

SECTION: STUDENTS

TITLE: Health:  
Administration of  
Medication

ADOPTED: 7/17/84

# Oxford Area School District

REVISED: 2/1/00;6/18/07;9/22/08;6/21/11

5610. ADMINISTRATION OF MEDICATION

- A. It shall be the policy of the Oxford Area School District that the administration of medication to students in the schools be permitted during school hours. Although it is preferred and highly recommended that medication be administered in the home, it is recognized that some students may require that they receive medication during school hours.
  
- B. The Superintendent of Schools shall develop procedures for the implementation of this policy and to promote a safe and uniform method for distributing medication to students.

OXFORD AREA SCHOOL DISTRICT  
ADMINISTRATIVE PROCEDURES

ADMINISTRATION OF MEDICATION

The following procedures shall be followed in those cases where a student by necessity must take Health Care Provider prescription or non-prescription medication while in school during the school day.

A. Prescription and/or non-prescription (over-the-counter) medication may be administered during school hours with a written request from the parent/guardian and with a written order from the prescribing health care provider. The written order from the health care provider must indicate the purpose of the medication, dosage, time and/or special circumstances under which the medication is to be given, length of time to be given and side effects. "As directed" is not acceptable.

B. Medication orders are valid until the beginning of each new school year and can, upon written request, be extended to include summer programs.

C. Prescription medication must be in the most current pharmacist's labeled container marked with the student's name, name of health care provider, date of prescription, name and telephone number of pharmacy and name of medication, dosage and frequency of administration.

D. Nonprescription (over-the-counter) medications must be in original package with instructions and expiration date clearly visible.

E. Medication which is not clearly or properly labeled will not be given.

F. A written order from the health care provider is required to change dose, time of administration and/or medication. Discontinuation of medication requires written note from health care provider/parent/guardian.

G. It is the student's responsibility to go to the health room at the proper time to take the medication.

H. Unused medication shall be returned to the parent/guardian at the end of the day, treatment period or the school year.

I. A school nurse or other licensed personnel, such as a registered or licensed practical nurse, must administer or supervise self-administration of medication to students. The administration of medication to a student may not be delegated to another person. (Appendix A). Any parent/guardian who wishes to come to school or attend a field trip to administer medication to his/her child may do so.

J. Only emergency medications will be permitted to be taken on class trips unless otherwise specifically ordered to be taken by a health care provider.

K. Students may not carry medication to school. Parent/guardian is to bring medication to school with written permission and deliver directly to the nurse or health room clerk. Controlled substances (i.e., medications for ADHD) will be counted and count documented.

L. Controlled substances (i.e. narcotics) prescribed for pain control will not be administered during school hours unless specifically prescribed by health care provider to be given at school. Side effects such as drowsiness and dizziness from this category of medications present a significant safety risk to the student. This level of pain management is best treated at home.

M. All medication is to be stored in locked cabinet in health room.

N. No student may carry or give medication to another student. Violators are subject to Oxford Area School District Drug and Alcohol Policy 5430. Exceptions are listed below:

Inhalers, emergency medications and diabetic care are permitted ONLY if the required forms are completed. Authorization for Self-Carry/Administration of Inhaler or Emergency Medication (Appendix B), Authorization for Self Management of Diabetic Care (Appendix C) and Guideline for Self Management of Diabetic Care (Appendix D)

## APPENDIX A

### DELEGATION OF TASKS OF ADMINISTRATION OF MEDICINE

Neither the Professional Nursing Law nor the Practical Nurse Law permits delegation of nursing functions. When the State Board of Nursing attempted to promulgate a regulation allowing a registered nurse to delegate certain nursing functions, including administration of medications, the proposed regulation was disapproved on the basis that the Board was exceeding its statutory authority. Accordingly, a certified school nurse or other licensed personnel (RN, LPN) cannot lawfully delegate the nursing function of medication administration to the principal, teacher, or administrative personnel.

Pertinent Department of Education Certification and Staffing Policy Guidelines (CSPGs) conform to state law. CSPGs clarify how schools are expected to comply with certification and staffing laws, regulations, court decisions, opinions of the Attorney General, administrative agency policy and administrative decisions of appeals taken from local education agency hearings. CSPG No. 101, applicable to paraprofessionals, states that - paraprofessionals serving as health room aides or other non-professional school district employees shall not be directed to engage in health-related activities reserved exclusively for licensed professionals and controlled by the Nurse Practice Act or other medically related laws.|| CSPG No. 95, applicable to a K-12 Principal, states that a principal holding a valid certificate is qualified to perform - supervision and direction of certified and non-certified staff persons required for school operation *exclusive of directing health services controlled by the Nurse Practice Act. (emphasis added).*

Section 13-1317 of the Public School Code addressing the doctrine of - in loco parentis||limits the authority of the teacher, vice-principal and principal to matters involving the conduct and behavior of the child, and does not extend that authority to other areas. 24 P.S. §13-1317. School districts may not assign the medication administration function to the school administrators, teachers, or other personnel under the doctrine of - in loco parentis.

There are other reasons in addition to legal constraints, not to permit administration of medication by someone who has no training. The primary reason is that administering medications requires the judgment and assessment skills of a licensed nurse. Even in those states where delegation is permitted, parameters for delegation do not permit the functions of assessment, evaluation and nursing judgment. Judgment and assessment skills are used to determine, for example, whether to administer or withhold a medication, or to consult a student's primary care provider. Consider the situation when a student reports to the nurse to receive a second dose of an antibiotic and presents with a generalized rash. After assessment, a nurse may decide to withhold the dose because the nurse suspects the student may be having an allergic reaction to the medication. The nurse would then consult with the student's primary care provider to determine the plan of care. For many students with chronic health conditions, assessments may be necessary with each visit to the office for medication. School administrators, teachers and other unlicensed school personnel do not have the training to conduct the type of assessment illustrated by the above example.

Pennsylvania Department of Health & Pennsylvania Department of Education (2010). *Guidelines for Pennsylvania schools for the administration of medication and emergency care*, Harrisburg, PA.

APPENDIX B

Oxford Area School District

Authorization for Self-Carry/Administration of Inhaler or Emergency Medication

PRESCRIBING HEALTH CARE PROVIDER ORDER

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_
Address \_\_\_\_\_ Grade \_\_\_\_\_
Allergies \_\_\_\_\_
Condition for which medication is administered \_\_\_\_\_
Name of medication, dose and method administered \_\_\_\_\_
Time or indication for administration \_\_\_\_\_
Side effects to be noted/reported \_\_\_\_\_
Instructions that school personnel should follow if the medication does not produce expected relief \_\_\_\_\_
Other recommendations \_\_\_\_\_
Duration (dates) of administration: From \_\_\_\_\_ To \_\_\_\_\_ (Limit of one school year)
Severe reactions that may occur to another student for whom the medication is not prescribed, should he/she receive a dose of the medication \_\_\_\_\_

IN MY OPINION, THIS STUDENT SHOWS THE CAPABILITY TO CARRY AND/OR SELF-ADMINISTER THE ABOVE MEDICATION.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_
Health Care Provider

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry/self-administer the above ordered medication. I take responsibility for this permission.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Numbers (home and work) \_\_\_\_\_

STUDENT CONTRACT

Responsibilities for Carrying Inhaler/Emergency Medication

Observed
Yes No
\_\_\_ \_\_\_ Demonstrates correct use/administration
\_\_\_ \_\_\_ Recognizes proper and prescribed timing for medication
\_\_\_ \_\_\_ Does not share medication with others
\_\_\_ \_\_\_ Keeps medication in agreed location \_\_\_\_\_
\_\_\_ \_\_\_ Agrees to come to the building clinic after using inhaler/emergency medication for evaluation

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

We accept the parent/guardian request and health care provider statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. We will contact the parent/guardian as soon as possible in this event.

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Principal Signature \_\_\_\_\_ Date \_\_\_\_\_



Oxford Area School District APPENDIX C  
Authorization for Self Management of Diabetic Care

PRESCRIBING HEALTH CARE PROVIDER ORDER

\_\_\_\_\_ Orders attached (if orders are attached, only your signature is required)

\_\_\_\_\_ Treatment of hyperglycemia\_\_\_\_\_

\_\_\_\_\_ Treatment of hypoglycemia\_\_\_\_\_

\_\_\_\_\_ Glucagon order \_\_\_\_\_

\_\_\_\_\_ Carb-Insulin ratio (if applicable)\_\_\_\_\_

\_\_\_\_\_ Insulin Sliding Scale (if applicable) \_\_\_\_\_

In my opinion, this student shows the capability of independent self management of diabetic care while at school or school event.

_____	_____	_____	_____
Signature	Print Name	Telephone	Date
Health Care Provider			

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to self manage diabetic care independent of the school health room. I am aware that a daily log of blood glucose numbers will not be kept in the health room. I take responsibility for this permission.

_____	_____
Parent/Guardian Signature	Date

STUDENT CONTRACT

Responsibility for self management of diabetic care.

- \_\_\_\_\_ Verbalizes knowledge of health care provider's orders.
- \_\_\_\_\_ Verbalized knowledge of hypo and hyperglycemia and treatment of both.
- \_\_\_\_\_ Demonstrates blood glucose testing and insulin coverage as indicated.
- \_\_\_\_\_ Verbalized knowledge of universal precautions.
- \_\_\_\_\_ Extra supplies in health room.
- \_\_\_\_\_ Agrees to make contact with nurse at least once a month.
- \_\_\_\_\_ Agrees to come to health room if blood sugar does not respond to insulin as expected or with any other concerns/problems.

_____	_____
Student Signature	Date

We accept the parent/guardian request and health care provider statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. We will contact the parent/guardian as soon as possible in this event.

_____	_____	_____	_____
Nurse Signature	Date	Principal Signature	Date

Oxford Area School District APPENDIX D  
Guideline for Self Management of Diabetic Care

The Oxford Area School District recognizes that the American Diabetic Association advocates for students to be independent with self management of diabetic care. With independence comes responsibility. The following statements serve as a guideline when determining if a student has demonstrated consistence responsibility for his/her care and it is felt to be in the students' best interest to monitor and manage blood sugar levels independent of the health room staff.

- Any students new to Oxford Area School District or newly diagnosed shall perform blood glucose testing in the health room unless other arrangements have been made.
- It will be the responsibility of the certified school nurse to assess the self-management skills of each student with diabetes requesting the self-care option. The school nurse will make the ultimate decision as to whether student has demonstrated appropriate level of responsibility and knowledge.
- Students will be allowed to carry all diabetic equipment as needed including, but not limited to: glucometer, testing strips, ketone strips, glucose tablets, snacks and water at all times. Extra supplies will be kept in the health room.
- Students will be allowed unlimited access to a bathroom.
- Ketone testing will be performed in the health room.
- Insulin administration involving a syringe may only be administered in the health room.
- Universal precautions shall be strictly adhered to when testing blood glucose levels. Failure to do so will result in disciplinary action.
- Lancets are to be kept with the student or disposed of in the health room. Improper disposal or use of a lancet for any purpose other than the intended use will result in discipline action as per Policy 5480 (weapons).
- Student must check in with the school nurse at least once a month.
- Current health care provider orders and parent/guardian permission will be on file in the health room and must be renewed each school year.

\_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date

\_\_\_\_\_ Student \_\_\_\_\_ Date