

PROCEDURE WSD513

WINOOSKI SCHOOL DISTRICT

STUDENT MEDICATION

1. Medication may be given by the school nurse upon written orders from a physician, and upon written request of a student's parent or guardian.
2. The physician's orders must detail the name of the drug, dosage, time interval the medication is to be taken, diagnosis and reason for giving.
3. Medication must be brought to school in a container labeled by the pharmacy or physician and stored in a secure, locked storage place.
4. Students with life threatening allergies or asthma, whose parents or guardians comply with all of the requirements of Act 175 of 2008, shall be permitted to possess and self-administer emergency medication at school, on school grounds, at school sponsored activities, on school provided transportation, and during school-related programs.

The school shall provide an opportunity for communication with the student, parent/guardian and physician regarding the efficacy of the medication administered during school hours. In the case of medication possessed by students with life threatening allergies or with asthma, the school shall provide forms for parents to submit authorizing possession of the medication and releasing the school from liability as a result of any injury arising from the student's self administration of the emergency medication.

5. Non-prescription medication must be accompanied by a written request from the parents or guardian of a student bringing such medication to school. The request must contain assurances that the student has suffered no previous ill effects from the use of medication. Medication must be left in the custody of the school nurse.

Reviewed and Updated: January 14, 2009

**WINOOSKI SCHOOL DISTRICT
WINOOSKI, VERMONT**

PARENTAL AUTHORIZATION FORM

As the parent/guardian of _____, I authorize my child to possess and self-administer emergency medication at school, on school grounds, at school sponsored activities, on school provided transportation, and during school-related programs.

As documented by the attached physician's statement, my child has _____

(specific life-threatening allergies or asthma)

and is capable of, and has been instructed by the physician in properly self-administering the emergency medication _____.

(name of drug)

As further documented by the attached physician's statement, my child has been advised of possible side effects of the medication and has been informed of when and how to access emergency services.

The attached plan of action, developed specifically for the _____ school year in consultation with the school nurse and is based on the documentation provided by the physician and includes the name of each medication, the dosage, then times and circumstances for the medication usage. The plan also in dictates that the medication is solely for the use of my child, and includes the names for individuals who will be given copies of the plan. I understand that my child will notify a school employee or agent after self administering the medication.

As required by Act 175 of 2008, I hereby release the school, its employees and agents, including volunteers, from liability as a result of any injury arising from my child's self-administrative of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence, recklessness or intentional misconduct.

Signed on _____ at Winooski, VT by _____

Witnessed by _____ Dated _____

PARENT LETTER REGARDING PRESCRIPTION MEDICATION ADMINISTRATION AT SCHOOL

To: Parent/Guardian of a student in the Winooski School District

From: The Health Office

Occasionally it may be necessary for your child to take prescription medication in the school setting. Medications which are ordered to be taken less than four (4) times a day can and should be taken at home. However, if medication must be taken four (4) times a day or at a specific time scheduled during school hours, the School Nurse must receive the following:

- A written order from the student's doctor with signature
- Written permission from the parent/guardian with signature
- THE MEDICATION MUST BE IN A BOTTLE PROPERLY LABELED BY THE PHARMACY OR THE PHYSICIAN. Upon request, the pharmacist will divide the medication into two bottles so one can be kept at home and one at school.

If we can be of further help, please contact the School Nurses at 655-0411, ext. 306.

PROCEDURE FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS

The procedure for administration of non-prescription medications is based on the following premises:

1. Non-prescription medications are drugs and should be used in a responsible and appropriate manner.
2. Many times it is most appropriate for a sick student to be at home resting and recovering. Occasionally, however, it is appropriate for a student who has a minor problem that is being treated with a non-prescription medication to be in the school setting.
3. Treatment with a non-prescription medication on a daily basis over a prolonged period of time without medical evaluation of the underlying problem should not be continued in the school setting.

Therefore:

1. Non-prescription medications may be administered to a student by a parent/guardian's request. The initial request may be verbal (by telephone) but must be followed up in writing.
2. The School Nurse may use her judgment and discretion, based on policy, to determine if a medication request by a parent for a student is sound, and she may choose to deny the request.
3. It will be the responsibility of the School Nurse to discuss alternative measures with the parent in order to meet the needs of the student and to model careful decision-making regarding the use of drugs.
4. Administration of non-prescription medication to students will be documented in the Health Office database. If a pattern of frequent use emerges, the School Nurse will discuss the trend with first the student and then the parent and will recommend medical evaluation.
5. Authorization by parents for students to receive as needed medications such as Tylenol and Advil will be in place for one school year without further authorization and will require renewal at the beginning of the new school year.

WINOOSKI SCHOOL DISTRICT MEDICATION ADMINISTRATION PROCEDURE

Medication can only be legally given by the school registered nurse or by school personnel whom the school nurse has trained and delegated the task of giving medications.

If a student must take medication in the school setting, the following steps must be followed:

1. Obtain authorization from the physician for the school stating the student's name, medication, dosage, time to be given, and length of time to be administered.
2. Obtain written permission from the student's parent/guardian.
3. Medication must come in its original pharmacy labeled container.
4. All medications must be brought to school by the parent/guardian. For safety reasons, no medication should be brought to school by the student. Students with life threatening allergies or asthma shall be permitted to possess and self-administer emergency medication in accordance to Policy #5142.
5. The Health Office shall keep a log of all medications given to students. Students self administering emergency medication will notify the health office when medicine is taken.
6. All medications shall be stored in a locked cabinet, drawer, or other suitable container. Students with life threatening allergies or asthma shall be permitted to possess emergency medication in accordance to policy #5142.

Procedure for administering medication:

1. Identify the student.
2. Identify the medication.
 - Note student's name on the bottle.
 - Note date of medication on the bottle and time to be given.
 - Note name of medication on the bottle.
 - Note dosage of medication on the bottle and route to be given.
 - Note instructions on the bottle for giving the medication.
3. Compare information on medication bottle with medication record information.
4. Keep physician's order and parental permission in medication log.

5. Record the time the medication is given on medication schedule and initial. Students self administering emergency medication will notify the health office when medicine is taken.

6. Return medication to locked receptacle. This does not apply to those students with life threatening allergies or asthma who have parental permission to self-administer medication.

MED CHARTING PROCEDURE

RX Meds:

1. Print daily med schedule (revise to include dose)
2. Enter date at top of sheet daily, and attach sheet to clipboard.
3. Sign off med dispensed by initialing next to med as given. Include list of self-administered medications for asthma and life threatening allergies.
4. Computer chart at end of day.
5. Hole punch and enter daily med record in chronological order in black binder.
6. All med orders to be kept in same binder, back section, alphabetized.

PRN Meds:

1. Generate list of approved OTC meds, one page for Advil/Tylenol, one for PRN's. Place behind daily med roster on clipboard.
2. Initial each med given, with date.
3. Store in appropriately labeled file folder as record for HO retrieval.

Storing & Retrieval:

1. Create med file in file cabinet drawer.
2. One file to contain chronological daily med roster, another for PRN meds.
3. Label and store for 7 years.
4. Transfer parental/MD authorization with student record as appropriate, making note on record of meds dispensed during year at times as prescribed.

MEDICATION POLICY REGARDING MISSED MORNING DOSES AT HOME

In order to safeguard consistent medication policy in the Winooski School District and to maintain compliance with the mandates of the State of Vermont, Department of Education School Health Policies, the Health Office staff will comply with the following procedures:

When a student comes to the Health Office for a missed dose of prescribed medication that should have been administered at home by the parent/guardian before school, the nurse will:

1. Ask the student if the medication was taken at home before school.
2. Call parent/guardian for confirmation of missed dose (parent/ guardian is the **only** acceptable contact).
3. Inform parent/guardian of the choice between two options for the Health Office to dispense morning medication dose to the student:
 - a) parent comes to school to dispense said missed medication
 - OR**
 - b) parent contacts student's physician to call verbal order to the Health Office staff to give medication.
4. Formulate plan with parent/guardian regarding any change of time of subsequent medication doses.
5. Document parental authorization to dispense medication if option b) is chosen.
6. If health Office staff is unable to contact parent/guardian, staff should contact the student's physician as soon as possible to request a verbal order to give missed morning dose of prescribed medication.
7. Notify teacher and/or special education case manager when appropriate.

HEALTH PLAN OF ACTION FOR ASTHMA AND LIFE THREATENING ALLERGIES

Name _____ Date _____

Let's get permission from your folks _____

From your doctor _____

What is the name of the medicine that you are using? _____

When do you use your inhaler? _____

What are the side effects of the medicine? _____

What do you do if the medicine doesn't work? _____

How do you tell when the inhaler is empty? _____

What is the expiration date? _____

Dose? _____