

## STUDENTS

### Administering Medication

- I. It is the intent of the Prince William County Public Schools (PWCS) to assist parents/guardians when they are unable to come to school/School Age Child Care (SACC) to administer medication by giving needed medication to the student so that the student may maintain school/SACC attendance. Only PWCS employees/and childcare contractors (CCC) who have completed the Medication Administration course may administer medications. Once the course is completed, a school nurse shall provide annual one-hour refresher training for two consecutive years. Every three years the PWCS three-hour Medication Administration course must be repeated.
- II. Every effort shall be made by the parent/guardian for the student to receive needed medication outside of the school/SACC day. Most medications scheduled once, twice, or three times daily should be given at home. Prescription or non-prescription medications shall be administered to students by parents/guardians outside of school/SACC hours except in unusual circumstances.
- III. The first or adjusted dose of medication shall be administered at home by the parent/guardian prior to delivery of medication to school/SACC.
- IV. It is the parent's/guardian's responsibility to provide the following for prescription or non-prescription medication.
  - A. The parent's/guardian's written authorization for the school staff/CCC to medicate his/her child. (Attachment I must be signed and returned by the parent/guardian before medication can be administered.)
  - B. Medication must not have exceeded the expiration date.
  - C. Medication must be in the **original** sealed container.
  - D. The parent/guardian shall deliver the child's medication to the school/SACC office unless prior arrangements have been made.
  - E. The use of all prescription medication must be authorized, in writing, by a licensed provider (see Attachment I). This information is acceptable on a prescription pad or physician's letterhead that is attached to a PWCS authorization form. The written authorization shall include:

1. The student's name;
  2. The student's date of birth;
  3. The reason for the medication;
  4. The name of the medication;
  5. The exact dose to be given at school/SACC;
  6. The time to be taken at school/SACC;
  7. Exact condition of symptoms for repeating the medication;
  8. Duration of the order; and
  9. Date of prescription, physician's name, signature, and telephone number.
- F. Any change in the original medication authorization requires a new written authorization and a corresponding change in the prescription label. If the prescription medication has been discontinued, the parent should provide written notice to the school/CCC from the physician.
1. Faxed authorization may be acceptable as long as there is a signed parental consent for the medication authorized.
  2. Any medication that is changed or discontinued must have a new student medication log completed at the time of the authorization change.
- G. The Authorization for Medication Administration form (see Attachment I) must be completed by the parent/guardian for use of non-prescription medications in school/SACC.
1. A physician must authorize in writing any non-prescription medication that is to be given for more than the recommended duration or dosage as written on the label or manufacturer's recommendation. (See Attachment I.)
  2. Medication must be in the original, small, sealed container.
  3. Herbal medications will **not** be given in PWCS/SACC without written authorization by a licensed health care provider that shall include desired and adverse effects. Protein supplements will not be administered unless directly requested by a physician with a health treatment plan.
  4. Under no circumstances are medications to be shared by other students.

5. Exceptions to these regulations may be necessary depending on individual circumstances. Exceptions may only be authorized by the principal, Supervisor of School Health Services, school nurse, or CCC.

H. Non-medicated products

Products used for cosmetic purposes and not for relief of symptoms are not regarded as medication. These products would include non-prescription eye care products such as saline or contact lens solutions and skin care preparations such as petroleum jelly, Clearasil, lip balm, hand lotion, insect repellent, and sunscreen. Students may carry and appropriately use non-medicated products. For the comfort and safety of others, spray or aerosol products are not to be used.

I. Cough drops and throat lozenges

Cough drops and throat lozenges may be carried and used by students in kindergarten through grade 12 as needed, provided that they are in the original container or packaging (Authorization for Medication Administration form is not required). Students must not share cough drops or throat lozenges under any circumstances.

J. Peripherally Inserted Central Catheter (PICC) Line, Heparin/Saline Lock, and Central Venous Lines

PICC Lines, Heparin/Saline Locks, and Central Venous Lines may be present in students with specialized health care needs. Dressing changes, heparin flushes, and other medication administration via these lines are to be done at home and should not be done at school/SACC.

K. Oxygen administration in school/SACC

1. If a student has a known condition that warrants oxygen availability, the treating physician and school nurse shall communicate about the necessary equipment and supplies, including oxygen. An appropriate treatment plan shall be in place for all students who are prescribed oxygen.
2. The treatment plan shall include a written physician's authorization, medical diagnosis, contact information, parental consent, as well as any other pertinent medical direction.

L. Monitoring supply of medications

1. When medication is brought to the school/SACC by the parent/guardian, the supply of the drug must be counted (upon receipt) prior to the administration of the first dosage (i.e., number of tablets) and anytime medication returns after leaving the building (i.e., taken home by parent/guardian and on field trips).
2. The count, date, initials, and signature of the person counting must be recorded on the student's medication log.
3. The clinic attendant, principal's designee, or school nurse/CCC shall count medication.
4. Periodic counts of controlled substances shall be completed by the school nurse/CCC in each school.
5. Any medication discrepancies noted must be reported to the school principal/CCC, and school nurse, and a medication incident report completed with a copy forwarded to the Supervisor of School Health Services. (See Attachment V.)

M. Stock epinephrine

Each school will provide at least two doses of auto-injectable epinephrine (hereinafter called 'unassigned or stock epinephrine') to be administered by a school nurse or employee of the School Board who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction on school premises, during the academic day. The Virginia Code § 8.01-225 provides civil protection for employees of a school board who are appropriately trained to administer epinephrine.

This is not intended to replace student specific orders or parent provided individual medications. It does not extend to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.).

Standing orders are written by the Prince William County Public Schools Health Medical Consultant to cover multiple people as opposed to individual-specific orders.

Epinephrine should be stored in a safe, unlocked, and accessible location in a dark place at room temperature (between 59-86 degrees Fahrenheit). Staff should be made aware of the storage location in each school. The expiration date of epinephrine solutions should be periodically checked and the drug should be replaced if it is approaching the expiration date.

- V. A Medication Incident Report (see Attachment V) must be completed whenever there has been any incident or error resulting in the incorrect administration of medication and/or medication given by a staff member not trained in the administration of medication. Possible errors in the administration of medication would include an incorrect dosage, drug, route or time of administration, or giving medication to the wrong student. Medication given within 30 minutes before and after a prescribed time is considered accurate timing. A completed Medication Incident Report should be sent to the Supervisor of School Health Services.

VI. Field trips

All medications given on field trips must comply with the following listed requirements.

- A. Appropriate school staff (i.e., principal or designee) shall notify the clinic attendant, school nurse, or principal's designee at least five days prior to the field trip so that medication can be prepared.
- B. Requirements for one-day field trips (less than 24 hours):
1. The amount of medication needed for the field trip may be taken from the pharmacy container and placed in a special sealed field trip envelope.
  2. The field trip envelope *must* specify:
    - a. Student's name;
    - b. Physician's name and telephone number;
    - c. Name of medication;
    - d. Dosage;
    - e. Time medication is to be administered; and

- f. Route (i.e., oral, eye drops, ear drops, injections, rectal, topical, inhalation, nasal) of medication.
3. A separate envelope shall be prepared for each medication and each dose to be given.
4. A copy of the medication chart must accompany the field trip envelope. The field trip envelope replaces the authorization form (see Attachment I).
  - a. The number of pills administered on the field trip needs to be documented on the copied medication log or the Medication Permission Form for Extended Day/Overnight Field Trips form. (See Attachment VI.)
  - b. Persons administering the medication must sign the signature key section of the copy of the medication log.
  - c. The completed copy of medication log shall be returned to the school.
  - d. Any medication not used during the field trip shall be returned to the school.
  - e. Returned medication that is not in its original packaging must be discarded and witnessed in writing by two staff members.
  - f. Any medication that is returned and discarded must be documented on the Disposal of Unused Medications form. (See Attachment IV.)
5. Liquid medication must be transported in the original pharmacy container.
6. Documentation of training for the administering of medications on field trips must be completed by a PWCS employee not previously trained who will be administering medications on the field trip. The school nurse must be notified at least five days in advance to ensure that training is completed.

- C. Requirements for extended day/overnight field trip:
- Refer to Attachment VI, pages 1, 2, and 3.
- VII. Students shall keep in their possession certain medications such as prescription inhalers, EpiPens, glucagon kits, or other emergency/life-saving medication when the need for such medication is urgent and a delay could result in a serious health event. This is permitted provided it is in accordance with Regulation 757-5, "Administration of Asthma Medications to Students;" Regulation 757-2, "Health Services - Allergic Reactions;" and Regulation 757-6, "Administering Insulin and Glucagon." The student will receive instruction regarding the discreet use of the medication, including keeping it from being used by other students.
- VIII. No student may have in his or her possession while in any classroom, hallway, auditorium, gymnasium, or like area, any device designed for puncturing of the skin, whether or not the device has a valid medical use, except when the device is designated as needed in a life-threatening situation. Any device necessary for the treatment of a diagnosed medical condition may be left with the appropriate school designee/CCC, who may administer such device or allow it to be used under the nurse's supervision. A student may possess the device in a hallway if transporting the device to or from the school/SACC office. All single-use devices must be disposed of properly.
- IX. No medications or skin puncturing devices shall be allowed on school buses without the principal's permission except as noted in VI and VII above.
- X. Health Department rules do not permit the storage of medication in food service refrigerators. If there is not a designated refrigerator for medications, a small locked container must be used for all refrigerated medications and labeled appropriately by the clinic attendant, principal's designee/CCC, and/or school nurse and placed in the refrigerator.
- XI. The school/CCC shall not be responsible for lost or spilled medications.
- XII. Storage of medications
- A. All medications to be administered at school/SACC shall be kept in a locked area and placed in a secondary enclosed system. Acceptable storage systems are individual envelopes, plastic storage bags, or individual bins arranged in alphabetical order.

- B. Only the person(s) designated by the school principal/CCC shall administer medication to students. Under **no** circumstances shall students be allowed to get their own medication from the locked area.
- XIII. A Student Medication Log (see Attachment II) shall be completed and kept with an appropriate storage system for each medication. A medication log must be completed for each medication prescribed. This form is to be signed after **each** administration of medication.
- XIV. Disposal of medications
- Prior to the end of the school/SACC year, parents/guardians shall be notified of disposal procedures of unused medications (see Attachment III) and asked to make arrangements to pick up their child's medication by the last day of school/SACC. If parents do not make disposal arrangements before the last day of the current school year, unused/unclaimed medications are to be disposed of as listed below. Any medications disposed of shall be documented on Attachment IV and witnessed by two school employees.
- A. Remove medications from their original containers. If the medication is solid, crush it or add water to dissolve it and then mix the medication with an undesirable substance, such as coffee grounds.
- B. Place the mixture in a container with a lid or in a sealable baggie to prevent the medication from leaking, and throw it in the trash.
- C. When discarding the original containers, scratch out or remove identifiers on the bottle and/or packaging.
- D. Do not dispose of medication in the toilet or sink, unless specifically instructed to on the label.
- XV. The principal/CCC and/or school nurse shall be responsible for informing all parents of the procedures for administering medications by school/CCC personnel.
- XVI. Regulation 757-3 refers to administering medication as required by a student's Health Treatment and/or Emergency Treatment Plan.
- XVII. All notes from parents/guardians and physicians' written orders shall be kept on file for five years.



XVIII. The Prince William County School Board prohibits school personnel/CCC from recommending the use of psychotropic medications for any student. These medications include, but are not limited to, Ritalin, Prozac, and Paxil. This does not prohibit school health staff, classroom teachers/CCC, or other school professionals from recommending that a student be evaluated by an appropriate medical practitioner, or prohibit school personnel/CCC from consulting with such practitioner with written parental consent.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2015.

## AUTHORIZATION FOR MEDICATION ADMINISTRATION

Part I - Parent or Legal Guardian to Complete - One Medication per Form				
Student Name (Last, First, Middle)			Allergies	
Date of Birth	School Name	School/SACC Year	Grade	Teacher
Has student taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, the first full dose must be given at home.)				
First dose was given: Date _____ Time _____				
I/We hereby request Prince William County Public School personnel/CCC to administer medication as directed by this authorization. I/We authorize school personnel/CCC to communicate with the health care provider regarding the administration of this medication as allowed by HIPPA. I/We are aware that non-medical personnel may be administering medication to our child. I/We hereby release the Prince William County Public School Division and all of its employees/CCC of and from any and all liability in law for damages either we or our child may incur as a result of this request.				
_____ Parent or Guardian Signature		_____ Daytime Telephone		_____ Date
Part II - Physician must complete this section for all prescription medication or for any nonprescription medication that is to be given for more than the recommended duration or dosage, or when age guidelines are not followed as written on the label. Nonprescription medication to be given for relief of symptoms as directed on the package label may be given with the parent or guardian's signature, and does not require a physician's authorization and signature.				
Any necessary medication that possibly can be taken before or after school/SACC should be so prescribed. Information should be written in lay language with no abbreviations.				
Student's Diagnosis:			ICD-9 Code: (when applicable)	
Name of Medication:				
Dosage of Medication:		Route:	Time(s) or interval between times to be given:	
If medication is to be given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.				
Effective date: <input type="checkbox"/> Current School/SACC Year _____ Or <input type="checkbox"/> From _____ To _____				Medication expires on:
_____ Physician Name (Print)		_____ Physician Signature		_____ Telephone
_____ Parent or Guardian Name (Print)		_____ Parent or Guardian Signature		_____ Date
Parent Information Regarding Medication Procedures				
The parent or guardian must transport medications to and from school/SACC. All prescription medications, including physician prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. Over-the-counter medication must be in the original, sealed container. No medication will be accepted by school personnel/CCC without receipt of completed and appropriate medication forms.				
Within one week after expiration of the effective date on the physician order, or on the last day of school/SACC, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.				
A physician may use office stationery or a prescription pad in lieu of completing Part II. Faxed authorization may be acceptable as long as there is a signed parental consent. Any changes in the original medication authorization will require a new written authorization and a corresponding change in the prescription label.				





Attachment III  
Regulation 757-4

Dear \_\_\_\_\_:  
(Parent/Guardian)

We request that you pick up all of your child's unused medication by the last day of school/SACC. Please make arrangements to do so with the school/SACC office as soon as possible. If unused medication is not picked up prior to the last day of the current school/SACC year, it will be disposed of by school personnel/CCC.

Thank you for your cooperation.

Sincerely,



MEDICATION INCIDENT REPORT

A medication incident is defined as any incorrect administration of a medication, i.e., an incorrect dosage, drug, route, or time of administration, or giving to incorrect student, or the administration of medication by a staff member not trained in medication administration. (A one-half hour leeway before or after time prescribed is allowed.)

Date of Report \_\_\_\_\_ School/SACC \_\_\_\_\_ Prepared by \_\_\_\_\_

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Date & Time Incident Occurred \_\_\_\_\_

Person Administering Medication \_\_\_\_\_  
(Name) (Title)

Licensed Prescriber \_\_\_\_\_  
(Name) (Address)

Reason Medication was Prescribed \_\_\_\_\_

Date of Order \_\_\_\_\_ Instructions for Administration \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Scheduled Time \_\_\_\_\_

Describe the incident and how it occurred (use reverse side if necessary)

Action Taken

Parent/Guardian Notified: Date \_\_\_\_\_ Time \_\_\_\_\_

Principal Notified: Date \_\_\_\_\_ Time \_\_\_\_\_

Follow-up Information \_\_\_\_\_

Outcome:

Name \_\_\_\_\_  
Type or Print Signature Title Date

**Medication Permission Form**  
**For Extended Day/Overnight Field Trips**  
(One form for each medication)

Any medication that must be administered during an overnight field trip, either over-the-counter or prescribed requires a physician's written order and a parent/guardian authorization. A signed permission form is necessary for all of the following: medicines given by mouth, inhaled, by nebulizer, on skin, patch, injection, etc. Only FDA approved medicines will be accepted. The required medications shall come in the original container with proper labeling. Over-the-counter medications shall come in the original sealed container. This permission form is valid for the current field trip only. Medications may only be given by Prince William County Public Schools (PWCS) employees unless an accompanying parent administers it to their own child.

I hereby certify that it is necessary for \_\_\_\_\_ DOB: \_\_\_\_\_  
(Student's Full Name)

Teacher/Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
to be administered the medication listed below when she/he is away from school property on an approved school field trip.

Name of Medication: \_\_\_\_\_

Reason for Medication (Diagnosis): \_\_\_\_\_

Dosage to be Given: \_\_\_\_\_ Route (Mouth, Injection, Etc.): \_\_\_\_\_

Time(s) of Administration: \_\_\_\_\_ Allergies: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Amount of Liquid or Count of Pills: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Telephone Numbers:

Parent/Guardian: \_\_\_\_\_ H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents are requested to pick up any leftover medication at the end of the field trip. Medications that are left after this time will be discarded.

(continued on back)



I hereby consent to protected health information being used and disclosed to carry out treatment or health care of my child. I understand that PWCS may need to give and receive protected health information pertaining to the management of my child's medical condition with the health care provider listed above, and I hereby authorize the exchange of this information as needed to carry out the treatment or health care of my child. I also give permission for the information on this form to be reviewed and utilized by staff of this school and any school health personnel providing school health services in the School Division for the limited purpose of meeting my child's health and educational needs.

I hereby authorize PWCS employees to assist my child with medication administration and/or to supervise my child's self-administration of medication(s) as directed by his or her prescribing physician(s). I acknowledge and agree that non-health professionals, trained in medication administration specific to this field trip, may assist my child with medication administration and/or supervising my child's self-administration of medication(s), provided they follow the physician's orders on this record.

I/We hereby release PWCS and all of its employees of and from any and all liability in law for damages either we or our child may incur as a result of this request.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Prince William County Public Schools  
Medication Administration Log  
For Extended Day/Overnight Field Trips**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_

Reason for Medication/Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Amount: \_\_\_\_\_ Route: \_\_\_\_\_ Time(s) to be Given: \_\_\_\_\_  
(mg) (# of pills, tsp., cc, drops) (by mouth, in ear, etc.)

Date Received (original Rx) \_\_\_\_\_ #/Amt. of Pills/Capsules/Liquid \_\_\_\_\_ Signature \_\_\_\_\_

Date Returned (end of year/use) \_\_\_\_\_ #/Amt. of Pills/Capsules/Liquid \_\_\_\_\_ Signature \_\_\_\_\_

Date (Use new line for each date)	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Signature

Return form to school clinic after trip.