



ADMINISTRATIVE PROCEDURE

MEDICATION PROCEDURES

5163

Procedure No.

August 1, 2011

Date

I. **PURPOSE:** The medication administration procedure provides direction regarding safe medication administration in schools to all school system employees, students, parents and guardians. Per Maryland law COMAR 13A.05.05.05—15, Title 10, Subtitle 27, and the Annotated Code of Maryland, Title 8 only licensed nurses and individuals authorized by a delegating nurse may administer medications to students.

II. **INFORMATION:**

- A. Students are permitted to take medication during the school day only when necessary and only under the supervision of school system personnel. Decisions concerning the use and administration of medication at school shall be made on an individual basis for each student.
- B. A Prescriber's Medication Order form must be on file for each medication to be administered to a student.
- C. The appropriate Medication Order form must be on file for specialized medical treatments and procedures including Epi-pen, inhalers and nebulizers, diastat and insulin.
- D. No medication is to be accepted by school personnel, or allowed to be self-administered under the supervision of school personnel, without the receipt of the appropriate medication order form completed by the parent(s)/guardian(s) and prescriber in its entirety without deletion or alteration.
- E. Administration of medication by an unauthorized individual is a violation of COMAR and must be reported to the Maryland Board of Nursing.

III. **DEFINITIONS:**

The administration of medication is defined by the Maryland Nurse Practice Act (COMAR 10.27.11.05) as a nursing function which may be delegated at the discretion of the delegating nurse.

- A. **Medication:** Includes prescription and nonprescription drugs.
- B. **Medication Order Forms:** (see Attachments 2 - 6)
- C. **Authorized Prescriber:** Includes state approved prescribers such as nurse practitioner, physician assistant, osteopath, physician, dentist, etc.



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- D. **Authorized persons:** Delegating Nurse, Professional Registered Nurse, Licensed Practical Nurse, Certified Medication Technician.
- E. **Delegating Nurse:** Registered Nurse who is employed by PGCPS or contracted nursing agency **and** has completed the state mandated Case Management/Delegating Nurse training course.
- F. **Professional Registered Nurse:** Registered Nurse (RN) who has yet to complete the state mandated Case Management/Delegating Nurse training course for School Health Services.
- G. **Licensed Practical Nurse:** is a nurse who works with a RN as a part of a nursing team (COMAR 10.27.10. 01(b)(14). The Licensed Practical Nurse is not a Case Manager/Delegating Nurse in Prince George's County Public Schools.
- H. **Certified Medication Technician (CMT):** a permanent PGCPS employee who has successfully completed the 20 hour School Health Administration Training Program **and** identified as competent (evident by successful completion of supervised medication administration within 15 days of initial class completion **and** every 45 calendar days thereafter).
- I. **Nursing Delegation:** is determined by the Maryland Nurse Practice Act as an act in which the nurse may select and authorize a specific unlicensed individual to perform specific tasks for a specific student including but not limited to medication administration. Medication administration in the school setting is a nursing function and therefore can only be delegated by a delegating nurse.
- J. **Medication management:** an ongoing process which includes ongoing nursing assessment, development, implementation, evaluation and revision of nursing health care plans to improve student health outcomes and minimize absences and loss of instruction time.
- K. **Medication Management Guidelines:** (see Attachment 7) are standards and procedures for safely administering medication to PGCPS students. This gives direction to the nurses about their role as a delegating nurse and therefore should be contained in our Medication Admin protocol.
- L. **Parents(s):** Denotes parent(s) or legal guardian(s) of PGCPS students.



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- M. **PRN**: A medical term used to denote “whenever necessary”.
- N. **Medication Administration Record (MAR)**: A form that documents the student’s medication management on a daily basis including administration, absences, etc.
- O. **Controlled Substance**: Medications listed in the Controlled Substances Act (21 U.S.C. §812).

IV. **PROCEDURES**:

- A. **Notification to Parents and Students**: Students and parents are to be advised of the school policy on medications at school.
1. Parent(s) will be advised that medications will NOT be accepted by school system personnel or allowed to be administered under the supervision of school system personnel without the receipt of a completed Prescriber’s Medication Order form.
 2. **Prescription** medications will NOT be accepted by the school system unless they are labeled by a registered pharmacist with:
 - The pharmacy name, address, and phone number
 - Prescription number
 - Date prescription was filled
 - Name of student
 - Name of medication
 - Directions for administration
 - Quantity provided
 - Any special instructions (often a colored sticker)
 - Name of prescriber
 - Number of Refills
 - Expiration dates (except for prescriptions filled in federal facilities)
 3. **Nonprescription** medications (over-the-counter drugs) must come to school in the original labeled, non-opened container.
- B. **Prescriber’s Medication Order Forms**: The medication authorization forms (see Attachment 2 - 6) ensure safe, effective handling of medication at school and during other school-supervised activities.



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1. The Prescriber's Medication Order forms should to be completed and signed by the prescriber as well as the parent.
2. A Prince George's County Public Schools Management of Diabetes at School/Order Form must be submitted in lieu of the Prescriber's Medication Order form for students with Diabetes Type 1 or Diabetes Type 2 (see Attachment 6) who require medication and/treatment that is diabetes related.-
3. For medication related to other medical conditions such as asthma, anaphylaxis, and seizures the specific Prescriber's Medication Order form is required (see Attachments 3 - 5).
4. The completed Prescriber's order form for current medications and Medication Administration Record (MAR) will be kept in the medication book and filed in the student health record at the conclusion of the medication cycle or at the end of the school year (see Attachment 7 for specific instructions). Medication orders or medication administration records are NOT to be destroyed.
5. All medication order forms shall be reviewed upon receipt by professional nurse to ensure compliance with this administrative procedure. Medication Order Forms for the upcoming school year will need to be dated no more than 90 days prior to the first day of school. Order form(s) received for the current school year are valid through extended school year (ESY) and summer school programs.
6. Only licensed nurses (RN/LPN) may accept verbal orders from prescribers or the prescriber's designee. Verbal orders must be written on the appropriate Prescriber's medication order form and submitted to the prescriber for signature within two working days. If the signature is not returned within ten days, the order is null and void. Faxed signatures are acceptable.

NOTE: Prescriber's Medication Order Forms will NOT be ALTERED in any way by school personnel or parent. If alterations are noted on the Prescriber's medication order form, the delegating nurse or delegate must obtain a replacement form from the prescriber.

C. **Control of Medication:** -

In compliance with the State School Health Standards (COMAR 13A.05.05.05--.15), **all medication MUST be secured under locked**



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conditions in a drawer, closet, cabinet or refrigerator. Medications **requiring refrigeration** will be stored in a locked box in the refrigerator. Access to medication locked in the designated space shall be limited to the designated school health professional, the principal, and the CMT. **No other individual is authorized to have keys or access to locked medications.**

To ensure safe handling of medications:

1. **Parents** are responsible for:
 - a. Delivering all medication to the school.
 - b. Notifying school personnel, by telephone when circumstances prevent parents from delivering medication.
 - c. Ensuring students comply with the PGCPs Code of Student Conduct by not carrying medication on their person without prior approval.
 - d. Maintaining communication with the school nurse regarding student medication needs or changes.
 - e. Retrieving any unused medication at discontinuance and/or at the end of the school year.

 2. **School personnel** (**Delegating nurse or delegatee**) is responsible for:
 - a. Notifying parents of unused medication by telephone when discontinued or at the end of the school year.
 - b. Disposing of unused and unclaimed medication.
 - c. Educating parents of the importance of accepting changes of a student's medication order from the prescriber **ONLY**.
 - d. Ensuring any changes or discontinuances are written on the Prescriber's order form and signed by the prescriber.
- D. **Monitoring medication:** Delegating nurse or delegatee must monitor the taking of medication. Students who are able to administer their own medication (i.e. rescue inhaler, Epi-pen) must do so under the direction of the Delegating Nurse or delegatee. The delegating nurse may only delegate the administration of selected medications to selected students as defined in the Maryland Nurse Practice Act (COMAR 10.27).



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1. The parent must give the first dose of any new prescription or over-the-counter medications, except for a PRN emergency medication, e.g., Epipen, Diastat.
 2. Self-carry/self-administration of emergency medication **MUST** be authorized by the prescriber and parent as well as supported by the school nurse's assessment. A note will be recorded on progress note documenting student's capability, parent and prescriber contact.
 3. The Medication Administration Record (MAR) will be completed whenever medications are administered. Students who are able to administer their own medication (i.e. rescue inhaler, Epi-pen) must do so under the direction of the Delegating Nurse or delegatee.
- E. **Administration of Controlled Substances:** If a controlled substance must be administered in school, the guidelines for prescription medications are to be followed with these exceptions:
1. The parent **MUST** bring the medication to school.
 2. Controlled substances are required to be counted twice a day by two counters (when parent brings medication to school and/or at the beginning and end of each day) and recorded on the "Medication Inventory for Controlled Drugs (Attachment 8). If the count is not correct, the school staff will:
 - (a) call their designated Nurse Manager,
 - (b) complete a Medication Error Incident Report (Attachment 10), and
 - (c) follow appropriate steps as directed.
 3. A current updated prescription bottle appropriately labeled is required.
- F. **Extended School Year (ESY)/Summer School:** The professional nurse will collaborate with the principal or designee to secure a list of students participating in ESY/Summer School and provide a copy of student health information and a copy of the Prescriber's Medical Order Form(s) for the current year to the receiving school.



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- G. **Field/Overnight Trips:** Health Services staff will not leave the school building for field trips unless the entire student population is participating. The following procedures must be implemented to ensure safe administration of medications on field trips.
1. **For schools with a nurse:** The principal or principal designee will notify the licensed nurse (RN/LPN) regarding the date of the field trip and the names of the participating students at least thirty (30) days in advance (see Attachment #12). At least (5) days prior to the field trip, parents must provide to the school a fully completed and signed Prescriber's Medication Order Form for each medication that is not normally given during the school day. The school nurse will package for school staff a single dose of medication which is labeled with the student's name, name of medication, dosage, and time of administration.
 2. **For schools without a Nurse:** The principal or designee will consult with the Office of Health Services at least thirty (30) days prior to the field trip.
 3. **For overnight trips:** Parents must provide all **appropriately labeled prescription and over-the-counter medications (not administered at school)** to the **professional nurse**. In addition, parents must provide to the school a fully completed and signed Prescriber's Medication Order Form for each medication that is not normally given during the school day **at least five (5) days prior to scheduled field trip**. At the completion of the field trip, school staff will return any unused medication and forms to the **delegating nurse/delegatee**.
 4. **Teacher who accompanies student on field trip:** Teachers who accompany students on field trip will administer and document medication administration per the delegating nurse.
 5. The principal or school nurse will notify Health Services if a student requires a nurse to accompany him or her on a field trip as soon as possible, but not later than 30 days prior to the field/overnight trip. Students with disabilities who require nursing services at school cannot be excluded from field trips.

NOTE: At The beginning of each school year the Health Services staff or principal will provide the teachers with the "Field Trip Checklist" (Attachment 12).



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I. **Medication errors** include the following:

1. violation of six RIGHTS of medication administration (see Attachment 7);
2. discrepancy in the controlled medication count;
3. unauthorized administration of medication; and
4. diversion of medication.

A “**near miss**” is an event or situation that could have produced student injury, but did not because of chance. For example “sound alike” (i.e. Flovent labeled Ventolin) medication mislabeled and almost administered to a student.

All medication errors and near misses must be reported immediately to the delegating nurse, the school administrator (principal or designee) and the parent. The delegating nurse will determine if the physician needs to be notified. The individual who first becomes aware of the error must report the error verbally to Health Services and follow up with a written Medication Error Incident Report (see Attachment 10). This report is to be sent to the designated Nurse Manager who will follow up as appropriate. The school copy is not to be filed in the student’s health record but is to be filed in a separate incident report file and retained in the school for three years.

- V. **RELATED PROCEDURES:** Administrative Procedure 5162, Emergency Care in Schools and Administrative Procedure 6153 Student Trips.
- VI. **LEGAL REFERENCE:** Code of Maryland Regulations, Title 10, Subtitle 27 and the Annotated Code of Maryland Title 8.
- VII. **MAINTENANCE AND UPDATING OF THIS PROCEDURE:** The Department of Student Services/Office of Health Services will maintain and update this procedure as necessary.
- VIII. **CANCELLATIONS AND SUPERSEDES:** This Administrative Procedure cancels and supersedes Administrative Procedure 5163, School-Based Medication dated July 1, 2006
- IX. **EFFECTIVE DATE:** August 1, 2011.



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Approved by:
William R. Hite
Superintendent of Schools

- Attachment 1: Parent Fact Sheet for Medication at School
- Attachment 2: Prescriber's Medication Order for Prescription and Nonprescription Medication
- Attachment 3: Prescriber's Medication Order for Epi-pen
- Attachment 4: Prescriber's Medication Order for Inhaler or Nebulizer
- Attachment 5: Prescriber's Medication Order for Diastat
- Attachment 6: Management of Diabetes at School
- Attachment 7: Medication Management Guidelines
- Attachment 8: Medication Inventory for Controlled Drugs
- Attachment 9: Medication Inventory for Controlled Drugs Directions
- Attachment 10: Medication Error Incident Report
- Attachment 11: Protocol for Administration of Medications on Field Trips
- Attachment 12: Field Trip Checklist

Distribution: Lists 1, 2, 3, 4, 5, 6, 10, and 11