

# **SCHOOL BOARD OF ST. LUCIE COUNTY**

## **Policy For Medication Administration At School**

### **Requirements:**

Administration of medications during school hours should occur only when medication schedules cannot be adjusted to provide for administration at home. School personnel will only administer medications to students who meet the following conditions:

- those with long-term or chronic illnesses or disabilities, which necessitates taking prescribed medication in order to protect the student's health.
- those with acute conditions i.e.: fractures, allergic dermatitis, etc, which may necessitate medication for the students' comfort.
- those with learning related conditions in which medication is necessary to improve performance.
- those who have a statement from the physician explaining the necessity for the prescribed medication to be provided.

Students will be expected to follow clinic rules and conduct themselves in a safe and non-disruptive manner in consideration of their fellow students who are in the clinic ill. If the school disciplinary procedures fail to correct inappropriate behavior other arrangements will need to be made for medication administration.

Any medication found on school property without authorization on file will be treated as any other illegal substance and will be turned over to the Principal or School Resource Officer (SRO).

### **Physician Authorization for Medication:**

1. No medication, prescription or nonprescription i.e.: Tylenol, aspirin, or cough drops, can be given at school without a written Physician Authorization for Medication Form (PA Form) filled out completely and correctly by the physician and signed by the physician.
2. It is the parent's responsibility to take the PA Form to the physician and ensure that it is filled out correctly, completely and signed by the physician.
3. If the medication is ordered PRN, as needed, the frequency (i.e. bid, every 4 hours) and under what conditions it should be given (i.e. cough, headache) must be noted.
4. The student name on the PA Form should match the name on the school records.
5. Only one medication per PA Form.
6. The PA Form must also be signed by the parent or guardian granting the school permission to assist in the administration of the medication.

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7. When the Health Paraprofessional receives the PA Form it should be signed and dated as received. The PA Form should also be reviewed and signed by the Principal and the School RN.
8. A new PA Form is not needed when a medication is refilled UNLESS the medication dosage or time is changed from the previous order.
9. A new PA Form is required each school year.
10. A PA Form is not needed if a parent or guardian comes to the school to administer a medication to their child. Oral or written permission is needed from the parent or guardian if a person other than the parent or guardian comes to the school to administer a medication.

NOTE: Prescription medication can be given for two days with a written note from the parent or guardian however the PA Form must be completed and returned to school by the third day. The medication will not be given on the third day unless the form is returned correctly filled out and signed by the physician and parent. Non-prescription medication cannot be given without the PA Form due to the fact that there are no child specific directions on the bottle as with prescription medications.

**Sunscreens:** Sunscreens are best applied at home by the parent/guardian, before the student comes to school. Per F.S. 1002.20 a student may possess and use a topical sunscreen product while on school property or at a school-sponsored event or activity without a physician's note or prescription if the product is regulated by the United States Food and Drug Administration (FDA) for over-the-counter use to limit ultraviolet light induced skin damage.

**Herbal Products:** FDA regulated, non-prescription herbal or natural products have the same requirements as non-prescription medications. Non-regulated herbal or natural products will not be administered by school personnel. Parents are permitted to come to school and administer these products to their children.

### **Physician Authorization for Emergency Medications, Injectable Medications or other Procedures:**

Written authorization from a Physician is also required for emergency medications, injectable medications, blood glucose testing, or oxygen administration. Specific forms are available for each and should be completed and signed by the parents and physician. The school will not accept Emergency or Injectable medications until the appropriate forms have been completed.

When the Emergency or Injectable medication is received the Health Paraprofessional should contact the school RN immediately. A determination will be made by the Principal and the school RN as to whether additional staff training is required and who should be included in the training. Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child-specific training by the school RN. To assure availability of emergency intervention, training should be given to at least three (3) people at any school site

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where a student requires intervention. Training must take place within 48 hours of receipt of the medication and completed forms.

Florida Statute 1002.20 states that students may carry and self administer their metered dose inhaler, epinephrine auto-injector, pancreatic enzymes and/or diabetic supplies with written parental and physician authorization. This statute also addresses safety provisions and liability indemnification.

No IV (intravenous) medications will be given by school staff. If a student has an IV port and requires IV medications during school hours, the parent or guardian would be responsible for administering the medication or arranging for the administration to be done by a nursing agency. School health staff can help make arrangements for a clean, private area where the administration can take place. Consideration for a 504 Plan may also be needed.

### **Medications:**

1. Medication should be brought to school by the parent and **MUST** be in the original container as dispensed by the pharmacist and labeled to match the physician's orders as follows:
  - Student's name
  - Name of the medication.
  - Directions concerning dosage.
  - Time of day to be taken.
  - Physician's name.
  - Date of prescription with current expiration date.
2. The label should **not** be altered in any way.
3. Nonprescription medication must be in a new, sealed, original bottle with the label intact.
4. All non-emergency medications are to be given in the clinic unless student is off campus on school sponsored activity.
5. The parent must provide any additional equipment needed for medication administration i.e.: nebulizer, spacer, dosage cup, applesauce etc.
6. The maximum number of doses allowed for any one medication that's considered a schedule II controlled substance and is ordered PRN (as needed), i.e. narcotic for pain, is five (5). If a student requires continued treatment the parents must supply no more than five (5) doses at a time.

NOTE: All medication should be given at home the first time. If given at school the first time, the student should be observed carefully for 30 minutes, because of the possibility of an allergic reaction. This can happen at any time with any medication, especially antibiotics.

### **Storage of Medication:**

Once the Health Paraprofessional receives the medication it will be counted and entered on the Medication Log. All routine medications kept in the clinic will be stored under lock and key. All emergency medications kept in the clinic should be stored in an unlocked cabinet during the school day for easy access by adults. This cabinet should be clearly marked with a

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sign indicating that emergency medications are inside. Emergency medications would include epinephrine, inhalers, nebulizer medications, glucagon, cortisol injections, and other medications ordered for emergency health situations. The cabinet must be locked during overnight hours. A written release from the parents and physician will be on file for all emergency and/or diabetic medications that must be carried by the student (see PA Forms). An asthmatic student may carry a metered dose inhaler and students with cystic fibrosis may carry pancreatic enzymes while in school when they have approval from their parents and their physician on file. Any medication that must be refrigerated should be stored in a locked box within the refrigerator. A refrigerator thermometer should be used to check the temperature at least once a week. The temperature of the refrigerator should be between 35 and 45 degrees F.

When the medication bottle is empty it will be returned home for refill if needed. **No medication will be sent home with the student**, exceptions will require approval by the principal and school RN. An adult family member may retrieve medication from the school at any time. Medication may/will be destroyed by the Health Paraprofessional if it is not picked up within 1 (one) week following termination of order or 2 (two) days beyond the close of the school year. If the medication is destroyed it should be witnessed by one other staff member and the amount destroyed should be noted on the Medication log with both signatures.

For off campus activities (Field Trips) medications should be obtained from the clinic the day of the event. Medication is placed in a small envelope with the student's name, medication dosage, time medication is to be given, a blank area for actual time medication was given, and the name of the teacher or staff member who will administer the medication. It is the responsibility of the teacher or staff person who will administer the medication to go to the clinic the day prior to the event and prepare the medication. All medications transported for off campus activities should be carried on a staff member's person in a secure fashion, not in an unattended bag or other areas in which there is easy access by students.

### **Documentation:**

The Health Paraprofessional will maintain a written record on the Medication Log (page C.4), which will be kept in the clinic, concerning the amount of medication brought to school as well as the time the student takes the medication each day. The log is to be completed each time the medication is administered with the date and time of administration and the signature/initials of the person assisting with the medication. If the medication is to be taken daily the log should have an entry for everyday in which school is in session, if the student is absent or out of medication it should be noted on the log. Medications can be administered up to 30 minutes before and 30 minutes after the ordered time. For example, if a medication is ordered to be given at noon, it could be given as early as 11:30 am and 12:30 pm. If medication is administered during an off campus activity it should also be noted on the Medication Log by the person who actually assisted the student once they return to school. The log should also be utilized to record notes regarding parent or physician contact concerning that medication. The Medication Log along with the PA Form will become part of the students permanent Health Record/ educational record and should be considered a legal document. These forms will remain in effect for 1 (one) school year only.

It is primarily the responsibility of the Health Paraprofessional to ensure that the medications are administered as ordered, but Teachers and Administrators should work as a

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team with the Health Paraprofessional, Student and Parents to ensure that the Physicians orders are followed. If the Health Paraprofessional has concerns regarding the administration of medication they should consult the school's RN, who will confer with those involved and if necessary arrange a meeting with them.

A Medication Incident Report should be completed within 48 hours any time the medication is not administered in the prescribed manner or a dose is missed. A copy of the report is sent to the School Health Services Coordinator at Student Services for review and is used to track incidents and assist in the revision and improvement of this county policy. See form titled Ways to Avoid Medication Errors. If a medication is administered to a student for whom it is not prescribed, keep the student in the clinic for observation and contact an administrator. Call Poison Control (1-800-222-1222) and follow their instructions. Contact the School District RN and the Department of Health RN assigned to your school. Notify the student's parent/guardian and complete a Medication Incident Report Form.

### **Training:**

Health Paraprofessionals who have received mandatory medication training will administer the medication. The training is to include: instruction on county policy and state and federal laws, confidentiality, ways to avoid medication errors, demonstration of correct administration, and a return demonstration. The training will also include information on common chronic conditions in which medication may be ordered prn, as needed, such as signs and symptoms of an asthma attack, seizure, or anaphylactic reaction.

Teachers and other staff members who may be required to give medications on off campus school sponsored activities will receive separate mandatory training. At least one staff person on all off campus activities will be trained to give medications. At least two other employees, assigned by the Principal, will be oriented and trained as to medication procedures and clinic policy in order to cover the clinic in the absence of the Health Paraprofessional. The Registered Nurse assigned in each school will provide this training and documentation of all training will be kept in Student Services by the School Health Services Coordinator.

The Medication Training & Return Demonstration Checklist will be used at the time of training and periodically for return demonstrations. The Registered Nurse assigned to each school will start a new checklist at the beginning of each school year.

Florida law states that in no instance should there be any liability for civil damages as a result of the administration of any prescription medication when the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances and when appropriate safeguards are taken.

Florida law prohibits school personnel from referring students to or offering students contraceptive services at the school facility without the consent of a parent or legal guardian.

Florida Statutes and Administrative Code., 381.0056, 1002.20, 1006.062, 6A-6.0251, 6A-6.0252, 6A-6.0253, 64F-6.004,

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### **Steps in Medication Administration:**

1. Always wash hands well before and after giving medications or wear gloves.
2. Identify student by asking them to state his/her name. Never give medication if there is any doubt as to the identity of the student.
3. Read the Physician's Authorization Form and perform the 1<sup>st</sup> check of the **6 Rights**.
  - **Right Child**
  - **Right Medication**
  - **Right Dose**
  - **Right Route**
  - **Right Time**
  - **Right Documentation**
4. Unlock medication storage area and obtain medication. Compare the information on the label with PA Form, 2<sup>nd</sup> check of the 6 rights.
5. Prepare the student and/or medication.
  - Oral Medication: The student should be given a cup with water when taking oral medication and then measure the medication into a dosage cup or remove the correct number of pills from the bottle using care not to touch or drop. Liquid medication should be measured in a dosage cup or as provided by parent.
  - Ear/Eye Drops: For eye/ear drops the student should be sitting in a comfortable position prior to administration. Encourage older students to instill drops themselves.
  - Topical Ointments: For topical application the student should be given privacy if clothing must be disrupted. The student should be encouraged to apply topical ointments themselves if possible.
  - Metered Dose Inhalers: Inhalers should be shaken well prior to administration. See page titled Use of a Metered Dose Inhaler.
6. Administer medication after 3<sup>rd</sup> check of the 6 rights. Hand the medication to student and if necessary assist them.
7. Observe student to make sure the medication is swallowed or check the mouth. Always follow oral medication with water unless otherwise directed (medication stuck in the esophagus can sometimes burn).
8. Return medication to locked storage area.
9. Document administration of medication immediately on the Medication Log.

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### **Medication Administration while off campus**

#### **Preparation:**

1. Prior to the event determine which students will need medication and who is already trained to administer it. If staff still need to be trained, notify the RN at least two weeks prior to the field trip to allow for adequate planning. Don't forget about students that take medications as needed i.e. asthma, allergies, headaches etc. When students are in an unfamiliar setting these conditions are more likely to occur.
2. The person who will administer the medication should make arrangements to meet with the Health Paraprofessional the day prior to the event to prepare the medication.
3. The Physician Authorization for Medication and the Medication label should be reviewed and compared before the medication is measured and placed in the envelope.
4. The Envelope should be labeled with:
  - Students name
  - Medication amount
  - Time medication is to be given
  - A blank area for the actual time medication was given
  - Name of person responsible for administration
5. The Envelope should be sealed and placed in the locked medication cabinet.

#### **Day of Event:**

1. Pickup previously prepared medication from the clinic.
2. Medication should be carried on a staff member's person in a secure fashion and not in an unattended bag or other areas in which students may have access.
3. Identify student by asking them to state his/her name. Never give medication if there is any doubt as to the identity of the student.
4. Accompany the student to an area away from the other students so the medication can be given privately to ensure confidentiality.
5. Always wash hands well before and after giving medications or wear gloves.

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6. Perform a 2<sup>nd</sup> check of the students name and compare with the information on the envelope.
  
7. Prepare the student and/or medication.
  - Oral Medication: The student should be given a cup with water when taking oral medication. Measure the medication using a dosage cup provided by the clinic or remove the correct number of pills from the envelope using care not to touch or drop.
  - Ear/Eye Drops: For eye/ear drops the student should be sitting in a comfortable position prior to administration. Encourage older students to instill drops themselves.
  - Topical Ointments: For topical application the student should be given privacy if clothing must be disrupted. The student should be encouraged to apply topical ointments themselves if possible.
  - Metered Dose Inhalers: Inhalers should be shaken well prior to administration. See page titled Use of a Metered Dose Inhaler.
  
8. Hand the medication to student and if necessary assist them.
  
9. Observe student to make sure the medication is swallowed or check the mouth. Always follow oral medication with water unless otherwise directed (medication stuck in the esophagus can sometimes burn).
  
10. Note time medication was given on the envelope.
  
11. After returning to the school campus document the administration of the medication on the appropriate page in the Medication Log in the clinic.



PHYSICIAN'S AUTHORIZATION FOR MEDICATION

Part I: (To be completed by physician's office)

To the Principal of \_\_\_\_\_ School \_\_\_\_\_

Name of Student/Patient \_\_\_\_\_ DOB \_\_\_\_\_

In order to keep this child in optimum health and to help maintain maximum school performance and attendance, it is necessary the medication listed below be given during school hours. (No injections are given except in extreme emergencies, such as allergic reaction to insect stings). ONE MEDICATION PER FORM PLEASE

MEDICATION Name: \_\_\_\_\_ Dose to be administered: \_\_\_\_\_
FORM: Pill/Tab [ ] Capsule [ ] Liquid [ ] Other \_\_\_\_\_ ICD-10 DX Code \_\_\_\_\_
Schedule: (how often or what time) \_\_\_\_\_
PRN ORDERS
IF YOU ARE ORDERING MEDICATION "AS NEEDED", PLEASE SPECIFY UNDER WHAT CONDITIONS THE CHILD IS TO TAKE i.e. pain: \_\_\_\_\_
ANY SPECIAL INSTRUCTIONS: \_\_\_\_\_
INHALER/NEBULIZER: Medication Name: \_\_\_\_\_ # of puffs \_\_\_\_\_
Schedule: (how often or what time) \_\_\_\_\_ If you are ordering the inhaler "as needed", please specify under what conditions: (check all that apply)
SHORTNESS OF BREATH [ ] COUGHING [ ] WHEEZING [ ] OTHER \_\_\_\_\_
The Student has been trained and has my permission to self-administer the MDI.
CHECK ONE: Student may carry inhaler \_\_\_\_\_ Inhaler to be kept in clinic \_\_\_\_\_
Physician Name (Please Print) \_\_\_\_\_ Physician Signature \_\_\_\_\_
Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Part II: (to be completed by parent/guardian)

I HEREBY GIVE PERMISSION:

- For my child named above to receive medication during school hours. A licensed physician has prescribed this medication.
To the school nurse to share information with appropriate school staff relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.
To the school nurse to contact the above health care provider for information relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.

Parent/Guardian Signature

Telephone

Date

Part III: (for school use only)

Date Rec'd by school: \_\_\_\_\_ By: \_\_\_\_\_

Health Paraprofessional: \_\_\_\_\_

Registered Nurse: \_\_\_\_\_ Date \_\_\_\_\_

Principal: \_\_\_\_\_ Date \_\_\_\_\_

**PARENT INFORMATION SHEET**  
**ON SCHOOL MEDICATION POLICY**

**Physician Authorization for Medication:**

1. No medication, prescription or nonprescription i.e.: Tylenol, aspirin, or cough drops, can be given at school without a written Physician Authorization For Medication Form (PA Form) filled out completely and correctly by the physician and signed by the physician.
2. It is the parent's responsibility to take the PA Form to the physician and ensure that it is filled out correctly, completely and signed by the physician.
3. If the medication is ordered PRN, as needed, the frequency (i.e. bid, every 4 hours) and under what conditions it should be given (i.e., cough, headache) must be noted.
4. The student name on the PA Form should match the name on the school records.
5. Only one medication per PA Form.
6. The PA Form must also be signed by the parent or guardian granting the school permission to assist in the administration of the medication.
7. When the Health Paraprofessional receives the PA Form it should be signed and dated as received. The PA Form should also be reviewed and signed by the Principal and the School RN.
8. A new PA Form is not needed when a medication is refilled UNLESS the medication dosage or time is changed from the previous order.
9. A new PA Form is required each school year.

NOTE: Prescription medication can be given for two days with a written note from the parent or guardian however the PA Form must be completed and returned to school by the third day. The medication will not be given on the third day unless the form is returned correctly filled out and signed by the physician and parent.

**Medications:**

1. Medication should be brought to school by the parent and MUST be in the original container as dispensed by the pharmacist and labeled to match the physician's orders as follows:
  - Student's name
  - Name of the medication.
  - Directions concerning dosage.
  - Time of day to be taken.
  - Physician's name.
  - Date of prescription with current expiration date.
2. The label should **not** be altered in any way.
3. Nonprescription medication must be in a new, sealed, original bottle with the label intact.
4. All non-emergency medications are to be given in the clinic unless student is off campus on school sponsored activity.
5. The parent must provide any additional equipment needed for medication administration i.e.: nebulizer, spacer, dosage cup, applesauce etc.
6. The maximum number of doses allowed for any one medication that's considered a schedule II controlled substance, and is ordered PRN (as needed), i.e. narcotic for pain, is five (5). If a student requires continued treatment the parents must supply no more than five (5) doses at a time.

NOTE: All medication should be given at home the first time. If given at school the first time, the student should be observed carefully for 30 minutes, because of the possibility of an allergic reaction. This can happen at any time with any medication, especially antibiotics.

When the medication bottle is empty it will be returned home for refill if needed. **No medication will be sent home with the student**, exceptions will require approval by the principal and school RN. An adult family member may retrieve medication from the school at any time. Medication may/will be destroyed by the Health Paraprofessional if it is not picked up within I (one) week following termination of order or 2 (two) days beyond the close of the school year.

I UNDERSTAND THAT I MUST FOLLOW THE ABOVE REQUIREMENTS FOR MY CHILD TO BE ABLE TO TAKE MEDICATION AT SCHOOL. I ALSO UNDERSTAND THAT A HEALTH PARAPROFESSIONAL AT MY CHILD'S SCHOOL WILL ADMINISTER THE MEDICATION AS IT **IS ORDERED BY THE PHYSICIAN ONLY** AND IT IS MY RESPONSIBILITY TO TAKE THE AUTHORIZATION FORM TO THE PHYSICIAN AND ENSURE THAT IT IS FILLED OUT CORRECTLY, COMPLETELY, AND SIGNED BY THE PHYSICIAN.

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Student Name

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Parent/Guardian Signature

---

Date





St. Lucie Public Schools  
**MEDICATION INCIDENT REPORT**

**(Please Print)**

\_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**Date and Time of Incident**

\_\_\_\_\_  
**Name of Student**

\_\_\_\_\_  
**Birth Date**

\_\_\_\_\_  
**Name/Position of Person Administering Medication**

\_\_\_\_\_  
**Prescribed Medication/Dosage/Route/Time**

**Describe incident and circumstances leading to incident:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Describe action taken:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If medication was given to a student for whom it was not prescribed- call Poison Control (1-800-222-1222) and follow their recommendations: \_\_\_\_\_

**Persons notified of incident:**

	Name	Date	Time
Principal			
Parent			
RN			
School Health Coordinator			
Other			

\_\_\_\_\_  
 Signature (person completing report)

\_\_\_\_\_  
 Date

**Follow-up information (to be completed by RN or School Health Coordinator):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Medication Training for Health Paraprofessionals and Staff**  
**Assigned to Cover the Clinic**

Agenda:

- 1) Training Packet
- 2) Policy For Medication Administration at School
  - a) Physician Authorization Forms
  - b) Medication Log Form
  - c) Steps in Medication Administration
- 3) Medication Training and Return Demonstration Checklist
- 4) Confidentiality
- 5) Ways to Avoid Medication Errors, Medication Error/Incident Report
- 6) Common Chronic Conditions: Signs and Symptoms and Medications Prescribed
  - a) Asthma
  - b) Seizures
  - c) Allergies
  - d) ADD/ADHD

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I, the undersigned, have attended the required training on the proper method for administering medication. I have been trained by a Registered Nurse as per the above agenda. I understand all of the above information and also that immediate action, as per policy, must be taken in the event of a medication error. I also understand the Florida Statutes regarding liability.

School \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Trained by \_\_\_\_\_

School Health Nurse

**School Staff Training and Periodic Review Including Off-Campus**

School \_\_\_\_\_ If training is child specific: Student Name \_\_\_\_\_

	Oral and Topical Medications		Insulin Administration
	Inhaler/Nebulizer		Syringe/Pen/Pump
	EpiPen/ Auvi-Q *		Carbohydrate Counting
	Diastat *		Ketone Testing
	Suctioning		Glucagon *
	O2 Administration		Other-specify:
	VNS		Other-specify:

\*ALWAYS call 911 if emergency medications are administered

- Documentation of medication administration or treatment
- Confidentiality
- Avoiding medication errors

**If training is for school sponsored off campus activity/field trip:**

- Obtaining medication/equipment from clinic prior to event
- Storage of medication/equipment during event
- Returning medication/equipment after event

Staff signature indicates they have been trained by a Registered Nurse to perform the above checked skills in accordance with the student’s Physician Authorization Form and/or Health Care Plan/Emergency Action Plan.

Name of Person Trained (print)	Signature	Date of Training	Reviewed/Date

Trained by (print) \_\_\_\_\_ Signature \_\_\_\_\_ / /

Reviewed by (print) \_\_\_\_\_ Signature \_\_\_\_\_ / /



## WAYS TO AVOID MEDICATION ERRORS

Check the Physician's Authorization Form for:

- 1) Student's name and birth date
- 2) Name and dose of medication ordered
- 3) Any special instructions about how the medication should be given
- 4) How often and/or what time the medication should be given
- 5) Possible side effects and what to do if they occur
- 6) Physician's name, signature and phone number
- 7) Parent's name, signature and phone number
- 8) Date

The prescription medication label should include:

- 1) Student's name
- 2) Name of medication
- 3) Dosage
- 4) Frequency and method of administration
- 5) Physician's name
- 6) Date prescription was dispensed at the pharmacy

BEFORE giving the medication:

- 1) Compare the original pharmacy label on the bottle with the Physician's Authorization Form- they should match
- 2) Check the medication log to determine when the medication was last given
- 3) Measure the medication carefully and check the dose on the bottle
- 4) Make sure you have the correct child
- 5) Give the medication. Observe the child swallowing the medicine.
- 6) Record it on the medication log.

FLORIDA POISON CONTROL INFORMATION CENTER 1-800-222-1222

\*\*\*\*\*

BEFORE YOU GIVE MEDICATION TO A CHILD:

MAKE SURE YOU HAVE.....

- 1) THE RIGHT CHILD
- 2) THE RIGHT MEDICATION
- 3) THE RIGHT DOSE
- 4) THE RIGHT ROUTE
- 5) THE RIGHT TIME

And after you administer the medication:

- 6) THE RIGHT DOCUMENTATION

\*\*\*\*\*

If medication is given to a student for whom  
it is not prescribed:

- 1) Keep student in the clinic for observation.
- 2) Immediately contact an administrator.
- 3) Call POISON CONTROL 1-800-222-1222 and follow their instructions.
- 4) Contact the School Health Coordinator (School District-Student Services) AND the Department of Health School Nurse assigned to your school.  
DOH Nurse Name \_\_\_\_\_  
DOH Nurse Contact Number \_\_\_\_\_
- 5) Contact the parent/guardian.
- 6) Complete a Medication Incident Report Form

## STEPS FOR STUDENTS USING A METERED DOSE INHALER (MDI):

A metered dose inhaler (MDI) is a device used to deliver asthma medication directly to the lungs. In order to ensure effective administration of the medicine, the following steps should be performed:

1. Remove the cap. Connect the inhaler to the holding chamber (if used).
2. Hold the inhaler upright (like the letter "L") with your thumb on the bottom and fingers on the top.
3. Shake gently a minimum of 3 or 4 times.
4. Sit, or preferably, stand up straight, and breathe out as much air as you can.
5. Tip your head back slightly.
6. Close your lips around the mouthpiece of your spacer, keeping spacer level (closed mouth method) ...OR... Close your lips around the mouthpiece of the inhaler, keeping inhaler level (closed mouth method).
7. Press down on the inhaler to release the medication and breathe in S L O W L Y...
8. Hold your breath for ten seconds if you can.
9. Breathe out slowly with your lips almost together.
10. **Wait 1 minute** (count 60 seconds on the clock).
11. Repeat steps 3-9 if you're supposed to take more than 1 puff.
12. Be sure to rinse your mouth with water afterwards.

Note: If you observe that the student is not using the inhaler properly, notify the school RN.

## NEBULIZERS

A nebulizer is a machine used to deliver medicine as a mist that is inhaled directly into the lungs. The nebulizer has a compressor or pump that pushes air through a tube and then through the medicine chamber to change the medicine into very small droplets. This is the mist that can be seen coming from the nebulizer.

Usually it is the student with asthma who will need a nebulized medication. Several types of medication can be given by nebulizer, such as bronchodilators, anti-inflammatory drugs, or antibiotics. The medication may be ordered to be administered on a regular schedule each day or only for those times that the student is sick or is having an especially difficult time with breathing.

Some of the medications given by nebulizer are the same medications that are taken as pills, syrup, or in metered dose inhalers, but may work faster or better when delivered by nebulizer. When given by nebulizer, the medication is usually ordered as a concentrated solution that will need to be diluted with saline. The Physician's Authorization Form will specify the amount of saline as well as the dosage of the solution.

Steps for administering medication using a nebulizer:

- 1) Wash hands.
- 2) Position the student in a comfortably seated position.
- 3) Place nebulizer unit on a table or counter and plug into an electrical outlet with ON/OFF switch in the OFF position.
- 4) Place medication in the medicine chamber, following all medication administration steps in the School Health Manual. Securely close the lid to the medicine chamber.
- 5) Attach a mouthpiece or facemask to the medicine chamber with an adapter.
- 6) Connect one end of the student's tubing to the medicine chamber and the other end to the nebulizer compressor.
- 7) Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.
- 8) If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.
- 9) If a mouthpiece is used, have the student place the lips around the mouthpiece to make a seal.
- 10) Instruct the student to breathe in and out through the mouth slowly and completely.
- 11) Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated. Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber.
- 12) Document the procedure accurately on the medication log.
- 13) If symptoms have improved, the student may go back to class.
- 14) Disassemble and clean the medicine chamber, adapter, mouthpiece or mask, and lid with soap and water; rinse thoroughly. Allow to air dry. Store in a clean plastic bag labeled with the student's name.

**St. Lucie Public Schools**  
501 NW University Blvd. Port St. Lucie, FL 34986  
772-429-4577  
**PHYSICIAN AUTHORIZATION FORM FOR  
EPINEPHRINE AUTO-INJECTOR**

To the principal of \_\_\_\_\_ School

**Part I:** (to be completed by physician's office)

Date \_\_\_/\_\_\_/\_\_\_

Name of student \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_

The above named student has had a prior severe allergic reaction and must have the following emergency medication:

**Epi-pen Jr. 0.15 mg**

**Auvi-Q 0.15 mg**

**Epi-pen 0.3 mg**

**Auvi-Q 0.3 mg**

The student has had allergic reactions to the following: (please be specific)

Food(s) \_\_\_\_\_ Insect(s) \_\_\_\_\_

Other \_\_\_\_\_ This student has a history of asthma: ( ) Yes or ( ) No

Such an allergic reaction may be so severe as to be life-threatening and could occur at school. The Epinephrine Auto-Injector indicated above is an emergency injection of epinephrine that can be immediately available if needed.

**Please choose one:**

The student should carry and self-administer the epinephrine. If unable to self-administer, a trained adult will administer.

**OR**

Trained school staff should administer the epinephrine which will be stored unlocked in the school clinic for easy access.

**Please choose one:**

**The epinephrine should be administered under the following "specific" conditions**

Immediately post exposure to the allergen **OR**  Administer only if the following reactions occur (please check **all** that apply):

Shortness of Breath/Wheezing

Hives/Rash

Anxiety

Generalized Swelling/Edema

Other \_\_\_\_\_

**Please choose one:**

( ) The epinephrine **will not** be available on the school bus ride (except for field trips).

( ) The epinephrine **will be** available daily on the school bus ride. This means the student will ride a specialized bus that includes a bus aide who is trained to administer the epinephrine.

A registered nurse will write an Emergency Action Plan and train school staff to administer the epinephrine. Emergency (911) Services will be called if the student uses or is administered the epinephrine so that proper follow-up treatment can be completed. If self-administering, the student has been properly trained on the use/administration of the epinephrine auto-injector.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Physician Signature Date

\_\_\_\_\_  
Physician Printed Name Telephone Fax



**SCHOOL STAFF TRAINING FOR  
EPINEPRINE AUTO-INJECTOR (EPIPEN or AuviQ)**

AGENDA: (If student is to self-administer, student should be involved in this training)

- 1) Epi-Pen step by step instructions provided.
- 2) Physician Authorization Form specific for epinephrine auto-injector
- 3) Individual Health Care Plan/Emergency Action Plan reviewed
- 4) Student Responsibility for Self-Administration and Proper Storage
- 5) Location of Epi-Pen (Specific for Student)
- 6) Staff Role
  - A) Supervision of student.
  - B) Assisting with decision to use Epi-Pen (if student is unable to decide for himself/herself).
  - C) Assisting with administration of Epi-Pen (if student is unable to administer by himself/herself). Epi-pen or AuviQ trainer used for hands-on practice
  - D) Calling Emergency Services (911) after student administers Epi-Pen so that proper follow-up care can be provided.
  - E) Notification of parent/guardian.

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I, the undersigned, have attended the required training in which the information in the above agenda was covered regarding the Epinephrine Auto-Injector (Epi-Pen). I understand that the Epi-Pen is for emergency allergic reactions only and is to be administered by the student unless the student is incapable of self-administering the medication. I also understand that 911 is to be called immediately after the student administers the medication so that proper follow-up care can be obtained.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_



THE SCHOOL BOARD OF ST. LUCIE COUNTY  
501 NW University Blvd. Port St. Lucie, FL 34986  
772-429-4577

PHYSICIAN AUTHORIZATION FORM  
DIASTAT (DIAZEPAM RECTAL GEL)

To the Principal of \_\_\_\_\_ School \_\_\_\_\_  
**Part I:** (to be completed by physician's office) Date \_\_\_/\_\_\_/\_\_\_

Name of student \_\_\_\_\_ ICD-10 \_\_\_\_\_  
DOB \_\_\_/\_\_\_/\_\_\_

The above named student has a history of seizures and must have the following emergency medication available and ready for use at school.

Seizure Type: \_\_\_\_\_ Average length of Seizure \_\_\_\_\_

Frequency of Seizures \_\_\_\_\_ Possible Triggers: \_\_\_\_\_

Any warning and/or behavior changes prior to a seizure: \_\_\_\_\_

Description of Seizures: \_\_\_\_\_

Any Activity Restrictions after seizures: \_\_\_\_\_

Emergency treatment (please check ALL that apply):  
Diastat (diazepam rectal gel) \_\_\_\_\_ mg rectally as needed:  
 as soon as a seizure begins **OR**  for a seizure lasting longer than \_\_\_\_\_ minutes  
 if \_\_\_\_\_ or more seizures happen within one hour

**Please choose one of the following:**  
 The Diastat will be stored unlocked (for easy access) in the clinic. Trained school staff will administer the Diastat. **OR**  
 The Diastat must be in the possession of a trained adult who will be with the student throughout the school day.  
**AND**  
**Please choose one of the following:**  
 The Diastat **will not** be available on the school bus ride (except for field trips). **OR**  
 The Diastat **will be** available daily on the school bus ride. This means the student will ride a specialized bus that includes a bus aide who is trained to administer Diastat.

A registered nurse will write an Emergency Action Plan and train school staff to administer the DIASTAT. 911 will be called if/when the DIASTAT is administered.

\_\_\_\_\_  
Physician Name (please print) Physician Signature  
\_\_\_\_\_  
Date Phone Number

I hereby give permission:  
\* To the school nurse to share information with appropriate school staff as he/she determines appropriate for my child's health and safety  
\* To the school nurse to contact the above health care provider for information relevant to the prescribed treatment s he/she determines appropriate for my child's health and safety.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Principal Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Health Paraprofessional Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Registered Nurse Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Date Medication Received by School \_\_\_/\_\_\_/\_\_\_



## **Disposal of Unwanted/Discontinued Medications**

When medication has been discontinued or at the end of the school year, parents should be informed of the leftover medication and given a chance to come to school to pick it up. Any unclaimed medications should be disposed of properly.

## **Recommended procedure for disposal of unclaimed medications**

The Florida Department of Environmental Protection recommends that unwanted medications not be flushed down the toilet. It can cause contamination to Florida's aquatic environment because wastewater treatment systems are not designed to remove many of these medications.

To protect the environment, please use these guidelines instead of flushing medications.

1. Keep medication in the original container. This will help identify the contents if they are accidentally ingested.
2. Mark out the name & prescription number for safety.
3. For pills: add some water or soda to start dissolving them. For liquid medications: add something inedible like cat litter or dirt to the bottle.
4. Close the lid and secure with duct or packing tape
5. Place the bottle(s) inside an opaque (non see-through) plastic container like a liquid detergent container.
6. Tape that container closed.
7. Hide the container in the trash. Do not put it in the recycle bin.

Metered dose inhalers should be emptied outdoors by pumping the container into the air, as if being administered.

Injectable medications can be emptied into absorbent material and disposed in the trash according to the procedure described above, with the empty containers being placed in the sharps disposal container.

## **Documentation of disposal of medications**

All medications that are destroyed should be witnessed by another adult. Document the date and the amount destroyed on the medication log. Sign the notation and have the adult witness co-sign.

## School Preparation for a Student with Emergency Medication

Principal should:

- obtain information regarding condition/treatment to combat misinformation
- collaborate with the RN in selecting and designating staff who will be trained to provide care
- assist with scheduling of training and notify identified staff
- attend the training if at all possible
- provide the physical environment needed to safely care for the student
- establish a procedure for notifying necessary personnel if a health emergency arises
- ensure that any staff responsible for the student has the way/means of calling for assistance if needed
- practice and review plan periodically with staff involved. Get feedback as to changes that need to be made in the plan
- Each time the plan is activated, review the incident with staff involved to see what worked and what did not work. Make adjustments to the plan if needed.

### Checklist for Emergency Medications

When a Physician Authorization Form is presented for administration of emergency medications-including Diastat, Epipen, glucagon, etc. the following steps should be followed:

- 1) Inform the parent that the medication cannot be accepted at school until school staff have been trained how and when the medication should be administered.
- 2) Notify your RN of the new emergency medication order as soon as possible.
- 3) The RN will review the order. The parent may be asked to complete a Health History Questionnaire regarding the specific condition for which the medication is ordered.
- 4) The RN will write an Individualized Health Care Plan (IHCP) which may include an Emergency Action Plan (EAP). The EAP will specify where the medication is to be stored during the school day.
- 5) Appropriate staff (appointed by the principal) will be trained by the RN to administer the medication. Appropriate staff will be given a copy of the Emergency Action Plan.
- 6) Notify the parent that the medication can now safely be brought to school.
- 7) A copy of the Emergency Action Plan should be placed in the teacher's substitute folder along with a list of other trained staff that the sub can contact if needed.
- 8) A copy of the Emergency Action Plan should be placed in the Medication Log Book next to the Physician Authorization Form and the log sheet.
- 9) If the student currently rides an ESE bus (with a bus aide) and the medication is to be with the student during transport, the bus aide will be trained by the Health Services Coordinator for Students with Disabilities to administer the medication on the bus if it is deemed necessary.
- 10) If the student currently rides a regular bus (with no bus aide) and it is determined that the medication is to be with the student during transport and administered on the bus if needed, the student will need to be assigned to an ESE bus (with a bus aide). Therefore the Guidance Counselor or ESE Chairperson will need to submit a 504 Accommodation Plan specifying the need for specialized transportation to the Transportation Department.
- 11) Document on Skyward under Health Conditions either CPI or CP2. Specify the condition for which the EAP is written and the date that it was written. Under Health Contact Info put an alert in the Critical Alert box indicating where the emergency medication is kept during the school day and for what condition/symptoms it is to be used.
- 12) If the medication is kept in the clinic, it should be stored in the cabinet specified for Emergency Medications which should be unlocked during the school day for easy access during an emergency and locked during the night.

**Notification of Medications Soon to Expire or Expired at School**

Student Name \_\_\_\_\_ School \_\_\_\_\_

Medication \_\_\_\_\_

The medication listed above has an expiration date of \_\_\_/\_\_\_/\_\_\_.

This medication will need to be replaced in order for it to be given at school. Per School Board policy, no expired medications will be given at school.

Please contact the school clinic if you will be picking up the expired medication. Otherwise we will dispose of the medication.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

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**Notification of Medications Soon to Expire or Expired at School**

Student Name \_\_\_\_\_ School \_\_\_\_\_

Medication \_\_\_\_\_

The medication listed above has an expiration date of \_\_\_/\_\_\_/\_\_\_.

This medication will need to be replaced in order for it to be given at school. Per School Board policy, no expired medications will be given at school.

Please contact the school clinic if you will be picking up the expired medication. Otherwise we will dispose of the medication.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

