



Medication Management In Iowa Schools

RESOURCES TO SUPPORT THE HEALTH AND SAFETY OF STUDENTS AND STAFF



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IMPORTANT

The materials and resources found in this manual are intended to provide an overview and possible examples only. Do not accept any example materials as local policy or procedures until after review of your district or school policy. It is always wise to have proposed local policies and procedures reviewed by legal counsel.

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Introduction

In order to best benefit from their education, students may need to take medication at school or during school activities. Some students with chronic health conditions would not be able to attend school at all if medication administration were not available.

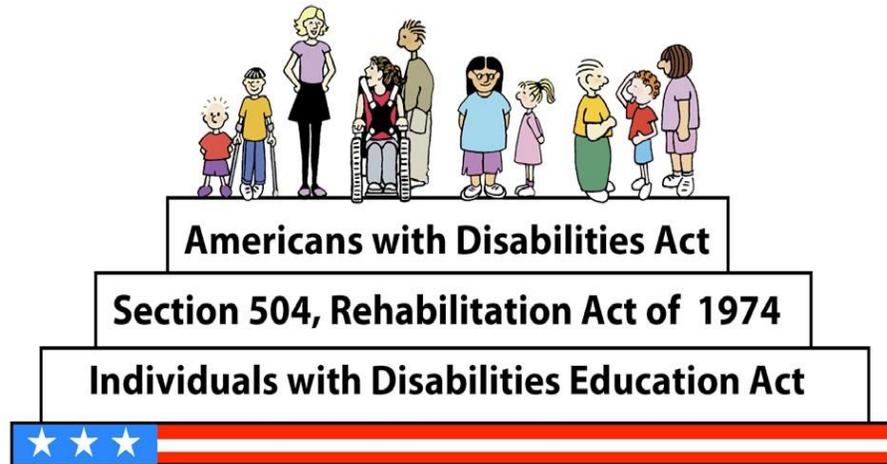
The resources in this manual are designed to help Iowa schools carry out medication administration for students in a safe, effective way that is consistent with their responsibilities under national and state laws to protect the safety of the students in a least restrictive environment. These resources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

In Iowa, districts and schools must establish medication administration policies and procedures. The medication administration policies need to be consistent with laws, overall district policies, and safe health practices. This manual includes a summary of relevant laws, sample policies, procedures and forms as well as materials and resources to use in training qualified designated personnel to assist with medication administration at school.

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

Laws

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



Federal Laws

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

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

Follow this link: [American with Disabilities Act \(ADA\)](#)

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

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

Civil Rights: Prohibition against discrimination by Federally Assisted Programs 42 U.S.C. 2000c et seq.;
34 C.F.R. §§ 100-199.

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

Follow this link: [Civil Rights](#)

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

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

Family Educational Rights and Privacy Act (FERPA):
20 U.S.C.
1232g; 34 C.F.R. § 99.

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

Follow this link: [FERPA](#)

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

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

Individuals with Disabilities Education Act (IDEA) 20
U.S.C. Sec.
1400 et seq.; 34 C.F.R. Parts 300 et seq.

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

Follow the link: [IDEA](#)

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

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

Prohibition on mandatory medication: 20 U.S.C. 33, 1412(a) (25); 34 C.F.R. § 300.174.

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

Follow the link: [Prohibition on Mandatory Medication](#)

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

No Child Left Behind Act (N.C.L.B.): 20 U.S.C. 6301 et seq.; 34 C.F.R. Parts 200-299

Purpose: Requires strengthening and improving elementary and secondary schools to ensure all children have the chance to access a high quality education and achieve academic standards.

Follow the link: [NCLB](#)

URL: <http://www.gpo.gov/fdsys/pkg/PLAW-107publ110/pdf/PLAW-107publ110.pdf>

Occupational exposure to blood-borne pathogens:
29 U.S.C. § 653; 29 C.F.R. § 1910.1030

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

Follow the link: [Blood Borne Pathogens](#)

URL:

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

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

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

Follow this link: [Section 504](#)

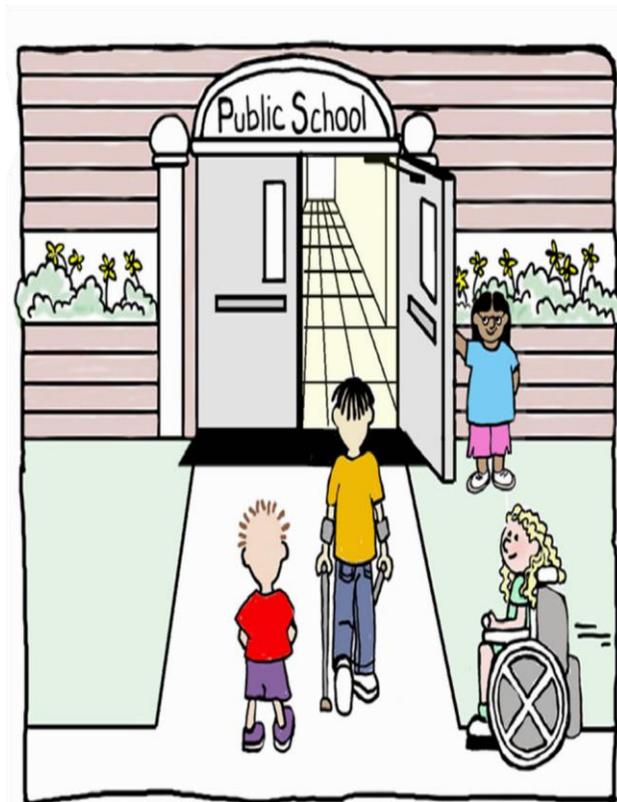
URL: https://www.educateiowa.gov/sites/files/ed/documents/rehabact_0.pdf

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

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

Follow this link: [Perkins IV Act](#)

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



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

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

Follow this link: [At Risk Program](#)

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

Iowa Board of Pharmacy: Iowa Code §§ 124.101(A), 657-8.32, 155A

Purpose: Provides a definition of “*administer*”, allows a “*practitioner*”, meaning school nurse, to “*delegate*” the administration of a “*prescription drug*” or “*propriety medicine- over the counter medicine*” to a “*qualified individual*”.

Follow this Link for the definitions for administer, practitioner, as the school nurse, and prescription medication, and over the counter medicine (155A.3 (1) [Definition of Administer](#)

Follow this link for Iowa’s definition of scheduled controlled substances (124.101(A): [Controlled Substance](#)

Follow this link for individuals qualified to administer 657-8.32(124, 155A): [Qualified Individuals](#)

Note: The Board of Pharmacy designates qualified individuals to whom a practitioner may delegate the administration of prescription drugs; includes persons who have successfully completed a medication administration course and licensed pharmacists.

Medication: Iowa Code § 280.16

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

Follow this link: [Self Administration of Asthma or other Airway Constricting Disease Medication](#)

URL:
<http://coolice.legis.iowa.gov/CoolICE/default.asp?category=billinfo&service=IowaCode&input=280.16>

Nursing: Iowa Code Chapter 152; Nursing Practice for Registered Nurses: 655 IAC Chapter 6

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

Follow the link: [Nurse Practice Act](#)

Additional Rules:

School Nurse:

272. 281 IAC 12.4(12) Nurses. The board of each school district shall employ a school nurse and shall require a current registered nursing license to be filed with the superintendent or other designated administrator.

Student Health Services: Iowa Code § 280.23

280.23 Student Health Services. The board of directors of each public school district and the authorities in charge of each nonpublic school shall not require non-administrative personnel to perform any special health services or intrusive nonemergency services for students unless the non-administrative personnel are licensed or otherwise qualified and have consented to perform the services

Student Records: 281 I.A.C. § 12.3(4); 441 I.A.C. § 79.3(3)

Requires a district or school to establish and maintain a permanent and cumulative record system for students. The cumulative record must be a current working record that includes physical and health records and other records. When a student transfers to another district, a copy of the cumulative record must be sent to the requesting district where a student transfers. Medicaid requires records maintenance for five years from the date of claim.

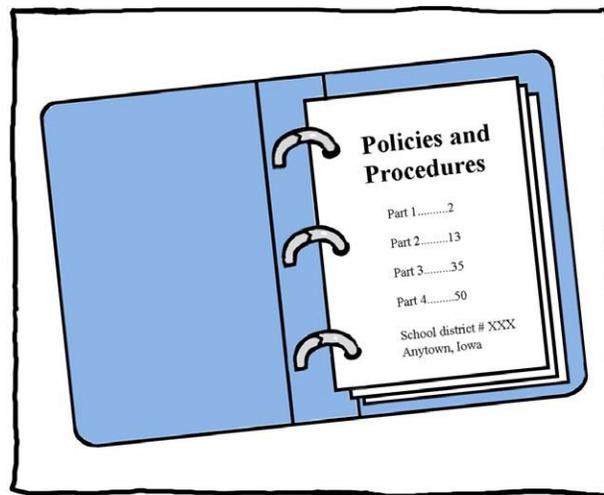
Medication Administration: 281 I.A.C. § 41.404(1-3)

Purpose: Requires all public agencies to have policies and procedures regarding administration of medication including requirements for a written medication administration record. Agencies need to establish a medication administration policy and procedures which include the following:

- a. A statement on administration of prescription and nonprescription medication.
- b. A statement on an individual health plan, when administration requires ongoing professional health judgment.
- c. A statement that persons administering medication shall include authorized practitioners, such as licensed registered nurses, physicians and persons to whom authorized practitioners have delegated the administration of prescription drugs (who have successfully completed a medication administration course). Individuals who have demonstrated competency in administering their own medications may self-administer their medication. Individuals shall self-administer asthma or other airway constricting disease medications with parent and physician consent on file, without the necessity of demonstrating competency to self-administer these medications.
- d. Provision for a medication administration course and periodic update. A registered nurse or licensed pharmacist shall conduct the course. A record of course completion shall be maintained by the school.
- e. A requirement that the individual's parent provide a signed and dated written statement requesting medication administration at school.
- f. A statement that medication shall be in the original labeled container either as dispensed or in the manufacturer's container.
- g. A written medication administration record shall be on file at school and shall include:
 - (1) Date.
 - (2) Individual's name.
 - (3) Prescriber or person authorizing administration.
 - (4) Medication.
 - (5) Medication dosage.
 - (6) Administration time.
 - (7) Administration method.
 - (8) Signature and title of the person administering medication.
 - (9) Any unusual circumstances, actions or omissions.
- h. A statement that medication shall be stored in a secured area unless an alternate provision is documented.
- i. A requirement for a written statement by the individual's parent or guardian requesting the individual's co-administration of medication, when competency is demonstrated.

- j. A requirement for emergency protocols for medication related reactions.
- k. A statement regarding confidentiality of information.

Policies



Policies provide general directions that guide decision-making. The following sample policy and administrative regulations were developed by the Iowa Association of School Boards (IASB), and reflect the Iowa Department of Education’s special education administrative rule regarding the administration of medications at school. There are no rules addressing students who are NOT receiving special education who may need medication administered at school. The IASB has written the sample policies and regulations to apply to all students.

ADMINISTRATION OF MEDICATION TO STUDENT

Some students may need prescription and nonprescription medication to participate in their educational program.

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

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

Persons administering medication shall include the licensed registered nurse, physician, persons who have successfully completed a medication administration course, or to be an authorized practitioner, including parents. A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist, and a record of course completion kept on file at the agency.

A written medication administration record shall be on file including:

- date;
- student's name;
- prescriber or person authorizing administration;
- medication;
- medication dosage;
- administration time;
- administration method;
- signature and title of the person administering medication; and
- any unusual circumstances, actions, or omissions.

Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information.

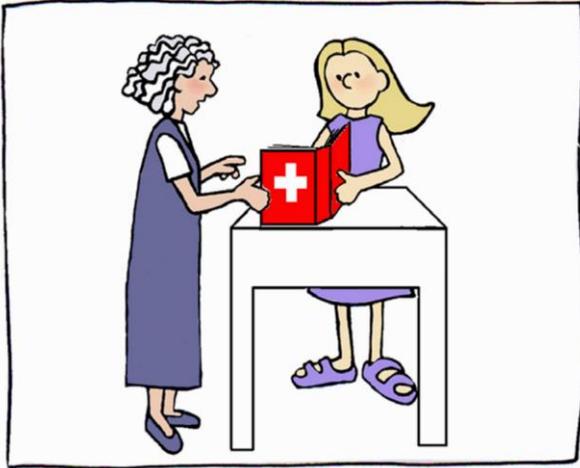
Note: This law reflects the Iowa Department of Education's special education administrative rule regarding administration of medication. Since there are no rules addressing students not receiving special education services, IASB has written the sample policies and regulations to address all students.

Iowa law requires school districts to allow students with asthma or other airway constricting disease to carry and self-administer their medication as long as the parents and prescribing physician report and approve in writing. Students do not have to prove competency to the school district. The consent form, see 507.2E1, is all that is required. School districts that determine students are abusing their self-administration may either withdraw the self-administration if medically advisable or discipline the student, or both.

Legal Reference: Iowa Code §§124.101(1), 147.107, 152.1, 155A.4 (2), 280.16, 280.23 (2013)
Education [281] IAC §41.404(3)
Pharmacy [657] IAC §8.32(124, 155A)
Nursing Board [655] IAC §6.2(152)

Cross Reference: 506 Student Records
507 Student Health and Well-Being
603.3 Special Education
607.2 Student Health Services

Procedures for Medication Administration



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

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

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

General Medication Administration procedures

Procedures must include the following requirements:



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

Qualified Personnel Provide student medication administration by a registered nurse or by qualified designated school personnel who have received required training by taking the medication administration course provided by the Department every 5 years and receives a valid signed certification after skills

demonstration has been completed annually.

Prescriber's Authorization The legal prescriber's directions on the prescription or non-prescription label should specify the student (for prescription medication), medication, dosage, route, administration instructions, and date (Prescription) or expiration date (Nonprescription).

Parents' Written Authorization A dated statement signed by the parent or guardian is on file at school authorizing medication administration in accordance with the prescription or non-prescription medication instructions and school or board policy. The authorization includes individual instructions, notification the information will be shared with appropriate school personnel and permission to contact the prescriber about the medication as needed. Medication administration authorizations are renewed annually and updated immediately as changes occur with any component of medication administration. A registered nurse and or school employee may accept a faxed parent or health provider signature requesting medication administration or any change in medication administration as long as there are no questions about the signature authenticity. Phone orders followed by written authorization to continue administration may be accepted.

Safe Delivery The parent provides for the safe delivery of the medication to and from school, and the parent will be notified when more medication is needed and when to pick-up unused medication by the school nurse, administration, or qualified personnel.

Labeled Container The labeled medicine is in the original container with the original label as dispensed or with the manufacturer's label. The parent provides the labeled medication, supplies, and devices.

Communication Ongoing communication occurs between the individuals administering medication, practitioners, family, educational personnel with legitimate educational interest, and student as applicable.

Confidentiality The student medication information is confidential with the exception of school personnel needing to know (See FERPA under Federal Laws page 6.)

Records A medication administration record is maintained. Documentation includes student name, medication, dose, date, time, route, signature of the person administering the medication, count of medication received, count of medication returned to parent or law enforcement, disposal, unusual circumstances, incidents or errors, and how they were reported.



Storage Medication is stored in a secure area or as authorized. **ALL** medication is counted on receipt and return, controlled/scheduled substances may be counted daily, and doubled locked depending on the individual situation.

Unused Medication When medication administration is completed or discontinued, the parent or guardian is advised in writing to pick up unused portions of medication. Best practice is to have the parent or guardian pick up unused medication from the school. Controlled substances/ Regulated Medications that are administered by qualified personnel should not be returned home with

students. For disposal of unregulated medications, view the Iowa School Medication Waste Guidance Document. Schools cannot transport or waste controlled substances and need to contact their local law office, DEA, or SRO to maintain chain of custody of the controlled medication to dispose in the proper methods according to the Secure and Responsible Drug Disposal Act of 2010 [DEA](#).

Individual Health Plan (IHP) The nursing assessment completed by the registered nurse using the nursing process for a specific student may determine that medication administration requires knowledge and skills beyond the qualified personnel's training. In these circumstances, special requirements need to be included in the IHP to address who will provide this health service in the school setting.

Student Education It is recommended that the school's life skills or health curriculum contain information about prescription and over-the-counter medications and their effects, side effects, administration, decision making and school procedures for school medication administration and self-administration.

Procedures for Self-administration of Medication

Students may need immediate access to medications or may need to develop skills to ensure personal safety, attendance, and lifelong health. A student's parents and/or provider, may determine that a student needs to carry and self-administer medication. The registered nurse develops an Individual Health Plan for student self-administration and carrying medication in school and during school activities. The plan may include requirements for student health instruction, skills demonstration, and agreement on the principles of self-care only if the medication is not related to asthma or other airway constricting disease and the parents have provided the school with a signed authorization form for self-administration of medication. The school procedure and protocol includes the following.

1. The parent must supply written authorization signed by the prescriber stating the student is competent and may carry and self-administer the medication. A faxed signature on the authorization is acceptable. Verbal authorization by telephone must be followed with a written authorization.

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

2. In addition to the parent authorization, there needs to be an agreement with the student on self-administration of medication. This may include student responsibilities for maintaining an administration record, agreeing to follow prescriber instructions and using the medication safely and accurately. The student should be able to demonstrate competency to the nurse with self-administration of their medication, but is not required for asthma and medications for other airway constricting disease. If the student does not follow procedures or if there is misuse of medication, the authorization to allow the student to self-administer medication may be withdrawn.

3. The parent provides the properly identified medication in the original labeled pharmacy container.
4. A school personnel with an educational legitimate interest for the student should be notified and educated by the school nurse if they need to know about the self-administration of medication administration authorized in the student's health plan.

Procedures for Self-Administration of Medication for asthma and other airway constricting disease



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

If the following features are implemented, the law permits students with asthma or other airway constricting disease to carry and use their medication while in school, at school-sponsored activities, while being supervised by school personnel and while in before-school or after-school care or other programs on school-operated property. The following features are required.

1. The parent or guardian must provide a signed, dated authorization for students to self-administer medication.
2. An authorized healthcare provider, such as physician, physician's assistant, advanced registered nurse practitioner, or other person allowed to prescribe medications under Iowa Law, must provide written authorization that includes the student's name, the purpose of the medication, dosage, times and any special medication administration procedures.

3. The medication must be in the original labeled container as dispensed or the manufacturer's container labeled with the student name, name of the medication, directions for use and date.
4. The authorization must be renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is responsible to immediately notify school officials and update the authorization(s).
5. The parent or guardian signs a statement acknowledging that the district and school and its employees, by law, incur no liability, except for gross negligence, as a result of any injury arising from self-administration. The student does not have to show competency in administering medication for asthma or other airway constricting disease correctly.
6. It is recommended that the student maintain a self-administration record. It is recommended that the nurse, student's parents, educational team, and student maintain open communication.
7. It is recommended that the parent or guardian agrees information and questions about a student's self-administration of medication at school may be discussed with the prescriber as signed in the authorization form.
8. If the student misuses the self-administration policy, the self-administration may be withdrawn. It is recommended that medically advisable consequences be considered.

Procedures for Non-prescription Medication

The school may determine it is helpful to have nonprescription medications, known as over-the-counter medications or propriety medications, at school. It is recommended that protocols for nonprescription medications be developed by the school and must be signed by the parent for medication administration in the school setting. A sample authorization form is found in Example Forms on page 46.

Procedures for Unusual situations, Medication Errors, Medication Emergencies

The school should have procedures for situations where a medication is not administered. These situations might include when a medication is refused, vomited, not administered, not swallowed, spilled, or lost.

General actions for all situations include the following.

1. Observe the situation.
2. Notify the registered nurse, the school nurse supervisor, the authorized prescriber and the parent as soon as possible.
3. Follow the nurse's instructions to notify the administrator, parent and health provider as appropriate if the nurse is not available.
- 4 Document the situation in the medication administration record, incident report, if available, or medication error report (see Iowa Department of Education School Nurse Link for example).

For specific circumstances, the following procedures may be used.

1. **Refusal:** Notify the nurse or nurse supervisor. Notify the student's parent if instructed to do so by the nurse, document the refusal in the medication administration record and incident form, if available.



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

3. **Not administered:** If the student does not report to the designated area to take medication, find the student and request that the student report to the area. If the student does not come to the area, report to the nurse, school administration, or nurse supervisor. Describe the circumstances. Notify the student's parent and health provider if instructed to do so by the nurse. File a medication error report for the omission and document in the medication administration record. It is not a medication error if there is a lack of supply of medication provided by the parent, or a medication is held by a parent.

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

4. **Spilled or Lost Doses:** Report to the nurse. Describe the circumstances. Notify the student's parent or healthcare provider if instructed to do so by the nurse. Document the incident in the medication administration record. Complete a medication incident report, if available.
5. **Special medications:** Requests to administer experimental, off-label supplements, over-the-counter, herbal, alternative, complementary and homeopathic medications are evaluated on a case-by-case basis using consultation with the school nurse. There will also need to be communication with the prescriber, research, information, resources and other sources to support the safe and effective administration at school (Iowa Board of Nursing, 1995). Consult with the school nurse.

Procedures for Medication Administration on Field trips

There must be a plan for how medications will be administered on field trips and during school activities. A qualified designated person accompanies children who need medications on field trips, replicating the procedures used in the school building.

To prepare medications for a field trip, the nurse or qualified designated personnel may put the medication into a small-labeled envelope and seal it. The envelope label includes the student name, teacher and classroom, medication, dosage, time for administration, and an identified space to document medication administration.

The qualified personnel designated to administer the medication on the field trip or other activity keeps the medication in a secure place. On returning to school, the RN or qualified designated personnel returns the signed empty envelope and documents administration on the standard medication administration form.

There may be certain medications and situations not covered in this example. When the practitioner determines delegation is not appropriate, the student's Individual Health Plan will provide safe alternative plans for administration on field trips.

See the Interpretative Statement: Iowa School Nurses and Delegation in Appendix B.

Procedures for Needle and other sharps safety

Needle and other sharps injuries can expose staff to potentially infectious materials and serious diseases. School personnel using, handling, and disposing of needles and other sharps must use prevention strategies. These include the following.

1. Participate in bloodborne pathogen training and follow infection prevention practices in the safe use and disposal of needles and other sharps annually.
2. Avoid the use of needles where safe and effective alternatives are available.
3. Use devices with safety features whenever possible.
4. Never recap, break, or bend use needles.
5. Plan for safe handling and disposal before beginning any procedure using needles.
6. Dispose of used needles promptly in appropriate sharps disposal containers as defined in the Iowa School Medication Waste Guidance Manual.
7. Report all needle and other sharps-related injuries immediately to the school administration to follow proper procedures for needle stick injury.
8. Tell the registered nurse about hazards from needles that are seen in the work environment.
9. Evaluate the effectiveness of prevention efforts and provide feedback.

(CDC 2014; OSHA 2014)

Procedures for Medication Emergencies



While rare, a life-threatening medication emergency may occur at school or during outside school activities. Districts and schools need to have an emergency health policy, plan, and guidelines in each building to respond to medication emergencies. The emergency plan should include the following requirements:

1. All school personnel know how to access **911**, community emergency health systems, and poison control.

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

Emergency medication kit

The district/school may maintain an emergency medication kit (to-go-bag). Procedures need to cover how the contents will be used, who will be using the kit, such as registered nurses or qualified personnel. Procedures should also include how the kits should be updated, restocked, secured, and monitored monthly for expiration of contents (if applicable). Secure storage where designated individuals will have access must also be established. The emergency medications in the kit are determined by the prescriptions of individual students and staff, parent authorization on file to administer, emergency needs, and other assessed needs as defined by the school.

Classification of Medication Emergencies

Category I.

Life Threatening or Severe Emergency



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

SIGNS of severe emergency can include:

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

ACTIONS:

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

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

Category II.

Major Emergency



INTERVENTION: Seek professional health care or supervision within the hour. First aid is essential at the time of the incident to reduce discomfort and complications and the individual will not be able to continue participation in school activities.

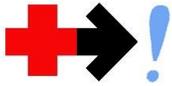
SIGNS:

1. Continuing nausea, abdominal cramps, vomiting, or diarrhea
2. Convulsion with a known seizure history that is not continuous and responds to emergency plan
3. Student responds to emergency plan, such as administration of emergency medication as ordered
4. The student may experience brief fainting, but the student recovers right away and continues breathing
5. The student may be anxious, dizzy, weak, or confused

ACTIONS:

1. Observe the student and note specific information for later documentation.
2. Stay with individual and if needed call for assistance.
3. If individual has an emergency plan, implement the plan if you are trained, such as administering emergency medication as ordered.
4. Contact the nurse immediately and follow instructions. Instructions may include contacting the parent or other emergency contact.
5. Report to other school personnel as outlined in your school plan.
6. Record and document incident time, date, observations and actions taken by the qualified personnel, and sign your name.

Category III.
Minor Emergency



INTERVENTION: In a minor emergency immediate health intervention is not required, but there may need to be some follow-up care. The school nurse, other health professionals, or parents may need to be consulted. The student may continue in school or go home, depending on the situation.

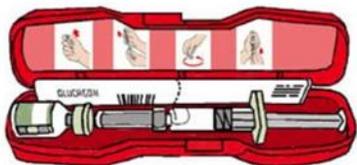
SIGNS MAY INCLUDE:

1. Mild itchy rash, with small itchy blisters
2. Watery and itchy eyes
3. Mild coughing, sneezing, and a runny nose
4. Mild nausea, abdominal cramps, vomiting, or diarrhea

ACTIONS:

1. Observe the incident and remember details for later documentation.
2. Provide appropriate first aid and reassurance.
3. If there is an individual emergency plan, carry out the student's plan if the qualified personnel is trained.
4. Contact the registered nurse and follow instructions. These instructions may include contacting the parent, other emergency contact, or school administrator.
5. Report to other school personnel who have a legitimate education interest for the student.
6. Record and document incident date, time, observations and actions taken, and sign name.

Procedures for handling Anaphylaxis in Iowa Schools



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

Epinephrine Auto Injector Facts:

Epinephrine Auto Injectors comes if 2 dosages for 2 different weight categories for an individual; 0.30 milligrams for individuals over 66 pounds and 0.15 milligrams for individuals under 66 pounds;

Epinephrine Auto Injectors cannot be refrigerated and should be stored between 68-77 degrees Fahrenheit, schools should include procedures to maintain temperature controlled methods for storage in school and during school activities;

Epinephrine Auto Injectors should be inspected routinely (each month of the calendar year if stored at school or each month during the school year for injectors returned to families at the end of the school year) for cloudiness, pink or brown discoloration, or condensation which is indicative of the need to be replaced;

Epinephrine Auto Injectors are light sensitive and should be stored in a dark, secure location, readily accessible to qualified personnel to administer as needed in the school setting and for school activities;

Epinephrine Auto Injectors have an expiration date on the auto injector, qualified personnel should check the expiration date to ensure the medication is not expired and schools should notify parents in writing for replacement if the student's medication is going to expire during the school year;

Schools should have a procedure to maintain documentation of the epinephrine auto injector's expiration date if they are kept at school, and;

Epinephrine auto injectors is administered in the individual's thigh and should **never** be administered in the individual's vein, buttocks, finger, hands, toes or feet. (Emergency Medical Services needs to be called immediately if this occurs);

Schools should have appropriate infectious waste receptacles and universal precautions available for use of and disposal of used auto injectors and needles, see Iowa School Medication Waste Guidance for information on appropriate infectious waste receptacles.

Roles and responsibilities for medication administration



Schools and districts must have policies and procedures related to medication administration at school. There is also the need to clarify who is responsible for implementing the policies and procedures. The School Board, school administrators, school registered nurses, qualified designated personnel, other school personnel, the student, parents and prescriber all play a part in making sure that medication administration is carried out in a safe way that enables students to take part in their educational program. When all parties work together, the result is a safe learning environment for the student and safe medication administration.

Role of the School District and School

1. Establish district and school policy and procedures approved by the Board.
2. Provide resources, training, and qualified personnel to implement policy and procedures.
3. Provide information on policy and procedures for staff, parents, students, and the community.
4. Collaborate with the school nurse to ensure personnel selected to become qualified designated personnel annually have taken the medication administration course every five years and completed the return skills check observation annually to hold a valid certificate for medication administration in the school setting.

Role of the Registered Nurse

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

Role of Qualified Designated Personnel

1. Understand and follow district/school policies and procedures related to medication administration.
2. Complete required medication administration course every five years and skills observation, supervision, and education updates annually.

3. Assume responsibility and accountability for medication administration, documentation of medication administration carried out, and documentation for reporting and procedures taught in the course for errors, incidents, and emergencies.
4. Maintain open communication with the school nurse and administration.

All Personnel

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

Role of the Student

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

Role of Parent(s) or guardian(s)

1. Understand and follow district/school policy and procedures.
2. Provide authorizations, medication, and any devices needed for medication administration.
3. Notify district/school personnel of any changes in medications, discontinuation of medication administration, or any changes in the student's health status.
4. Pick up unused medication at the end of the school year.

Role of Prescriber

1. Write a complete signed prescription to including individual's name, date, medication, dosage to be administered to the individual, time to

be administered, length of treatment if known, and method required by school/district policy and procedures.

2. Communicate medication administration instructions clearly to the parent, student, and school nurse or qualified personnel for medication administration.

Education for qualified designated personnel



Iowa law allows licensed health practitioners, such as registered nurses, to delegate prescription medication administration tasks to “qualified designated individuals.” To become a school “qualified designated personnel” the person must complete a medication administration course on the safe and accurate administration of medications with 100% proficiency every five years and complete a skills demonstration annually to maintain a signed certification. The course is taught and facilitated by a registered nurse or pharmacist.

Schedule for training and retraining

Iowa law allows a practitioner to delegate medication administration to persons who have successfully completed a medication administration course. The Iowa Board of Nursing and Iowa Department of Education recommends that the medication administration course be completed by qualified personnel every five years and demonstration of a skills check be completed by the qualified personnel to the registered nurse annually to maintain certification. The registered nurse uses their knowledge and assessment to determine how often an individual needs to retake the course if earlier than the five year minimum requirement. A skills observation check and documentation of this check should be conducted by the school nurse whenever a medication error occurs. Updates on training, regularly scheduled supervision, evaluation of medication administration, follow-up skills check on medication errors should be documented by the school nurse for delegated medication administration to demonstrate competency. The school nurse may revoke medication administration certification using clinical nursing judgment.

Education resources at <http://training.aeapdonline.org>

The Iowa Department of Education offers a free online medication administration course to help school staff qualify to administer medications at school under a practitioner’s supervision. The online course must be completed with a 100% score on all of the quizzes **every five years**. A certificate will then be generated for the individual, which is valid once signed by the school nurse after skills observation has been successfully completed, documented, and **annually** thereafter until the course renewal occurs every five years. A copy of the signed certificate is

kept in the school file (Example: Place in front of School Building's Medication Administration Records).

The online course is offered at <http://training.aeapdonline.org>. To access the course, click on the "Register here" link. Fill in all required fields. If you do not know your district password, visit with you administrator or school nurse, email support@aeapdonline.org , or you can contact the Iowa Department of Education, School Nurse Consultant, at 515-281-5327.

Medication Administration Course Objectives

Individuals completing the online course should:

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

Additional Units

The main online medication administration course covers topics that are part of regular medication administration tasks at schools. But some students have medication administration needs that go beyond these basic procedures. School nurses request that these additional procedures NOT be part of the course required by all qualified designated personnel. Additional training is required to be able to assign specific units of medication administration to personnel who would be assisting with specific students. Like the main course, these additional units have a quiz at the end, and a certificate of completion that can be signed by the nurse after the skills observation has been completed. A copy of the certificate is kept on file.

Currently available units include:

Emergency Glucagon Administration: This covers the basic procedures for administering glucagon to diabetic students who have a low blood sugar emergency.

Rectal diazepam: This covers the basic procedures for administering rectal diazepam for students with a breakthrough or uncontrolled seizure.

Medication administration by nebulizer: This unit provides basic information on administering medication using a nebulizer.

New units requested by school nurses are under development.

Certificate of Completion

Qualified personnel who have completed the medication administration course successfully will be able to access and print the certificate of completion to give to the school nurse to sign after skills demonstration has been completed

Example forms



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

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

School medications and health services are administered following these guidelines:

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

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

Administration instructions

Special Directives, Signs to Observe and Side Effects

_____/_____/_____

Discontinue/Re-Evaluate/Follow-up Date

 Prescriber's Signature

_____/_____/_____
 Date

 Prescriber's Address

 Emergency Phone

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

 Parent's Signature

_____/_____/_____
 Date

 Parent's Address

 Home Phone

 Additional Information

 Business Phone

Example AUTHORIZATION: Asthma or Airway Constricting Medication

Self-Administration Consent Form

Code No. 507.2E1 Page
1 of 2

_____/_____/_____
Student's Name (Last), (First) (Middle) Birthday School Date

In order for a student to self-administer medication for asthma or any airway constricting disease:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Physician (person licensed under chapter 148, 150, or 150A, physician, physician's assistant, advanced registered nurse practitioner, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licensees in this state may legally prescribe drugs) provides written authorization containing:
 - purpose of the medication,
 - prescribed dosage,
 - times or;
 - special circumstances under which the medication is to be administered.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is to notify school officials immediately. The authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, a student with asthma or other airway constricting disease may possess and use the student's medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district or nonpublic school is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by Iowa Code § 280.16.

Medication	Dosage	Route	Time
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Purpose of Medication & Administration /Instructions

_____ / / _____
 Special Circumstances Discontinue/Re-Evaluate/Follow-up Date

_____ / / _____
 Prescriber's Signature Date

_____ _____
 Prescriber's Address Emergency Phone

- I request the above named student possess and self-administer asthma or other airway constricting disease medication(s) at school and in school activities according to the authorization and instructions.
 - I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication
 - I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
 - I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
 - I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA).
 - I agree to provide the school with back-up medication approved in this form.
 - *(Student maintains self-administration record.)*
- (Note: This bullet is recommended but not required.)***

_____ / / _____
 Parent/Guardian Signature Date
 (Agreed to above statement)

Parent/Guardian Address Home Phone

Example MEDICATION ADMINISTRATION RECORDING FORM

A sample medication administration form can be located on the Iowa Department of Education Website at: <https://www.educateiowa.gov/pk-12/learner-supports/school-nurse>

Example MEDICATION INCIDENT OR MEDICATION ERROR REPORT FORM

A sample medication administration incident or error report form can be located on the Iowa Department of Education Website at: <https://www.educateiowa.gov/pk-12/learner-supports/school-nurse>

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Example

Parental Order Form for Over-the-Counter Medications

Student Name _____ School _____

A registered nurse will have the following over-the-counter medication available to give to students according to written protocol by the school and with written parental authorization to administer over-the-counter medication. Please check which medications your child may receive for minor health complaints such as a cold, menstrual cramps, headache, sore throat, sore muscles, backache, eye irritations, burns, sprains, upper respiratory infections, nasal congestion, upset stomach, diarrhea, and rashes.

Check one:

- May give all medications listed
- DO NOT** give any medications
- Give ONLY medications checked:
 - Acetaminophen (Tylenol)
325 mg/500 mg, 2 tablets every 4 hours, headache, cold, sore throat, menstrual cramps, earache
 - Sudafed
30 mg, 1-2 tablets every 4 hours, Nasal Decongestant
 - Ibuprofen (Advil, Motrin)
200 mg, 1-2 tablets every 4 hours, menstrual cramps, muscle strain, backache, headache
 - Robitussin Cough syrup
2 teaspoons every 6 hours, cough
 - NS-Aid
1-2 tablets every 4 hours, menstrual cramps
 - Pepto Bismol
1-2 tablets, upset stomach, diarrhea
 - Dristan Cold
(Tylenol with Sudafed) 1-2 tablets every 4 hours, cold, nasal congestion
 - Roloids, Tums, Mylanta
1-2 tablets, upset stomach, heartburn

I would like to be contacted when over-the-counter medication is administered to my child:

_____ Yes _____ No Contact Number: _____

Parent/Guardian Signature: _____

Date: _____

Please RETURN THIS FORM TO YOUR SCHOOL NURSE

Glossary of terms



Glossary of terms for medication management

in school and school activities

The school medication administration policy and procedures may include the following terms.

Administration - means any of the following activities: handling, storing, preparing or pouring the medication; identifying and administering the medication to the appropriate student according to the medication order; observing the student inhale, apply, instill, ingest, or self-inject the medication when applicable; documenting that the medication was administered, including documentation of medication omissions; and counting and documenting received doses when medication is received to the school nurse or qualified personnel and counting and documenting returned doses or measurement of unused medication to the parent or guardian or law enforcement; Individuals authorized by their license to administer medication may perform this health service and qualified personnel, whom persons who are authorized practitioners, have delegated the administration of medication too and qualified personnel have completed a medication administration course and has demonstrated competency in safe medication administration by obtaining a signed medication administration certificate after demonstrating a skills check in safe medication administration to the authorized practitioner.

Anaphylaxis – Hypersensitivity to foreign proteins or drugs. Anaphylactic shock may result in a severe, sometimes fatal systemic reaction characterized by trouble breathing, fainting, itching and hives.

Authorization – Written medication administration permission and instructions by the prescriber and or parent-guardian. The authorizations are renewed annually and updated immediately as changes occur.

Back-up personnel – At least two individuals educated and designated to administer medication in the absence of the usual qualified personnel.

Bloodborne pathogens - Microorganisms present in human blood that can cause disease in humans.

Coadministration - Student participation in planning, management, implementation and proficiency demonstration with the possibility of medication self-administration with parent written authorization.

Complementary and alternative medicine- Medical products and practices that are not typically used in conventional medicine. They may be used in addition to or instead of a treatment and an emerging description is integrative medicine.

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

Controlled Substance - A drug or chemical substance with regulated use under federal law. Generally classified into 5 “schedules.” Schedule I has the highest level of potential abuse, no current accepted medical use, and lack of accepted safety. The increasing schedule numbers have decreasing levels of potential abuse, more medical uses and more accepted safety. Extra school security of controlled substances, documentation, and pill counting is recommended in the school setting.

Declaratory Order – A Board of Nursing interpretation with respect to a specific set of facts and intended to apply only to that specific set of facts. The interpretation provides guidance in the nursing practice.

Delegation– The registered nurse (RN) directs and educates another person to perform tasks and activities. The nurse transfers authority or responsibility while retaining accountability for the act of medication administration delegation.

The process of assigning medication administration to a qualified individual includes the following.

1. The task definition is clear and the related authority specified.
2. The nurse uses the delegation decision-making process to assure the individual will be a competent person for the task.
3. Demands of the task do not exceed the individual’s job description.
4. The RN provides required training for the task and documentation of the training. Ongoing communication and supervision is established in advance.
6. Documentation of the delegation process and rationale is maintained in the health record.

See Appendix B for details and sample forms.

Dispense – The preparation and distribution of medication prescription drug by a person licensed or registered to prepare and distribute medication, such as a pharmacist, physician, dentist, podiatrist, advanced registered nurse practitioner(ARNP), physician assistant, and others as regulated by Iowa Administrative Code.

Drug – Substance used as a medication or in the preparation of medication.

Educational program - All district/school curricular programs and activities both on and off district/school grounds.

Education team -May include the individual student, the student’s parent, administrator, teacher, licensed health personnel and all others involved in the student’s educational program.

Herbal medicine - Plant, plant part, extract or mixture used to prevent, alleviate or cure disease or improve health. May be sold over-the-counter as tablets, capsules, powders, teas, extracts and fresh or dried plants.

Homeopathy – An alternative medical system seeking to stimulate the individual’s body defense mechanisms and processes to prevent or treat illness. Most homeopathic remedies are derived from natural substances.

Individual Health Plan (IHP) – An IHP for medication administration, or a plan that includes medication administration as part of other services, is used when the nurse determines that a student’s medication administration is not routine or when extra oversight is needed. The written plan includes an assessment, diagnosis, outcomes expected, implementation procedures, documentation required and an evaluation of the medication administration and its effect on the student.



Long-term medication -Preparations used for the treatment of chronic illness both daily and as needed (PRN).

Measurements -The system used to specify the amount of medication to be administered.

Medication – A therapeutic substance, also called a drug. Medications include prescription and non-prescription substances or preparations used to prevent, diagnose, cure or relieve the signs and symptoms of disease. The following

areas amplify this definition.

Source: Medications can come from plant, animal, mineral or synthetic sources.

Action: Medications can act locally, at the site of application, or systemically through the bloodstream

Variables: Medication action is affected by dose, route of administration, drug-diet interactions, drug-drug interactions,

age, body weight, sex, pathological conditions and psychological considerations

Adverse effects: All medicines are capable of producing undesired responses. These can be rare, mild and localized, or widespread, severe and life threatening, depending on the medicine and the receiving individual.

System of naming: Medications are classified according to the effect on a particular body system, therapeutic use and chemical characteristics. The name used can be generic, related or the chemical name or a brand or trade name created by the manufacturer.

Laws on medication: Federal and state drug laws designed to ensure the public's safety and regulate the manufacture and sale of drugs

Medication administration education – Education for school personnel, provided by a nurse, physician or pharmacist, on how to administer medication to students at school and during school activities. Persons to whom authorized practitioners have delegated the administration of medication (who have successfully completed a medication administration course) are designated as individuals who may administer medications.

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

Medication label- The written instruction on the original container as dispensed by the pharmacist or on the manufacturer's label. The parent provides the labeled medication and supplies.

Monitoring -Procedures to insure the student takes authorized medication correctly. This can include reminding the student to take medication; visual observation of the student to insure compliance; recording medicine administration;

notifying the parent and/or legal prescriber of any side effects, incidents, errors in the process of medication administration.

Nonprescription or Over-The-Counter medication – means a medication that is approved by the United States Food and Drug Administration and can be purchased without a prescription.

PRN - Latin abbreviation for *as needed*. Times of administration determined as circumstances require.

Parents' written authorization - A signed, dated, statement from the parents, kept on file at school, authorizing medication administration in accord with the prescription or non-prescription medication instructions. The authorization includes individual instructions, permission to contact the prescriber as needed, notification that the information may be shared with school personnel needing to know and all related medication

information needed to safely administer the medication. The parent provides for the safe delivery of medication to and from school.

Personal protective equipment - Clothing and/or equipment, such as gloves or gown, worn for protection from potentially infectious materials.

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

Policy - A standing plan that provides general directions for decision-making. Each Educational Board develops a policy on student medication administration at school and in school activities. The Iowa Association of School Boards provides member districts/schools an example policy and administrative regulations.

Potentially Infectious Materials - Any human body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Prescriber - A physician, dentist, podiatrist, physician assistant, advanced registered nurse practitioner or other licensed health provider legally authorized to prescribe.

Prescriber's authorization - The legal prescriber's signature and directions on the prescription or non-prescription label with the student name, medication, administration instructions and date.

Procedures- Specific detailed step-by-step instructions for implementing medication administration policy in the school setting.

Qualified Designated Personnel - A non-licensed school employee who has successfully completed a medication administration course every five years and has demonstrated competency to a school nurse by performing a skills check in medication administration annually. This person is competent, communicates, and works with the registered school nurse responsible for delegating medication administration. The qualified designated personnel may not train another unlicensed health person. In the health setting, Qualified Designated Personnel may be referred to as unlicensed assistive personnel (UAP).

Registered Nurse (RN) - An individual who is licensed as a Registered Nurse to practice professional nursing in Iowa and may be employed in the school setting. Titles vary according to education and include school nurse, professional registered school nurse, school health nurse specialist, certified school nurse, special education nurse and Advanced Registered Nurse Practitioner (ARNP). The RN is specifically authorized under Iowa law to administer prescription drugs and may delegate medication administration to other individuals if they have appropriate documented training, completed demonstrated a skills check, and supervision in the

delegated health service of medication administration by the registered nurse.

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

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

Supervision - The method of the nursing practice to monitor, evaluate, and overseeing delegated health services. Levels include: immediate-supervisor is physically present, direct-supervisor is present and readily available at the site and indirect supervisor is available in person, via telephone, or through electronic means.

Universal Precautions - An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

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Appendix A Declaratory Rulings, Iowa Board of Nurses on Over-the-Counter and natural remedies and supplements



1 The Iowa Board of Nursing

IN RE: Petition for Declaratory Ruling Filed by Carol Sue Hinton, June 21, 1985))))	Declaratory Ruling No. 3 Administration of O-T-C Medication by School Nurses
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A petition for declaratory ruling was filed with the Iowa Board of Nursing by Carol Sue Hinton, R.N., Chairperson, West Des Moines School Nurses, on June 21, 1985. The specific questions presented in the petition were:

1. Does state law allow registered nurses to administer over-the-counter medications to children enrolled in the public school system upon parental request?
2. Should the parental request be in writing?

The Board is authorized to issue declaratory rulings "as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision or order of the agency" pursuant to Iowa Code §17A.9 (1985). See also 590 I.A.C. §1.3(4).

The Iowa Board of Nursing has determined that the Code of Iowa and the Iowa Administrative Code do not forbid administration of over-the-counter medications by a registered nurse.

The registered nurse, using education and experience, may determine that the use of over-the-counter medication, ordered by a parent, is the appropriate care for some children. Thus, the registered nurse may follow a parent's direction to give such a medication. However, the registered nurse may also determine that an over-the-counter medication, ordered by a parent, could be detrimental to the child. In this case the registered nurse may refuse to administer the medication and state the reasons, in writing, to the parent.

If the parent pursues the matter and returns with a physician's prescription for the medication the registered nurse must then "execute the regimen prescribed by a physician" unless the registered nurse notifies the physician in a timely manner, as stated in Iowa Administrative Code, Nursing Board(590), Chapter 6, subrule 6.2(5), paragraph "d."

"Executing the regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician (e.g., medication not administered) is not carried out, based on the registered nurse's professional judgment, accountability shall include but need not be limited to the following:

- (1)Timely notification to the physician who prescribed the medical regimen that the order(s) had not been executed and the reason(s) for same.

(2)Documentation on the patient/client medical record that the physician has been notified and reason(s) for not executing the order(s).”

The second question asked if the parental request should be in writing. The Board advised that parental instructions in writing provide proper documentation of the request and avoid any future misunderstanding as to whether the nursing process had been utilized as specified in Iowa Administrative Code, Nursing Board (590), Chapter 6, subrule 6.2(2).

July 25, 1985
DATE

/S/ Ann E. Mowery
ANN E. MOWERY, Executive Director

Iowa Board of Nursing

In RE: Petition for)	Declaratory No. 81
Declaratory Ruling Filed By:)	
Lesle J. Kouba, RN, BSN)	Administration of Natural Remedies and
Lynn Shumate, RN)	Supplements to School Children at the
)	Request of Their Parents or Guardians by
November 21, 1995)	Registered School Nurses During the School
)	Day

A petition for declaratory ruling was filed with the Iowa Board of Nursing by Lesle J. Kouba, RN, BSN, and Lynn Shumate, RN, on November 21, 1995.

The Board is authorized to issue declaratory rulings "as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision, or order of the agency" pursuant to Iowa Code §17A.9(1995). See also 655 IAC 9.

The specific question presented in the petition is as follows:

What is the position of the Iowa Board of Nursing regarding the administration of natural remedies and supplements to school children, at the request of their parents or guardians, by registered school nurses during the school day?

In declaratory ruling number 3, the board determined that the Code of Iowa and the Iowa Administrative Code do not forbid administration of over-the-counter medications by a registered nurse. In this decision, the RN, using education and experience, may determine that the use of over-the-counter medication, ordered by a parent, is appropriate care for some children. Likewise, the RN may determine that an over-the-counter medication, ordered by a parent, could be detrimental to the child. In this case the RN may refuse to administer the medication and state the reasons, in writing, to the parent. The registered nurse is accountable for using nursing judgment in making a decision about the appropriateness of the medication being given and for the safety and well-being of the student.

In this petition, the essence of the question is related to the registered nurse administering natural remedies and supplements. Today, some families are turning to alternative resources for health care, including the use of substances purchased in health food stores for preventative health care and for the treatment of a wide variety of medial conditions. Parents request that they be administered by school nurses as over-the-counter medications.

The petitioners have asked that parents administer these substances to their children at home, outside of school hours, or have asked that parents administer the substances to their children themselves during the school day. The petitioners based this decision on declaratory ruling number 3, "The Administration of OTC Medications by School Nurses."

The petitioners state the possibility of potential for injury to the child exists since the nurses are unable to determine the appropriateness, safety, possible side effects, or toxic

effects of these substances. The petitioners do not want to administer substances that do not meet the same standards as regular drugs. The petitioners also feel that administration of these substances to children provides potential for personal and professional liability exposure. This concern is substantiated by information in the medical literature reporting harm that has come to persons who have used certain natural remedies on both a short-term and long-term basis. According to a recent article in JAMA, herbal products, which may include products in the form of powders, tablets, and capsules, are not regulated by state and federal agencies and neither their safety or efficacy is guaranteed. Steven Barrett, MD, a retired psychiatrist and consumer advocate, states that federal laws which ban the sale of medicines that have not been proven to be safe and effective have not been applied to homeopathic remedies. Homeopathic medicines were "grand fathered in" because most of the substances were on the market before passage of the Food, Drug, and Cosmetic Act of 1938, and, as such, were exempted from regulations.¹

Additionally, information available from the poison control center regarding the treatment for overdose of natural remedies and substances is either nonexistent or limited. In most instances, the only treatment for overdose of these substances is supportive therapy.

In providing nursing care, including medication administration, the Iowa Board of Nursing holds the individual nurse accountable for nursing actions and decisions. In accordance with 655 IAC 6.2(5) "The registered nurse shall recognize and understand the legal implications of accountability." The nurse is expected to practice in a safe and prudent manner. When a nurse administers a drug, the nurse must be knowledgeable about the medication's actions, indication, and contraindications and the adverse effects of the drug. Fundamental to safe drug administration is that the nurse never administers and unfamiliar medication.

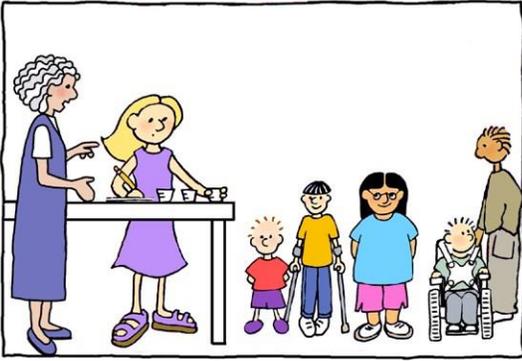
In keeping with the standard, the board finds that when the Nurse is unable to determine the appropriateness, safety, possible side effects, or toxic effects of a drug, the nurse may not administer the drug. To do so would not be in compliance with 655 IAC 6.2(5). Therefore, the position of the Iowa Board of Nursing is that nurses may not administer natural remedies and supplements to school children, at the request of their parents or guardians, during the school day, when the nurse is unable to determine the appropriateness; safety; possible side effects, or toxic effects of the substance; the appropriate dose for a child of a specific age, weight, and body surface area; and treatment of overdose.

/S/ Nancy E. Knutstrom February 29, 1996
Nancy E. Knutstrom, R.N., M.S., Ed. Date
Chairperson, Iowa Board of Nursing

/S/ Lorinda K. Inman February 29, 1996
Lorinda K. Inman, R.N., M.S.N. Date
Executive Director, Iowa Board of Nursing

1 "FDA petitioned to "Stop Homeopathy Scam," JAMA 19 Oct. 1994: 1154, 1156.

Appendix B Materials on School Nurse Delegation



Interpretive Statement: Statewide Committee of School Nurses

Purpose: Today, increasing numbers of students need special health services to participate in their educational program. Providing services requires interdisciplinary coordination between education, health, and human services. These coordinated services include nursing delegation of school health services designed to protect student health, safety, and welfare. The purpose of this interpretative statement is to provide a resource for school nurses and school personnel regarding the school nurse delegation decision-making process.

Background: nurse licensed to practice by a state board of nursing. The School Nurse has the legal, professional, and ethical autonomy to make decisions about delegation in accordance with the:

Iowa Code (Iowa Code § 152) Practice of Nursing, Iowa Administrative Code Nursing Practice for RNs (655 IAC 6), Iowa Administrative Code Discipline (655 IAC 4), and Advanced Registered Nurse Practitioner (655 IAC 7)

Standards of Professional School Nursing Practice (National Association of School Nurses and American Nurses Association, 2015)

School Nursing Code of Ethics (National Association of School Nurses, 2010) and Code of Ethics for Nurses (American Nurse Association Code of Ethics, 2015)

To practice nursing within the scope of delegation and licensure authority, the School Nurse is accountable and responsible for: maintaining documentation of training for unlicensed personal, and evaluation of unlicensed personnel's competence and education knowledge of the health service, skills, experience, instruction, supervision determining if the student specific service(s) may be delegated; appropriate circumstances, setting, and resources delegation to the right person for the right reason(s) service direction and description including clear and concise objectives, measurable, defined limits, and expectations.

To access the Delegation Document and Grid, Follow the link to:

https://www.educateiowa.gov/sites/files/ed/documents/0910_sn_delegation.pdf