

BOARD PROCEDURE

Descriptive Code: JGCD

MEDICINES

Date: November 14, 2006

Medication Guidelines and Procedures Overview

The administering of medication by the staff of the Columbia County School System to students shall be permitted if it is not feasible for the parent, guardian, child's physician, or some other person authorized by the parent or guardian to administer the medication. After the Authorization to Give Medications at School Form is received from the parent/guardian and if the form contains all necessary information, the administration of medication by designated staff will be permitted. In no event, is any representative of the school to assure a parent/guardian that anything more than a reasonable effort will be made to assist the student in administering his/her medication. Neither the school nor its staff can guarantee that any student will, in fact, take a particular medication correctly.

In the event the administering of medication to a student during school hours is necessary, the school must provide control and supervision of the administration of the medication as detailed below. No staff member will administer medication, prescription or non-prescription, without prior written consent of the parent/guardian and brought to school in an original childproof container.

Safety Administration Procedures Concerning Medication and Treatments:

The parent or guardian must obtain the Authorization to Give Medications at School Form at the local school office. The form must be completed and signed by the parent/guardian and returned to the school where it remains on file. The form must be updated annually. The form from the parent/guardian must provide the school with:

Student's name

Name of the drug

Current time and amount of dosage

Method of administration

Student's expected reactions to the drug, if any.

The school principal or designee will administer the medication. The designated person will store the medication in a secured, locked container. A record will be kept of medication administered indicating the name of the student, the name of the medication, dosage given, time of dose and person that administered the medication. When there is any change in amount of dosage, time or method of administration, a new Authorization to Give Medications at School Form must be obtained.

Health Care Plans and Emergency Medications:

The parent or guardian of a student with a chronic medical condition is required to provide the school with a Health Care Plan as soon as possible and have it updated yearly. Chronic medical conditions include but are not limited to asthma, diabetes, and allergic reactions. As a safety precaution, students with chronic medical conditions that attend summer school should provide a copy of the Health Care Plan to the summer school principal. Repeated failure of a parent or guardian to provide the school with a Health Care Plan and necessary medications may be considered neglectful and such neglect may be reported to the proper authorities.

Transporting Medications:

When students are transporting medications to/from home to school on the school bus, student must keep medications in an original child proof container and in a closed environment (i.e. book bag, purse, etc.) at all times during bus transportation. Student must never take medications out of closed environment. Students are responsible for taking medications directly to office/clinic upon immediate arrival to school. If students fail to transport medications safely as outlined above, the principal may revoke the transportation of the medication privilege and transportation of medications responsibility will be that of the parent.

Prescription medication will only be administered as directed by the physician.

Special Procedures:

Non-medically licensed school personnel will not administer any extended forms of treatment: Intravenous therapy, monitoring intravenous sites for signs and symptoms of infection and other complications of intravenous therapy, jet nebulizer treatments, injections, flow meters for oxygen administration or any other extended forms of treatment that require exercising nursing judgment as defined by state statute or regulations, legal interpretation or school policies. School nurses may participate in the administration of extended form of treatments as per guidelines and physician orders.

Clean Intermittent Catherization, Gastrostomy Tube Feeding (Bolus, Slow Drip, or Continuous), Percussion and Postural Drainage and Trach Care and Suctioning are procedures that are to be performed by a registered nurse. The delegation of these procedures to Licensed Practical Nurses, unlicensed clinic personnel or other school staff may be appropriate when:

- It is not otherwise prohibited by state statute or regulations, legal interpretation or school policies.
- It does not require exercising nursing judgment.
- It is delegated and supervised by an RN in a Specialized Health Care Procedure Plan.
- It is approved by local school board policy according to their guidelines in such matters.

Long Term and Short Term Medication Therapies:

A. Long Term Medication – prescription or non-prescription drugs to be administered to student over a period greater than ten days. A completed Authorization to Give Medications at School Form (see attached) shall be on file for each student requiring long-term medication each school term and/or each time there is a change in medication: route, time to be administered, dosage. The information on the Long Term Medication form must be the same as that on the prescription or non-prescription container. Medications will not be administered to students unless the following completed information is obtained:

1. Name of student, address and phone number where parent can be reached, name of medication, dosage, time to administer medication, route and dates to begin and end medication administration.
2. Medication must be in the original child-proof container with the name of the student, the prescribing physician and pharmacy filling if it is a prescription drug.
3. The signature of the parent/guardian and physician is required before school staff will dispense medication. A Parent/Guardian will be responsible for administering medication until the aforementioned form is received by school officials.
4. Instructions for school personnel to follow in the event of side effect.
5. Medication for students with special health care needs will be addressed in a Specialized Health Care Procedure Plan and administered as directed by the physician and authorized by the parent.

B. Short-term Medication – defined as any medication prescription or non-prescription administered to student of less than ten (10) days duration. School personnel or principals' designee may administer medication only if medication is brought to school in an original child-proof container and if a completed Authorization to Give Medications at School Form is on file. This form must be updated annually or each time there is a change in medication route, time to be administered, or dosage.

Administration of "as needed" medication will be honored as per Authorization to Give Medications at School Form and only after verbal approval from parent is obtained at the time verbal request from student is being made (i.e. acetaminophen, ibuprofen, cough medication, cough lozenges, etc.). This is for the protection of the student from possible over dosage either at school or at home.

Medication Administration:

Guidelines for the School Nurse and Designated Personnel:

These guidelines should be used in the administration of any medication. They should also be used as the basis for supervision of non-medical and/or unlicensed health personnel who are administering medication. Medicines taken by the students in the clinic should be taken under the direct supervision of school staff and logged in the student medication record by clinic/office personnel.

Wash hands before and after administering medications.

Creams are to be applied with gloved finger or with cotton tip applicator, never with a bare hand.

Compare labeled medication container with written order.

Read label three times – when taking it from the storage area, before giving it to the student, before returning it to the storage area.

Check expiration date on label.

Check student's identity with name on label. Ask him to tell you his name; don't say, "Are you Johnny Smith?"

Give the prescribed dose, using the prescribed route (i.e. by mouth), and at the prescribed time. It is best to be able to observe the child as he takes the medication.

Record medications given on the medication log, and initial each time.

Relock the storage area.

Safety Procedures:

1. After the clinic/school receives Authorization to Give Medications at School Form and parental/physician permission forms, medications taken by students at school should be taken under the direct supervision of the designated staff member, and logged immediately on the medication log by designated staff member.
2. Everything possible should be done to minimize distractions when medications are being administered, as distractions can cause errors to be made.
3. Upon arrival to the school, students who are transporting medications should immediately bring medications to the clinic/office personnel.
4. When students are transporting medications to/from home on school bus, students must keep medications in a child proof container and in a closed environment (i.e. book bag, purse, etc...) at all times during bus transportation with medication container never being opened or taken out of closed environment. This responsibility is that of the student and if parent/guardian feels that student may not be able to handle this responsibility, the transportation of the medication is the responsibility of the parent. If student fails to transport medications safely as outlined above, the principal may revoke the transportation of the medication privilege and transportation of medications responsibility will be that of the parent.
5. When administering medications remember FIVE RIGHTS OF MEDICATION ADMINISTRATION:
 - Right Student
 - Right Medication
 - Right Dose
 - Right Time
 - Right Route
6. All medications should be periodically assessed for expirations and need of refills. Parents should be notified.
7. Under no circumstances should a medication be given in a different way than that written on the authorization form.

8. Some medications need to be given either with food, or on an empty stomach, so timing is always important.
9. Medications should be labeled if special storage is needed (i.e. dark, or refrigeration).
10. Allergic reactions and other side effects can occur even after the child has been taking the medication for a while. If any side effect, a rash, dizziness, cough, or breathing difficulty, occurs do not give another dose, and call the parents immediately. If there is a significant or increasing breathing difficulty, 911 may need to be called.

Herbal/Alternative/Complementary Medications and Dietary Supplements

There is increasing interest in and use of alternative and complementary therapies for the management of health problems. Therapies are termed complementary when used in addition to conventional treatments, and as alternative when used instead of conventional treatment. Some of these medications are herbal (also called botanicals, dietary or nutritional supplements, or phytochemicals) in origin and can be obtained over-the-counter and self-prescribed by parents or students. These are FDA-regulated only for product label information and often lack published data in standard references about safety, efficacy and dosages in children. Herbal medications can have serious and dangerous adverse effects. Some have side effects or contraindications with other medications the student may be taking, that the family may be unaware of since they are often not obtained from a pharmacist or prescribed by a physician. The following information is required before Herbal/Alternative/Complementary Medications and Dietary Supplements can be given at school:

- Written order from a healthcare provider authorized to prescribe in the state of Georgia, including the condition for which the product is being used.
- Written request from the parent/guardian
- Verification that the product and requested dosage are safe for the student
- Reasonable information about therapeutic and problematic effects and interactions.

The above required information and authorization will be covered by using the Columbia County School System Authorization to Give Medication at School Form. The form must be completed and signed by the parent and the physician.

ADOPTED: 01/12/88
REVISED: 12/13/94, 8/14/01, 6/30/03, 2/20/06, 5/30/06

COLUMBIA COUNTY SCHOOL SYSTEM
AUTHORIZATION TO GIVE MEDICATION AT SCHOOL

If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed.

STUDENT'S NAME: _____

TEACHER/GRADE: _____

I hereby request and authorized the Columbia County School System, through the principal or designee, to supervise/assist in the administering of medication to my child, _____, according to the instructions contained on the statement below.

I understand that:

Medications must be in the original labeled container (no baggies, envelopes, foil, etc.).

Parent/guardian must provide specific instructions, as well as the medication and related equipment to the principal or clinic personnel.

It will be the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed.

The student will take all medication directly to the office/clinic upon immediate arrival if he/she is transporting medication.

Unused medication will be disposed of unless picked up within one week after medication is discontinued.

If this is an "as needed" medication, it will not be administered until parent/guardian can be reached by phone each time my child is requesting this medication. Please understand that this is for the child's safety to prevent accidental overdose either at home or at school.

The sharing of medical information with other health-related agencies may be necessary.

NAME OF MEDICATION: _____

DOSAGE/TIME OF ADMINISTRATION: _____

START: Date form received or Date: _____

STOP: End of school year or Date: _____

For emergency use only As needed

START/STOP MEDICATION ON: _____

I forever release and hold harmless the school board, the school, and any school employee from any liability which may result from administering this medication.

PARENT/LEGAL GUARDIAN SIGNATURE DATE

Home Phone: _____ Work Phone: _____ Pager/Cell Phone: _____

PHYSICIAN'S NAME: _____ PHONE: _____

In order for school officials to administer any herbal/alternative medication or dietary supplement, or a prescribed medication for a period greater than ten days, the following information must be provided by a State of Georgia licensed physician:

CONDITION/ILLNESS REQUIRING MEDICATION: _____

POSSIBLE SIDE EFFECTS, IF ANY: _____

SIGNATURE OF PHYSICIAN: _____ DATE: _____