pediatrics policy statement on Guidelines for the Administration of Medications in the School can be found at http://www.aap.org/policy/04524.html

18. The registered professional school nurse may take a verbal medication authorization from a physician provider or parent so long as the verbal authorization is followed the next working day with a written authorization. Such authorization may be faxed to the school nurse with appropriate confidentiality safeguards in place. Unlicensed assistive personnel should not under any circumstances take verbal orders from physician providers or parents.

19. School nurses may be confronted with requests to administer or monitor effects of experimental or off-label medications, or medication dosages outside the normal dosing range—particularly for psychotropic medications. Before such medications are administered, the school nurse should have all necessary information about the product to support safe administration at school.
    Requests to administer experimental and off-label medications, or dosages outside the normal range at school should be evaluated on a case-by-case basis by the school nurse and the prescribing health care provider and be accompanied by written protocol or study summaries, consent forms, names and numbers of investigators or research teams, and published anecdotal and manufacturers reports. The school nurse effectively becomes part of the research/care team in these instances. He/she needs to be fully informed as to the intent of the study or off-label use of medications and have full access to current medical journals and pediatric medical or mental health facilities, as well as to prescribing providers and/or the research team.
    The NASN position statement on Research Medications in the School Setting can be found at http://www.nasn.org/positions/researchmeds.htm.

Schools are strongly encouraged to pursue all educational and behavioral alternatives aimed at problem resolution without prescription and nonprescription medications if at all possible.