



Medication Administration Manual

Medication Management in Iowa Schools

2019 (Second Revision)



IMPORTANT

This manual is intended for educational purposes only and does not replace independent practice of professional nursing judgment.

The Iowa Nurse Practice Act states:

“The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following: Using professional judgment in assigning and delegating activities and functions to unlicensed assistive personnel. Activities and functions which are beyond the scope of practice of the licensed practical nurse may not be delegated to unlicensed assistive personnel. For the purposes of this paragraph, “unlicensed assistive personnel” does not include certified emergency medical services personnel authorized under Iowa Code chapter 147A performing non-life-saving procedures for which those individuals have been certified and which are designated in a written job description, after the patient is observed by a registered nurse.”

[\(IAC 655 Chapter 6 \(5c\), 2019\)](#)

The materials and resources found in this manual are intended to provide an overview and possible examples only. Do not accept any example materials as local policy or procedures until after review of your district or school policy.

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December 2019 Update

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Introduction

Students may need to take medication at school or during school activities to manage their health. Some students with chronic health conditions would not be able to attend school at all if medication administration were not available.

The resources in this manual are designed to help licensed school nurses carry out the delegation of medication administration for students in a safe, effective way that is consistent with their responsibilities in their licensed practice and accordance with national and state laws to protect the safety of the students. These resources are intended to be part of the comprehensive school improvement plan which includes coordinated school nurse and school health services for all students.

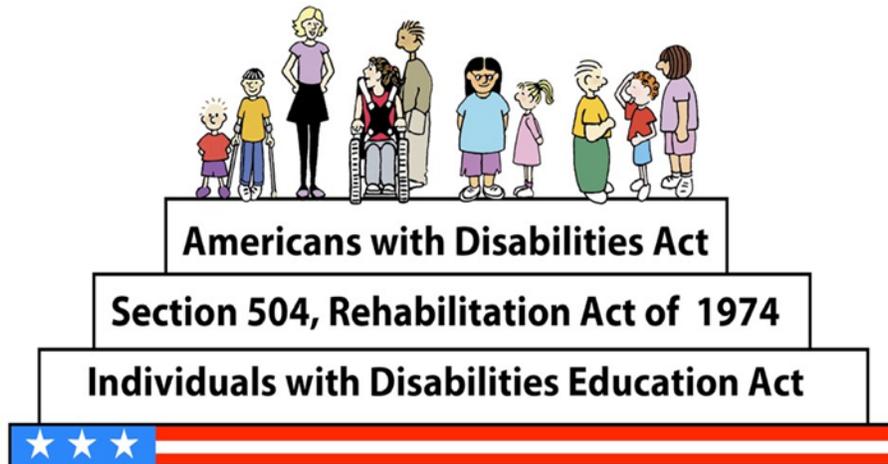
Licensed professionals in school are accountable for practicing safely as directed by their licensing boards. Delegation is used in many professional arenas of employment, to include education and healthcare ([National Council of State Board of Nursing \[NCSBN\], 2019](#)). The licensed nurse has received formal training in the individual's licensure program to administer medications and to use prudent professional nursing judgment in delegating nursing tasks while maintaining accountability ([Nurse Practice Act, 2019](#)). All students, as healthcare consumers, have the right to nursing care that meets the legal standards of healthcare regardless of the practice setting ([NCSBN, 2019](#)). The licensed educator, also understands that the school nurse is the licensed professional qualified to delegate medication administration. The licensed educator collaborates and communicates with the school nurse to meet the requirements in their code of ethics ([IAC 282.25\(3\)](#)). Together, licensed education practitioners and licensed school nurses follow regulatory standards to protect the health and safety of Iowa students.

In Iowa, districts and schools must establish medication administration policies and procedures. The medication administration policies need to be consistent with laws surrounding licensed school nurse practice, overall district policies, and evidence-based, safe health practices. This manual includes a summary of relevant laws, sample policies, procedures, and forms as well as materials and resources for school nurses to use when maintaining accountability in delegating medication administration to qualified personnel. Nothing in this manual replaces independent, prudent professional nursing judgement.

Qualified designated personnel who provide proper medication administration can improve the student's health outcomes, attendance, academic performance, safety, and can save lives. Medication administration modeled in a safe way can also help students learn about the proper use of medication and can contribute to long-term healthy lifestyles.

Laws

The following are brief summaries of the laws only. For the entire content of the law please access the law text by following the link or URL, if available.*



Federal Laws

1. **Americans with Disabilities Act (ADA)**

42 United States Code (U.S.C.) § 12101 et seq. 28 Code of Federal Regulations (C.F.R.) § 35.101.

Purpose: The Americans with Disability Act's purpose is to eliminate discrimination against individuals with disabilities and to provide clear, enforceable standards addressing discrimination.

Link: [ADA](#)

URL: <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap126.pdf>

CFR: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title28/28cfr35_main_02.tpl

2. **Civil Rights: Prohibition against discrimination by Federally Assisted Programs**

42 U.S.C. 2000c et seq.; 34 C.F.R. §§ 100-199.

Purpose: Prohibits anyone from being excluded from participation in, denied the benefits of, or otherwise subjected to discrimination on the grounds of race, color or national origin.

Link: [Civil Rights](#)

URL: <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap21-subchapIV-sec2000c-8.pdf>

CFR: <https://www2.ed.gov/policy/rights/reg/ocr/edlite-34cfr100.html>

3. Family Educational Rights and Privacy Act (FERPA):

20 U.S.C.1232g; 34 C.F.R. § 99.

Purpose: Protects the rights and privacy of parents and students including certain education records. Generally, schools must have prior written consent from the student's legal guardian to release student information. Exceptions include school officials with legitimate educational interest, appropriate officials in cases of health and safety emergencies and judicial purposes.

Link: [FERPA](#)

URL: <http://www.gpo.gov/fdsys/pkg/USCODE-2013-title20/pdf/USCODE-2013-title20-chap31-subchapIII-part4-sec1232g.pdf>

CFR: <http://www2.ed.gov/policy/gen/guid/fpco/pdf/2012-final-regs.pdf>

4. Individuals with Disabilities Education Act (IDEA)

20 U.S.C. Sec. 1400 et seq.; 34 C.F.R. Parts 300 et seq.

Purpose: Assures all children with disabilities have access to a free, appropriate public education (FAPE) emphasizing special education and related services designed to meet each student's unique needs. IDEA also assessed and assures effectiveness of efforts to educate all children with disabilities.

Link [IDEA](#)

URL: <http://www.gpo.gov/fdsys/pkg/STATUTE-118/pdf/STATUTE-118-Pg2647.pdf>

CFR: <http://idea.ed.gov/download/finalregulations.pdf>

5. Prohibition on mandatory medication

20 U.S.C. 33, 1412(a) (25); 34 C.F.R. § 300.174.

Purpose: Prohibits local educational agencies from requiring a child to obtain a prescription for a substance covered by the Controlled Substances Act as a condition of attending school, receiving an evaluation, or receiving services. Note: There is no prohibition against teachers and other school personnel consulting or sharing classroom-based observations with parents or guardians regarding a student's academic and functional performance, or behavior in the classroom or school or regarding the need for evaluation for special education or related services.

Link: [Prohibition on Mandatory Medication](#)

URL: <http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/pdf/CFR-2012-title34-vol2-sec300-174.pdf>

6. Every Student Succeeds Act (ESSA) S. 1177 (114th)

Purpose: Ensures public schools provide a quality education for all kids. ESSA gives states more say in how schools account for student achievement. This includes the achievement of disadvantaged students.

Link: [ESSA](#)

URL: <https://www.govinfo.gov/content/pkg/BILLS-114s1177enr/pdf/BILLS-114s1177enr.pdf>

7. Occupational Exposure to Blood-Borne Pathogens: 29 U.S.C. § 653; 29 C.F.R. § 1910.1030

Purpose: Specifies that the school district must establish policy and guidelines to eliminate or minimize occupational exposure to blood-borne pathogens.

Link: [Bloodborne Pathogens](#)

URL: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS

8. Rehabilitation Act (Section 504): 29 U.S.C. § 794; 20 U.S.C. § 1405; 34 C.F.R. Part 104

Purpose: Provides individuals with disabilities rights to be included in any program or activity receiving federal financial assistance. Schools must provide appropriate programming and address accessibility issues, including physical accessibility to school facilities.

Link: [Section 504](#)

URL: https://www.educateiowa.gov/sites/files/ed/documents/rehabact_0.pdf

9. Vocational and Applied Technology Educational Act (Perkins Act): 20 U.S.C. § 2301 et seq.; 34 C.F.R. Parts 400-491

Purpose: The act authorizes federal funds to support vocational education programs to improve access of the underserved or those with greater than average educational needs. Requires access to vocational education for students with disabilities.

Link: [Perkins IV Act](#)

URL: <https://www.educateiowa.gov/documents/perkins/2013/04/perkins-iv-act>

State Laws

1.) Alternative Options Education Program (At Risk): Iowa Code § 280.19

Purpose: Requires each public school district board to incorporate criteria into kindergarten admissions programs to identify at-risk children. It also requires procedures for integrating at-risk children to meet their developmental needs as part of the comprehensive school improvement plan.

Link: [At Risk Program](#)

URL: <https://www.educateiowa.gov/pk-12/learner-supports/alternative-education>

2.) Medication Administration: Iowa Administrative Code 281.14 (1)

Purpose: Requires each school district, area education agency, and school to establish medication administration policy and procedures, which include using the medication administration course provided by the department of education.

Link: [Medication Administration](#)

URL: <https://www.legis.iowa.gov/docs/iac/chapter/281.14.pdf>

3.) Self-Administration of Asthma and other Airway Constricting Disease Medication or Epinephrine Auto-Injectors: Iowa Code § 280.16

Purpose: Authorizes students with asthma or other airway constricting diseases to be able to self-administer medication at school with parental signed consent on file with a written statement from the healthcare provider with requirements specified. The Code does not require a demonstration of competence.

Link: [Self Administration of Asthma or other Airway Constricting Disease Medication or Epinephrine Auto-Injectors](#)

URL: <https://www.legis.iowa.gov/docs/code/280.16.pdf>

4.) Nurse Practice Act: Iowa Administrative Code 655 Chapter 6

Purpose: Defines unlicensed assistive personnel as individuals who are trained to function in an assistive role to the Registered Nurse in the provision of nursing care activities. Nurses are required to use professional judgment in assigning and delegating activities and functions to unlicensed assistive personnel according to the Nurse Practice Act. Activities and functions which are beyond the scope of practice of the licensed practical nurse may not be delegated to unlicensed assistive personnel. Supervision of assistive personnel is also described in the Nurse Practice Act.

Link: [Nurse Practice Act](#)

URL: <https://www.legis.iowa.gov/docs/iac/chapter/655.6.pdf>

5.) Special Health Services: Iowa Administrative Code 281.14 (2)

Purpose: Some students need special health services to participate in an educational program. Each school district and accredited nonpublic school shall, in consultation with licensed health personnel, establish policies and guidelines for the provision of confidential special health services in conformity with this law. This requirement states that school health services must also comply with any additional or differing requirements imposed by laws with Individuals with Disabilities Education Act, Iowa Administrative Code 281 Chapter 41, and Section 504 of the Rehabilitation Act of 1973

Link: [Special Health Services](#)

URL: <https://www.legis.iowa.gov/docs/iac/chapter/281.14.pdf>

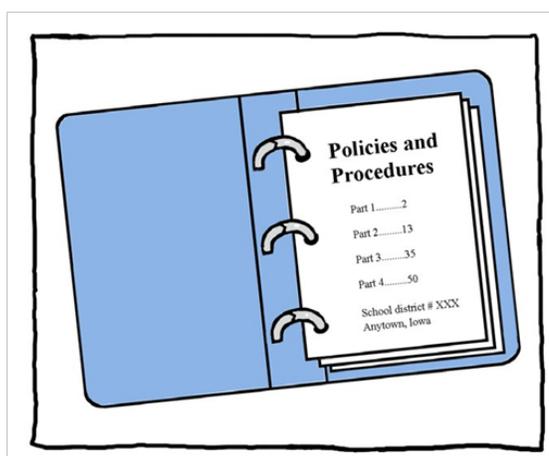
6.) School District and Accredited Nonpublic School Stock Epinephrine Auto-Injector Voluntary Supply: Iowa Administrative Code 281.14 (3)

Purpose: Schools may voluntarily obtain a prescription for stock epinephrine auto injectors in the school's name. School nurses provide training using the medication administration course and the anaphylaxis awareness course provided by the department.

Link: [School District and Accredited Nonpublic School Stock Epinephrine Auto-Injector Voluntary Supply](#)

URL: <https://www.legis.iowa.gov/docs/iac/chapter/281.14.pdf>

Policies



Policies provide general directions that guide decision-making according to laws. The following sample policy language was shared by a school that was approved by their school board. This partial policy is an example of how policies reflect administrative regulations regarding the administration of medications at school. This is a sample policy only.

Sample Policy

The board is committed to the inclusion of all students in the education program and recognizes that some students may need prescription and nonprescription medication to participate in their educational program.

Medication shall be administered when the student's parent or guardian (hereafter "parent") provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container.

When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by an authorized practitioner with the student and the student's parent. Students who have demonstrated competence in administering their own medications may self-administer their medication. A written statement by the student's parent shall be on file requesting co-administration of medication, when competence has been demonstrated. By law, students with asthma or other airway constricting diseases or students at risk of anaphylaxis who use epinephrine auto-injectors may self-administer their medication upon the written approval of the student's parents and prescribing licensed healthcare professional regardless of competency.

Persons administering medication shall include authorized practitioners, such as licensed registered nurses and physician, and persons to whom authorized practitioners have delegated the administration of medication (who have successfully completed a medication administration course). A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist, and a record of course completion shall be maintained by the school.

A written medication administration record shall be on file including:

- *date;*
- *student's name;*
- *prescriber or person authorizing administration;*
- *medication;*
- *medication dosage;*
- *administration time;*
- *administration method;*
- *signature and title of the person administering medication;*
- *any unusual circumstances, actions, or omissions.*
- *Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information as provided by law.*

Disposal of unused, discontinued/recalled, or expired medication shall be in compliance with federal and state law. Prior to disposal school personnel shall make a reasonable attempt to return medication by providing written notification that expired, discontinued, or unused medications needs to be picked up. If medication is not picked up by the date specified, disposal shall be in accordance with the disposal procedures for the specific category of medications.

Medications

Parent(s) and legal guardian(s) may provide medications to the school for their child. A medication is also called, a “drug”. The Federal Drug Administration (FDA) defines a drug in the Federal Food Drug and Cosmetic Act as, “Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease” and “articles (other than food) intended to affect the structure or any function of the body of man or other animals” ([FDA, 2019](#)).

All drug products offered for importation into the United States are subject to labeling requirements. FDA may review drug labeling at the time the product is offered for import to verify compliance with their regulations. Specific drug labeling requirements depend on the type of drug product. Over-the-counter drugs, prescription drugs, and drugs imported for drug efficacy studies are also subject to specific labeling requirements in addition to the general drug label provisions ([FDA, 2019](#)). The United States Drug Enforcement Agency schedules drugs approved by the FDA.

All students, as healthcare consumers, have the right to nursing care that meets legal standards of healthcare regardless of the practice setting. School nurses and qualified, designated personnel are the last individuals to interact with the student taking the medication during the school day and at school activities to ensure safety. This is why it is important for individuals who administer medication to ensure that they are administering to the right person, are administering the right dose, have the correct medication, have the correct route, at the right time, have the ability to communicate any discrepancies, and have documented the task completion or circumstance.

At times, school nurses are asked by parent(s) and guardian(s) to administer supplements or other products purchased online that are not FDA approved with the request for the administration to be at a nonstandard, preferential time during the school day or during school activity. School nurses approach families in an ethical manner without judgement regarding the patient’s choice of treatment (National Council of State Boards of Nursing, 2019). School nurses must also maintain accountability and utilize their professional nursing judgment in their practice to determine whether an over the counter or prescribed drug is safe to administer. A necessary component of knowledge in nursing care includes the availability of moderate to high quality evidence-based research and comprehensive understanding of nursing standards, state and federal laws. School nurse must additionally comply with school policies.

The FDA offers formal, evidence-based evaluation of medications to assist licensed healthcare providers with information on safe dosage, storage, standardized dosing times, possible drug interactions, possible side effects, or toxic effects of a drug to protect the individual who is taking the medication. School nurses follow school district policies regarding medication administration, delegation of medication administration, and maintain accountability for their licensed nursing practice related to the safe provision of clinically competent, evidence-based health services for students in their school or district.

Medication Label

The medication label is the written instructions that have been provided by the child's healthcare provider, dispensed by the pharmacist or as provided by the manufacturer for over-the-counter medications that are FDA approved.

	HomeTown PHARMACY	100 Main Street Anytown, IA 56485 319-555-3402
Rx: 5162007 Megan Carr Inhale 2 puffs every 4 hours and as needed for asthma	Dr. Fulton RPh: RMD	
Albuterol Refills: 3 times before 2/01/03 Date: 2/01/2002	90 mcg #1	

Procedures for Medication Administration

Procedures are the detailed step-by-step instructions for implementing policy. The district and school develop procedures in collaboration with the school nurse for how medications are to be administered as part of the student's educational program, for accountability to the nurse's licensed practice, and for handling emergencies. The procedures need to be supported with definitions and descriptions. The format and content need to be consistent with laws, policies, and evidence-based health practices.

School nurses, school personnel, prescribers, parents, and students work together to assure the student receives the medication with the least disruption to their school day, while maintaining the optimal benefit of the medication. Designated personnel to carry out medication administration need to be identified, trained, and certified by the school nurse. Back-up individuals need to be selected by the school nurse to cover when designated personnel are absent.

The procedures also need to cover the proper response to medication errors that might occur during medication administration and for emergencies that might occur during the school day or school sanctioned activities. While most emergencies in schools are not life threatening, each district and school needs to prepare for the possibility of a medication error or serious health related emergency by having a plan in each building. Details on these plans are covered on pages 23-26.

Medication Administration Steps

Notification Notify parents and students routinely about the school medication administration policy and provide communication routinely with parents of students who receive medication in the school setting.

- 1.) **Qualified Personnel** Provide medication administration by a registered nurse or as delegated to qualified school personnel who have completed the medication administration course provided by the Department every 5 years and receives a valid signed certification after skills demonstration has been completed annually by the nurse.
- 2.) **Prescriber's Authorization** The legal prescriber's directions on the prescription or non-prescription label should specify the student (for prescription medication), medication, dosage, route, administration instructions, and date (prescription) or expiration date (nonprescription).
- 3.) **Parents' Written Authorization** A dated statement signed by the parent or guardian is on file at school authorizing medication administration in accordance with the prescription or non-prescription medication instructions and school or board policy. The authorization includes individual instructions, notification that the information will be shared with appropriate school personnel and permission to contact the prescriber about the medication as needed. Medication administration authorizations are renewed annually and updated immediately as changes occur with any component of medication administration. A registered nurse and or school employee may accept a faxed or electronic parent or prescribing healthcare provider signature requesting medication administration as long as there are no questions about the signature authenticity. A registered nurse may accept any faxed or electronic change in the medication administration from the prescribing healthcare provider.
- 4.) **Safe Delivery** The parent provides for the safe delivery of the medication to and from school. The parent will be notified when more medication is needed and when to pick-up unused or expired medication by the school nurse, administration, or qualified personnel.
- 5.) **Labeled Container** The labeled medicine is in the original container with the original label as dispensed or with the manufacturer's label. The parent provides the labeled medication, supplies, and devices.
- 6.) **Communication** Ongoing communication occurs between the individuals administering medication, prescribing healthcare provider, family, educational personnel with legitimate educational interest, and student as applicable.
- 7.) **Confidentiality** The student medication information is confidential with the exception of school personnel needing to know (See FERPA under Federal Laws page 6).

- 8.) **Records** A medication administration record is maintained. Documentation includes student name, medication, dose, date, time, route, signature of the person administering the medication, count of medication received, count of medication returned to parent or law enforcement, disposal, unusual circumstances, incidents or errors, and how they were reported.
- 9.) **Storage** Medication is stored in a secure area or as authorized. **ALL** medication is counted on receipt and return, controlled/scheduled substances may be counted daily, and doubled locked depending on the individual situation.
- 10.) **Unused Medication** When medication administration is completed or discontinued, the parent or guardian is advised in writing to pick up unused portions of medication. Best practice is to have the parent or guardian pick up unused medication from the school to prevent diversion. Controlled substances/ Regulated Medications that are administered by qualified personnel should not be returned home with students. For recycling or disposal of unregulated medications, view the Iowa [School Medication Waste Guidance Document](#). Schools cannot transport or waste controlled substances and need to contact their local law office, DEA, or School Resource Officers to maintain chain of custody of the controlled medication to dispose in the proper methods according to the [Secure and Responsible Drug Disposal Act of 2010 DEA](#).
- 11.) **Individual Health Plan (IHP)** The IHP is the confidential, written, preplanned and ongoing special health service provided in the educational program. It includes assessment, nursing diagnosis, outcomes, planning, interventions, evaluation, student goals, if applicable, and a plan for emergencies to provide direction in managing an individual's health needs. The plan is updated as needed and at least annually. Licensed school nurses develop this written plan with collaboration from the parent or guardian, individual's healthcare provider or education team. Medication administration may be included in the IHP to address who will provide this health service in the school setting.

Procedures for Self-Administration of Medication

Students may need immediate access to certain medications. Self-administration provides the opportunity to develop skills to promote management of chronic health conditions, personal safety, attendance, and lifelong health. A student's parents and/or provider, may determine that a student needs to carry and self-administer the prescribed or over the counter medication. The registered nurse develops an IHP for student self-administration and carrying medication in school and during school activities. The plan may include requirements for student health instruction, skills demonstration, and agreement on the principles of self-care. The parents must provide the school with a signed authorization form for self-administration of medication. Procedures for self-administration of medication must comply with local policies, state and federal laws. The school procedure and protocol includes four steps.

Self-Administration of Medication Steps

- 1.) The parent must supply written authorization stating the student is competent and may carry and self-administer the medication. A registered nurse and or school employee may accept a faxed or electronic parent signature requesting self-administration of medication administration or for any change in medication administration as long as there are no questions about the signature authenticity.

Written authorization includes the student name, medication name, dosage, time to be taken, number of times to be taken and the length of time the request is effective, such as the number days, months or the entire school year, parent and prescriber signature. Any special instructions are also included. In the authorization the parent agrees that information and questions on medication administration may be discussed with the prescribing healthcare provider. This authorization must be renewed yearly and updated when changes occur.

- 2.) In addition to the parent authorization, there needs to be an agreement with the student on self-administration of medication. This may include student responsibilities for maintaining an administration record, agreeing to follow prescriber instructions and using the medication safely and accurately. The student should be able to demonstrate competency to the nurse with self-administration of their medication, but is not required for asthma and medications for other airway constricting disease or the use of epinephrine auto-injectors. If the student does not follow procedures or if there is misuse of medication, the authorization to allow the student to self-administer medication may be withdrawn.
- 3.) The parent provides the properly identified medication in the original labeled pharmacy container.
- 4.) A school personnel with an educational legitimate interest for the student should be notified and educated by the school nurse if they need to know about the self-administration of medication administration authorized in the student's health plan.



Procedures for Self-Administration of Asthma or other Airway Constricting Disease Medication or Epinephrine Auto-Injectors

Iowa law requires districts and schools to allow students with asthma or other airway constricting disease to carry and self-administer medications.

If the following features are implemented, the law permits students with asthma or other airway constricting disease to carry and use their medications in while in school, at school-sponsored activities. The school procedure and protocol has eight steps.

Self-Administration of Asthma Medication or Epinephrine Auto-Injectors Steps

- 1.) The parent or guardian must provide a signed, dated authorization for students to self-administer medication.
- 2.) An authorized healthcare provider, such as physician, physician's assistant, advanced registered nurse practitioner, or other person allowed to prescribe medications under Iowa Law, must provide written authorization that includes the student's name, the purpose of the medication, dosage, times and any special medication administration procedures.
- 3.) The medication must be in the original labeled container as dispensed or the manufacturer's container labeled with the student name, name of the medication, directions for use and date.
- 4.) The authorization must be renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is responsible to immediately notify school officials and update the authorization(s).
- 5.) The parent or guardian signs a statement acknowledging that the district and school and its employees, by law, incur no liability, except for gross negligence, as a result of any injury arising from self-administration. The student does not have to show competency in administering medication for asthma or other airway constricting disease correctly.
- 6.) It is recommended that the student maintain a self-administration record. It is recommended that the nurse, student's parents, educational team, and student maintain open communication.
- 7.) It is recommended that the parent or guardian agrees information and questions about a student's self-administration of medication at school may be discussed with the prescriber as signed in the authorization form.
- 8.) If the student misuses the self-administration policy, the self-administration should be discussed with parents, the school nurse and school administration. It is recommended that medically advisable consequences be considered and safety.

Procedures for Non-prescription Medication

The school may determine it is helpful to have nonprescription medications, known as over-the-counter medications or propriety medications, at school. It is recommended that protocols and a policy for nonprescription medications be developed by the school to include:

- 1.) Obtaining signed consent from parent(s) or legal guardian(s) for the types of over the counter medications that will be administered
- 2.) Who is responsible to provide the over-the counter medications
- 3.) Informing parents that students will only receive manufacturer's standard dosage within the standard timeframe as provided on the label
- 4.) Identifying maximum times students can access this option though out the school week, month, semester or year
- 5.) Identifying and informing parents or legal guardians when and how they will be notified within the day of the student's use with this option

A sample authorization form is found in Example Forms on page 35. Schools may also provide the parents to sign consent electronically to request self-administration of medication. This is acceptable as long as there are no questions about the signature authenticity.

Procedures for Unusual Circumstances, Medication Actions, or Omissions

The school should have procedures for situations where a medication is not administered. Other situations might include when a medication is refused, vomited, not administered, not swallowed, spilled, or lost. This should also include a procedure for a medication action that falls outside of safe medication administration. School nurses who delegate medication administration maintain accountability, have the ability to communicate with qualified school personnel and must supervise, monitor and evaluate delegated tasks for safety.

General Action Steps for All Situations

The following four general action steps for all situations include:

- 1.) Observe the situation and remain calm.
- 2.) Notify the registered nurse, the school nurse supervisor, the authorized prescriber and the parent as soon as possible.
- 3.) Follow the nurse's instructions to notify the administrator, parent and health provider as appropriate if the nurse is not available.
- 4.) Document the situation in the medication administration record, incident report, if available, or medication error report

Example Procedure of Unusual Circumstances, Medication Actions or Omissions

This manual provides a sample list of unusual circumstances, medication actions and omissions that can occur. This is not a comprehensive list and each situation is surrounded by independent variables and information. School nurses should always refer back to their licensed nursing practice and school policies regarding medication administration and how to address situations when they occur.



Vomiting: Notify the nurse or nurse supervisor. Include the student's name, age, medication, dosage, time lapse since medication administration and vomiting, and if the medication was visible or intact in the vomitus. Notify the student's parent and healthcare provider if instructed to do so by the nurse, document the circumstances in the medication record or incident form. If the medication is in whole form in the vomitus and you are directed to give the child an additional dose, then it is not an incident and complete medication administration record to reflect the disposal of the wasted dose.

Refusal: Qualified personnel should notify the nurse or nurse supervisor. Notify the student's parent if instructed to do so by the nurse, document the refusal in the medication administration record and incident form, if available. If the student does not report to the designated area to take medication, find the student and request that the student report to the area. If the student does not then come to the area or refuses to take medication, report to the nurse, school administration, or nurse supervisor. Describe the circumstances. Notify the student's parent and healthcare provider if instructed to do so by the nurse.

Not administered (omission): For medications that are not administered during their designated time when the student is at school, file a medication error report for the omission and carefully document in the medication administration record. Parents should be notified.

It is not a medication error if there is a lack of supply of medication provided by the parent, or a medication is held by a parent.

Not Swallowed: If a student has difficulty swallowing medication, personnel can retry by giving one medication at a time with adequate fluids and different technique, such as: placing the medicine on the back of the tongue, giving medications in a small amount of food or crushed (only if directed by the pharmacist/label). Report to the nurse or nurse supervisor, and describe the circumstances. Notify the student's parent if instructed to do so by the nurse. Document the circumstances in the medication administration record and complete an incident form, if available. If the student is unable to swallow the medication or tolerate the medication, follow the steps above and complete documentation of circumstance on the medication record.

Spilled: Report to the nurse. Describe the circumstances. Notify the student's parent or healthcare provider if instructed to do so by the nurse. Document the incident in the medication administration record. Complete a medication incident report, if available.

Unaccounted Medication: Report to the school nurse and school administration. School administration may choose to file a report with law enforcement for potential, diverted controlled substances or other medications.

Medication Errors

A medication error is defined by the [Food and Drug Administration](#) as any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use. ([National Coordinating Council for Medication Error Reporting and Prevention](#), 2019).

A few samples of medication errors that can occur in schools include:

- failure to administer medication to the student
- failure to administer medication within the designated time
- failure to administer the correct dosage of medication
- failure to administer medication by proper route
- failure to administer medication according to generally accepted standards of practice
- administering the wrong medication to the wrong student
- administering medication without parent authorization, or
- administering a prescription medication to a student who does not have a prescription

Medication errors can occur as human care may be fallible. School personnel should notify the school nurse, parent, healthcare provider and administration if a medication error occurs right away to create a safe environment. Staying connected, transparent and communicating with parents is an essential reparative step in addressing improving the process of medication administration. It is best-practice for school nurses and school personnel to have a dialogue with parents that includes:

- Recognition of the adverse outcome
- Regret by offering empathy
- Responsibility where needed and explain how the event happened
- Remedy by explaining next steps to correct and prevent reoccurrence
- Remain engaged by communicating with parents



Procedures for Medication Administration on Field Trips

Field trips require approval from school administrators. Schools have processes over a course of time for educators to make a request for a field trip.

Best-practice for schools is for school nurses to be involved and notified at the time of request of field trips to ensure there is properly trained, qualified school personnel to administer medications in accordance to IAC 281.14.1. A qualified designated person accompanies children who need medications on field trips, replicating the procedures used in the school building using the training and skills check to ensure competency as defined in IAC 281.14.1.

Licensed educators and school nurses, maintain accountability for their practice. The licensed school nurse retains accountability in the safe delegation of medication administration and training prior to a nursing task or activity being performed (IAC 655 Chapter 6). Licensed educators do not aid, assist or abet an unlicensed individual in completion of acts for which licensure is required (IAC 282 Chapter 25). Together, licensed education practitioners and licensed school nurses follow regulatory standards and guidance in the delegation of their professional practices to protect the health and safety of Iowa students. ([Interpretative Statement: Iowa School Nurses and Delegation](#), 2019).

Procedures for Needles and Other Sharps Safety

Schools follow the requirements to have policies surrounding blood-borne pathogens as outlined by The Occupational Safety and Health Act of 1970 ([29 CFR 1910.1030](#)). In 2018, the Iowa Department of Education and Iowa Division of Labor developed a joint resource for schools on [Bloodborne Pathogen Guidance](#). Needle and other sharps injuries can expose staff to potentially infectious materials and serious diseases. School personnel using, handling, and disposing of needles and other sharps must use prevention strategies. These include the following nine steps:

1. Participate in bloodborne pathogen training and follow infection prevention practices in the safe use and disposal of needles and other sharps annually.
2. Avoid the use of needles where safe and effective alternatives are available.
3. Use devices with safety features whenever possible.
4. Never recap, break, or bend use needles.
5. Plan for safe handling and disposal before beginning any procedure using needles.
6. Dispose of used needles promptly in appropriate sharps disposal containers as defined in the Iowa School Medication Waste Guidance Manual.

7. Report all needle and other sharps-related injuries immediately to the school administration to follow proper procedures for needle stick injury.
8. Tell the registered nurse about hazards from needles that are seen in the work environment.
9. Evaluate the effectiveness of prevention efforts and provide feedback.

Procedures for Medication Emergencies

A life-threatening medical emergency may occur at school or during school sanctioned activities outside of the normal school day. Districts and schools should have school health policies and procedures on how to address respond to medication emergencies. A general emergency plan consists of what to do when an emergency occurs. Examples of components for an emergency plan include:

1. All school personnel should know how to access 911, their community health systems and poison control.
2. There are designated personnel who know emergency services, basic first aid, and CPR in the event a registered nurse is not on site or at school activities.
3. There are designated trained personnel who agree to respond to emergencies.
4. An emergency health plan is in place for any student with known risk for health emergencies related to health conditions or anaphylaxis. The plans include step-by-step instructions for managing an emergency for health related or medication emergencies.
5. Develop the district/school emergency response plan with community services involvement.
6. Maintain an updated emergency kit.

Emergency Medication Kit

The district/school may maintain an emergency medication kit. As legislation permits, schools may have specific stock medication in the name of a district or school. For example, if there are voluntary stock epinephrine auto-injectors, a school policy will be in place. There should always be a school policy for all stock medications used for emergencies.

Procedures need to cover how the contents will be used, who will be using the emergency kit, such as registered nurses or qualified personnel. Sample procedures should also include:

- how the kits should be updated,
- How it will be restocked,
- How it will be secured,
- How, who and when it will be logged and monitored monthly for expiration of contents, (if applicable)
- Where secure storage will be located where designated individuals will have access must also be established.

The emergency medications in the kit are determined by federal laws, state laws, district policies, the prescriptions of individual students or others, parent authorization on file to administer, emergency needs, and additional assessed needs as defined by the schools.

Medication Emergencies

Your school's emergency capabilities are ultimately dependent on the community's response to emergency calls from your school. Foster relationships with your emergency medical service (EMS) responders, law enforcement agencies, hospitals, public health services, social services, mental health organizations, and others. All of these entities are important in the continuum of emergency preparedness, response, and follow-up.

It's particularly important to familiarize yourself with the competencies, limitations, and functions of your local EMS agency. Meet with your community agency representatives to discuss strategies for improving student outcomes when medication or other health-related emergencies arise.

School nurses or school personnel can create a data sheet that summarizes EMS response information that may include:

1. Names, locations and telephone numbers of EMS coordinators for the school area
2. Telephone number for EMS if 911 is not necessary
3. Projected time before EMS arrives. (Note: it is good to have the typical response time and a projected longest arrival time)
4. Certification, skills and actions for designated responders that may be performed. Not all responders have certification to administer medications, start intravenous fluids, and perform emergency intubation as well as other advanced procedures. Be familiar with the level of care that your local EMS can provide.
5. Names of nearest hospitals, with distance and transport time. Also, it is important to note your community EMS protocol for transport to designated hospitals or trauma center.
6. Protocol for transporting a student with complex health needs to a different hospital at the family's request. This is where communication with your EMS would also be helpful in advance. It is required to ask parents for signed consent to communicate with EMS in advance regarding this communication and these arrangements.

Life Threatening or Severe Emergency

A life threatening or severe emergency includes immediate treatment and mobilization of emergency health services. The most important actions are first aid and transportation to a healthcare facility or emergency room as quickly as possible. Providing immediate basic first aid, CPR and summoning 911 or emergency community health services may mean the difference between life and death. Possible life threatening emergencies may occur minutes or even hours after the medication administration incident.

Example signs of a life threatening emergency may include:

1. Acute itching, hives, swelling of face or extremities
2. Severe swelling of lips, tongue, or mouth, tightness in the throat or hoarseness
3. Extreme difficulty breathing, shortness of breath, persistent cough, wheezing, breathing stops
4. Student is unconscious
5. Dusky color, extremely pale, gray or clammy (damp).
6. Continuing vomiting or diarrhea
7. Loss of consciousness, unable to recover
8. Continuous seizure

Actions When an Emergency Occurs

Schools play a critical role in emergency response. Below are eight steps when reviewing how your district or school will respond to a medication administration emergency or any health related emergency. These steps include:

1. Stay Calm. Observe severity and condition of the individual. Remember specific information for later documentation.
2. Stay with the individual and call for help. Ensure you are wearing correct protective equipment. Provide appropriate life support. Have someone locate AED, if available. Have someone who is trained in CPR, first aid, and provide comfort.
3. Obtain assistance from another person to call 911 for emergency rescue team and Provide all information requested by the dispatcher, the individual's location, room in building (if applicable), telephone number of the school or device called from, lifesaving services being provided (if applicable) and what is happening.
4. It is important to remember if you are the one making the call to 911, Hang up only with the permission of the dispatcher on the other end of phone line.
5. Implement the individual's emergency health plan if applicable. For example, administer emergency medication as ordered for a specific student (if applicable).
6. Contact the following as soon as possible per the district or school protocol: Registered nurse, student's parent, legal guardian or emergency contact, the hospital emergency room where the individual is being transported if no school personnel can transport with the student to the hospital, and school administration.
7. Remember, it is **ALWAYS** better to take a situation seriously, than to wait and see if the situation is going to turn into a serious one.
8. Accompany student to the hospital if parents are unavailable and school administration has instructed you to do so, give emergency responders needed information, and send a copy of student's record with the emergency medical personnel.
9. Document.

IMPORTANT: As soon as possible document what happened and as many details as you can about the student's reaction. You may miss important details if you do not do this right away. This will usually occur after emergency services have arrived.

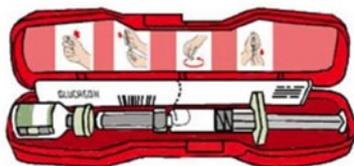
Voluntary Stock Epinephrine Auto-Injector Information

The epinephrine auto injector is a prescription medication kept in the school or carried by the student as part of the student's health plan. The school nurse has an Individual Health Plan or Emergency Care Plan to address students who have a life threatening reaction to medication, food, insect stings or other substances. Students may carry and administer their own epinephrine injector. Qualified personnel still need to be notified and available to administer the medication if the student is unable to do so.

School districts and schools can obtain a prescription for voluntary stock epinephrine auto-injectors if their district school boards or authorities in charge of accredited nonpublic schools adopt a policy for this to occur. Once a policy is obtained, a school or district may then obtain a prescription from a health care provider as stated in [IAC 281.14.3](#).

The training required for administration of stock epinephrine auto-injectors includes the medication course provided by the department and an additional course for anaphylaxis awareness also provided by the department. The medication administration course covers the administration of prescribed medication to an individual who has been diagnosed by a health care provider with anaphylaxis to meet [IAC 281.14.1](#). The anaphylaxis awareness course covers the signs and symptoms associated with anaphylaxis, when administering a prescribed medication to an individual who may have never had anaphylaxis, has not been diagnosed and does not hold an individualized prescription for the medication to meet [IAC 281.14.3](#).

If administration of your voluntary stock epinephrine auto-injector supply is used, the school or district completes the report form and submits this to the Department of Education in accordance with the requirements in [IAC 281.14.3 \(8\)](#). Schools should utilize recycling and medication waste guidance for disposal.



Medication Administration Course Objectives

The online course consists of 17 modules with short quizzes at the end of each module and must be completed with a 100% score to progress thru the end of the course. This course must be completed at a minimum of every five years. An unsigned certificate will be generated for the individual, which is ONLY valid once signed by the school nurse after a skills observation has been successfully completed, documented, and annually thereafter until the course renewal occurs every five years.

Objectives include:

1. Understand Iowa laws regarding the delegation of administering medications to qualified personnel at school
2. Know how to protect confidentiality of student health information
3. Know how to act within authorized limits of their role
4. Understand medication terminology
5. Know how to wash hands effectively
6. Know how to practice the five rights
7. Know how to document (the sixth right)
8. Know how to administer pills (tablets, capsules and sprinkles)
9. Know how to administer oral liquid medications
10. Know how to administer topical skin medications
11. Know how to administer eye drops and eye ointments
12. Know how to administer eardrops
13. Know how to administer or monitor inhaler
14. Know how to manage student self-administration of medication
15. Know what to do if medication errors occur
16. Know how to recognize and respond to unusual circumstances or incidents (refusals, no medication available, vomiting, spilled or lost doses)
17. Know how to respond to medication emergencies

Additional Medication Training Modules

The main medication administration course covers topics that are part of regular medication administration at schools performed by school nurses and delegated to unlicensed personnel. Some students have medication administration needs that go beyond these basic procedures. School nurses request that these additional procedures not be part of the course required by all qualified designated personnel.

Additional training is required and possible signed consent by the qualified, designated personnel to align with [Iowa Code 280.23](#). Additional training is required to be able for a school nurse to assign specific nursing tasks of medication administration to personnel who would be assisting with specific students. The department of education has additional trainings housed on the AEA Learning System.

Like the main course, these additional units have a quiz at the end, and a certificate of completion that can be signed by the school nurse after the skills observation has been completed. A copy of the certificate is kept on file.

Roles and Responsibilities for Medication Administration

Schools and districts must have policies and procedures related to medication administration at school. The school registered nurses, qualified designated personnel the school nurse has delegated medication administration, the student, parents and prescribing healthcare provider all play a part in making sure that medication administration is carried out in a safe way that enables students to take part in their educational program. When all parties work together, the result is a safe learning environment for the student and safe medication administration.

Role of the School District or Accredited Nonpublic School

1. Establish district and school policy and procedures approved by the Board
2. Provide resources, training, and qualified personnel to implement policy and procedures
3. Provide information on policy and procedures for staff, parents, students, and the community
4. Collaborate with the school nurse routinely to be knowledgeable of who the school nurse has delegated medication administration. This includes understanding:
 - a. The qualified designated personnel, at a minimum, must **take the medication administration course every five years** and **completed the return skills check** observation **annually with the school nurse** to hold a valid certificate for medication administration in the school setting to meet the requirements in [IAC 281.14.1](#).

- b. The school nurse is accountable with delegated nursing tasks and must be able to safely supervise, monitor and evaluate to meet requirements in The Nurse Practice Act, [IAC 655 Chapter 6](#)

Role of the School Nurse

1. Understand nursing practice standards for delegation of medication administration, recommend updates, revisions and continually evaluate district and school policy and procedures related to safe nursing practice with delegation of medication administration
2. Maintain an unencumbered, current state nursing licensure to practice in the Iowa, competencies, knowledge and skills to properly administer medications and treatments with students in district/school and during school sanctioned activities
3. Plan for, arrange and provide the medication administration course provided by the department every five years and complete return skills check observation annually. Provide supervision, monitoring and evaluation with follow-up training as needed or with any medication errors that may occur
4. Maintain a documented record of delegation to show satisfactory course completion, performance skills demonstration and ongoing supervision, evaluation and monitoring of delegate tasks to qualified personnel
5. Delegate medication administration tasks as needed to qualified designated personnel. Withdraws the delegation in writing and documents if the qualified designated personnel fails to and or is unable to perform the task in accordance with the education provided
6. Develop, review and change forms and other documentation related to medication administration procedures as necessary to maintain current standards of practice related to delegation of safe medication administration according to nursing practice
7. Develops or implements a plan developed by the school for open communicating with qualified designated personnel, parent(s), students, staff, and prescriber (with parental authorization) about questions, observations, medication errors, emergencies, and unusual incidents

Role of the Qualified Personnel

- 1.) Understand and follow district/school policies and procedures related to medication administration
- 2.) Complete required medication administration course every five years and skills observation, supervision, and education updates annually
- 3.) Communicate with school nurse about delegated task, seek clarification when needed, ask for additional training if needed, affirm with the school nurse understanding of expectations with medication administration, and participate in communication plan for medication emergencies or incidents
- 4.) Assume responsibility and accountability for medication administration, documentation of medication administration carried out, and documentation for reporting and procedures taught in the course for errors, incidents, or emergencies
- 5.) Maintain open communication with the school nurse and administration about medication administration

All school personnel

1. Understand and follow district/school policy and procedures related to medication administration and communicate concerns about medication administration with the school nurse
2. Identify and report changes in student behavior, attendance and performance to school administration and the school nurse

Role of the Student

1. Understand and follow district/school policy and procedures related to medication administration at school
2. Understand and follow district/school policy and procedures related to self-administration of medications at school

Role of the Parent(s) or Guardian(s)

1. Understand and follow district/school policy and procedures regarding medication administration
2. Provide authorizations, medication in medication container with appropriate label, and any devices needed for medication administration
3. Understand parent(s) rights under the Family Education Rights Privacy Act to choose or not choose to provide a release of information to the school for the school nurse/school personnel to communicate with the student's prescribing healthcare provider
4. Notify district/school personnel of any changes in medications, discontinuation of medication administration, or any changes in the student's health status
5. Pick up unused medication at the end of the school year or expired medication for safe recycling and disposal

Role of the Prescribing Healthcare Provider

1. Write a complete signed, prescription to including individual's name, date, medication, dosage to be administered to the individual, time to be administered, length of treatment if known, and method required by school/district policy and procedures.
2. Communicate medication administration instructions clearly to the parent, student, and school nurse or qualified personnel for medication administration
3. Provide clarifications when asked by the school nurse in the healthcare provider to healthcare provider relationship to safely provide medication administration to their patient.

Education for Qualified Designated Personnel

Iowa law allows licensed registered nurses, to delegate nursing tasks, such as medication administration to “qualified designated individuals.” Safe medication administration is one of many components of formal education that licensed registered nurses receive and may utilize in their professional practice. To become a “qualified designated personnel” in school, the person must complete a medication administration course on the safe and accurate administration of medications with 100% proficiency in seventeen modules/quizzes every five years and complete a skills demonstration annually at a minimum with the school nurse to receive a signed certification. The course that is required to be taken is provided by the Department of Education to meet the requirements in IAC 281.14.1.

The registered nurse determines the schedule for training and retraining of the delegated task of medication administration. A skills observation check and documentation of this check should be conducted by the school nurse whenever a medication error occurs. Updates on training, regularly scheduled supervision, evaluation of medication administration, follow-up skills check should also be documented by the school nurse for delegated medication administration to demonstrate competency. The school nurse may revoke medication administration certification using clinical nursing judgment at any time.

Course Access and Recordkeeping

The Iowa Department of Education offers a free online medication administration course to help school nurses in the delegation of medication administration and as required in IAC 281.14.1. A copy of the signed certificate is kept in the school file (Example: Place in front of School Building’s Medication Administration Records).

The AEA Learning System houses the Department’s medication course. This course is available for free. To access the course, go to: [Area Education Agency Online Training](#) and fill in all required fields. If you do not know your school’s password, contact your school administrator or email to: support@aeapdonline.org or contact your school nurse.

Example Forms

The department has provided sample forms that are intended to be used as a resource for your district or school only, and do not replace existing procedures for documentation. They are informational only and support the curriculum modules.



Sample: Parental Authorization and Release Form for the Administration of Prescription Medication to Students

_____/_____/_____
 (Student's First, middle, Last Name) (Date of Birth) School _____ (Today's Date)

School medications and health services are administered following these guidelines:

- Parent has provided a dated authorization signed by the parent and provider to administer medication and/or provide the health service.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, directions for use, and date.
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

Medication/Health Care	Dosage	Route	Time at School
_____	_____	_____	_____
_____	_____	_____	_____

Administration instructions

Special Directives, Signs to Observe and Side Effects

_____/_____/_____

Discontinue/Re-Evaluate/Follow-up Date

 Prescriber's Signature

_____/_____/_____
 Date

 Prescriber's Address

 Emergency Phone

I request the above named student carry medication at school and school activities, according to the prescription, instructions, and a written record kept. Special considerations are noted above. The information is confidential except as provided to the Family Education Rights and Privacy Act (FERPA). I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

 Parent's Signature

_____/_____/_____
 Date

Sample: Medication Administration Page 1

A sample medication administration page can be located on the school nurse google site. Schools may document medication administration using an electronic format. The sample form is a front and back page. To access this form in an electronic file format, contact your school nurse or the department.

ATTACH STUDENT PHOTO

Individual Student Medication Record

Student Name: _____ School Year: _____ D.O.B. / / _____ Teacher: _____
 Physician: _____ Phone#: _____ Parent: _____ Phone#: _____
 Medication: _____ Dose: _____ Route: _____ Time: _____
 Additional Comments: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Aug																																
Code																																
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CODES: (X) Weekend (A) Absent (E) Early Dismissal or Snow Day (N) No Medication Available (M) Medication Error or Incident (P) See Documentation Note on Back (#) Write the number of Meds Rev'd

Date	Initial	Signature of Person Administering	Date	Initial	Signature of Person Administering

Sample: Medication Error Report Form

Medication Error Report Form

Student: _____ DOB: _____

School Building: _____ Grade: _____

Date of Error: _____ Medication: _____

Medication Dosage: _____ Time to be given: _____ Route: _____

State Reason For Report: (failure to administer medication to the student, failure to administer medication within the designated time, failure to administer the correct dosage of medication, failure to administer medication by proper route, failure to administer medication according to generally accepted standards of practice, administering the wrong medication to the wrong student, administering medication without parent authorization, administering a prescription medication to a student who does not have a prescription)

Medication Errors DO NOT include: unusual situations or incidents where students refuse to consume or are unable to tolerate medication administration, lack of supply of medication from the parent, or a medication held by a parent/guardian. Careful notation of these situations should be made on the back of the medication administration record or incident form, if applicable, and parents/guardian notification per school procedure.

Action Taken/Intervention:

School Nurse Name (Print): _____ Notified: _____ Yes _____ No

Date: _____ Time: _____

Name of Parent/Guardian notified (if applicable):

_____ Date and Time: _____

Student's physician notified (if applicable):

_____ Date and Time: _____

Building Administrator Signature:

_____ Date: _____

Witness(s): _____

Name of Person Preparing Report (Please Print): _____

Signature of Person Preparing Report: _____ Date: _____

Follow Up Skills Check Completed By School Nurse: _____ Yes _____ No

Follow Up Care/Contact: _____

Signature of School Nurse Notified/Conducting Skills Check, Follow-Up Care: _____

This is an example of information needed in a medication error report. School determines policies and procedures who will be notified and in what order. The form should be completed in ink. Do not use "white out", correction tape, eraser, or pencil to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the school nurse and a copy delivered to the school administrator to be placed in a designated location defined by the school.

Glossary of Terms

Accountability: The licensed nurse is obligated to answer for one's acts, including the act of supervision.

Administration: Administration means any of the following activities: handling, storing, preparing or pouring the medication; identifying and administering the medication to the appropriate student according to the medication order; observing the student inhale, apply, instill, ingest, or self-inject the medication when applicable; documenting that the medication was administered, including documentation of medication omissions, emergencies and errors; and counting and documenting received doses when medication is received to the school nurse or qualified personnel and counting and documenting returned doses or measurement of unused medication to the parent or guardian or law enforcement; Conducted by schools nurses and qualified personnel, whom school nurses, have delegated the administration of medication in the school or school sanctioned activity.

Anaphylaxis: Hypersensitivity to foreign proteins or drugs. Anaphylactic shock may result in a severe, sometimes fatal systemic reaction.

Authorization: Written medication administration permission by parents and instructions by the healthcare prescriber for prescriptions or manufacturer's label for nonprescription medications. The authorizations are renewed annually and updated immediately as changes occur.

Bloodborne Pathogen: Microorganisms present in human blood that can cause disease in humans.

Co-administration: The student's participation in the planning, management and implementation of the individual's special health service and demonstration of proficiency to the school nurse.

Confidentiality: The requirement that a student's medication information is confidential and protected by the Family Educational Rights and Privacy Act (FERPA). FERPA allows sharing information without signed consent among school personnel to the extent such people need to know who have an educational legitimate interest. School personnel, (e.g., Administrators, Educators, Transportation, and Secretaries) may be included in those with access, including those who assist with medication administration. Nurses may share information regarding medication administration that has educational, safety and/or emergency implications.

Controlled Substance: The United States Drug Enforcement Agency has a schedule under the Controlled Substance Act. There are five schedules. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.

Delegation: Delegation is a process that is multifaceted. School districts and schools have policies regarding health services. The licensed school nurse uses professional nursing judgement while maintaining accountability in delegating nursing tasks or activities that do not rise above the ascribed level of practice of a licensed practical nurse, follows a multifaceted process, is involved with effective communication, follows all applicable federal laws, state law, licensing board requirements, and includes a provision for safe supervision, monitoring and evaluation.

Department: Department means the Iowa Department of Education.

Educational Program: All school curricular programs and activities both on and off school grounds.

Educational Team: The team may include the individual, the individual's parent, administrator, teacher, licensed school nurse, licensed health personnel, and others involved in the individual's educational program. The education team may be the team required by the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act of 1973 if the child is eligible under either of those statutes.

FDA Approved: The FDA provides formal, evidence-based evaluation of medications with information on safe dosage, storage, standardized dosing times, possible drug interactions, possible side effects, or toxic effects of a drug to protect the individual who is taking the medication.

Individual Health Plan: The confidential, written, preplanned and ongoing special health service in the educational program. It includes assessment, nursing diagnosis, outcomes, planning, interventions, evaluation, student goals, if applicable, and a plan for emergencies to provide direction in managing an individual's health needs. The plan is updated as needed and at least annually. Licensed health personnel develop this written plan with collaboration from the parent or guardian, individual's health care provider or education team.

Licensed Health Personnel: means a licensed registered nurse, licensed physician, or other licensed health personnel legally authorized to provide special health services and medications. School nurses may provide special health services or may choose to delegate medication administration.

Medication: A medication is also called, a "drug". The Federal Drug Administration (FDA) defines a drug in the Federal Food Drug and Cosmetic Act as, "Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" and "articles (other than food) intended to affect the structure or any function of the body of man or other animals.

Medication Administration Course: A course approved or provided by the department that includes safe storage of medication, handling of medication, general principles, procedural aspects, skills demonstration and documentation requirements of safe medication administration in schools.

Medication Error: The failure to administer a medication to a student or by proper route, failure to administer the correct dosage, or failure to administer medication according to generally accepted standards of practice. Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, qualified, designated personnel, or student.

Medication Incident: An accidental injection of an epinephrine auto-injector into a digit of the authorized personnel administering the medication. Any unusual circumstance where a child is unable to tolerate the medication being administered.

Medication Label: The medication label is the written instructions that have been provided by the child's healthcare provider, dispensed by the pharmacist or as provided by the manufacturer for over-the counter medications that are FDA approved.

Personal Protective Equipment: Clothing and/or equipment, such as gloves or gown, worn for protection from potentially infectious materials.

Pharmacology: The science of drugs including origin, composition, pharmacokinetics, therapeutic use, and toxicology.

Policy: Policies are plans specific to topics that ensures school districts and schools are in compliance with state and federal laws that model accountability and transparency in providing a safe and supportive learning environmental for all students. These plans are drafted, approved, and adopted through district's school board members and authorities in charge of accredited nonpublic schools. Policies may vary from school to school and should be reviewed by their legal counsels.

Prescribing Healthcare Provider: A physician, dentist, podiatrist, physician assistant, advanced registered nurse practitioner or other licensed health provider legally authorized to prescribe as defined by state law.

Procedures: A standard, specific detailed step-by-step instructions for implementing medication administration policy in the school setting.

Qualified, Designated Personnel: A person instructed, supervised, and competent in implementing the eligible individual's health plan or delegated nursing activities or tasks

School Nurse: A registered nurse holding current licensure recognized by the Iowa board of nursing who practices in the school setting to promote and protect the health of the school population by using knowledge from the nursing, social, and public health sciences.

Self-Administration of Medication: The ability of the student to self-manage and carry prescription or nonprescription medication with parent authorization on file and student agreement to safely self-administer using the school guidelines. By Iowa law, students with asthma or other airway constricting diseases may self-administer medications with parental and prescriber's consent on file and are not required to show "competency" in order to be allowed to self-administer.

Standards: Professional licensees are required to abide by all federal, state, and local laws applicable to the fulfillment of professional obligations. Violation of federal, state, or local laws in the fulfillment of professional obligations constitutes unprofessional and unethical conduct which can result in disciplinary action by their licensing boards.

Student: An Individual age birth through 21 years, and in some cases older, who is enrolled in school.

Supervision: The assessment, delegation, monitoring, and frequency of evaluation and documentation of special health services by licensed health personnel. Levels of supervision include situations in which:

1. Licensed health personnel are physically present.
2. Licensed health personnel are available at the same site.
3. Licensed health personnel are available on call.

Universal Precautions: The United States Division of Labor states that universal precautions are an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.