

**MEDICATION ADMINISTRATION
SCHOOL NURSE'S GUIDE
A TRAINING MANUAL FOR
UNLICENSED PUBLIC SCHOOL
EMPLOYEES
VIRGINIA DEPARTMENT OF
EDUCATION
2020**



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Special thanks to Loudoun County Public Schools, Student Health Services, for sharing resources on administering medication for an adrenal crisis.

Note to School Nurse Trainers

Reference specific policies from your local school board for the school division. Use your school division medication forms, both the online and paper versions, (medication administration record, medication counting, and medication errors) when discussing documentation procedures.

It is the School Nurse Trainer's responsibility to assess competency before issuing a certificate of completion of medication administration training to unlicensed assistive personnel (UAP). Consider creating a quiz to assess participants' competency following training. A hands-on demonstration may be appropriate for UAP that administer medications regularly.

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INTRODUCTION

Careful coordination and planning are required of individuals responsible for the timely delivery of medications to all children and adolescents requiring medication during school hours. The unlicensed assistive personnel (UAP) assigned to assist these students must be trained by a Registered Nurse (RN) who is knowledgeable and skilled in medication delivery systems. It is important for the UAP to be aware of the laws, policies, and rules that pertain to medication administration.

The purpose of this manual is to serve as a resource and to provide guidelines for:

- The RN teaching an UAP, such as principals, health assistants, instructional assistants, secretaries, and teachers, basic knowledge, and skills for safely and accurately administering medication to students in Virginia public schools; and
- School divisions to develop a medication administration training program in accordance with Chapter 881, § 54.1-3408 of the *Code of Virginia*.

The following training program meets the requirements of the *Code of Virginia* § 54.1-3408 for administering medication in Virginia public schools.

This manual is intended as a guide. Local school divisions are responsible for creating division-specific policies and protocols appropriate to their school community on the management and delivery of essential medications in schools to children and adolescents with special healthcare needs, as mandated by law. Division legal counsel should be involved to ensure compliance with all laws and regulations. A medical consultant, such as a school physician, should similarly be involved to ensure standards of best practice are included.

Although these guidelines reflect the most up-to-date information at the time of publication, users of this manual are advised to confirm federal, state, and local laws, regulations, and policies when using this document to plan, implement, and evaluate school health programs. Accordingly, proposed local policies and regulations are best reviewed by the division's legal counsel, rather than placing full reliance on this resource manual.

This manual is intended for training in administration of all medications except in the use of Insulin and Glucagon for students with diabetes. There is a separate program for training an UAP to administer Insulin and Glucagon and the Registered Nurse Trainer should refer to the *Manual for Training Public School Employees in the Administration of Insulin and Glucagon*. The Office of Health Services, Division of Special Education and Student Services, Virginia Department of Education, 2019; *Code of Virginia* § 54.1-2901(A)(13)(20)(26).

OBJECTIVES

The goals and learning objectives are specific to the administration of medications to those students with prescriber and parent/legal guardian permission to receive medication in the school setting. This training does not attempt to train an UAP to perform nursing tasks. Upon successful completion an UAP will, at a minimum, be able to safely and accurately:

- identify the student and the medication;
- administer the right medication to the right student, with the right dose, at the right time, utilizing the right route;
- document accurately the medication administration;
- secure, store, and monitor the remaining medication appropriately;
- maintain the privacy and confidentiality of students receiving medications at school;
- demonstrate basic knowledge to identify resources for assistance if questions arise; and
- understand their responsibility to accept the limits of their training, knowing when to stop and not give the medication, and from whom to get help if there are questions about either a medication administration order or how to safely administer a medication.

In addition, an UAP will have a basic understanding of:

- the *Family Educational Rights and Privacy Act (FERPA)*, the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*, and an UAP's responsibility to protect student privacy and maintain confidentiality of student health records;
- standard precautions to take for the protection of both the UAP and the student during medication administration;
- how to administer the emergency medications of Diastat®, epinephrine, and Solu-Cortef®; and
- how to appropriately respond if a medication error occurs.

Development of medication administration policies and procedures in the school setting should include:

- Initial and ongoing training and supervision by the school nurse, which is required and is to be documented, for an UAP who are assigned to administer medications. Training includes all general standards of safe administration of medication, as well as student-specific medication and health needs. Training also includes legal and nursing practice standards, when to call the nurse, the importance of attention to detail and focus in all phases of the medication administration process and the need to observe the student putting the medicine into his/her mouth and swallowing it (Davis-Alldritt & Patterson, 2017).

LEGAL AUTHORIZATION

State Law

The Virginia General Assembly has passed specific legislation that amended and reenacted the *Code of Virginia* with respect to the management of medical conditions and the administration of medication in the school setting. The following references outline some critical provisions in the *Code of Virginia*, including excerpts or descriptions pertinent to these matters.

The *Code of Virginia* § 54.1-3408(H)(L)(N)(Z) - In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia Public School. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local Departments of Health. This also provides for the administration of injected medications for the treatment of adrenal crisis by a student with a condition causing adrenal insufficiency.

Code of Virginia § 8.01-225(A)(9)(11)(12)(13) – Persons rendering emergency care exempt from Liability (AKA Good Samaritan Law).

Code of Virginia §§ 8.01-225, A.9, 22.1-274: D, E, 54.1-2901:26, 54.1-3001:A9, 54.1-3005:12, 54.1-3408H – Assisting Students Diagnosed with Diabetes at School.

Code of Virginia §§ 22.1-274.2, 8.01-226.5:1 – Possession and self-administration of inhaled medication by students diagnosed with asthma; Possession and self-administration of epinephrine auto-injectors for students diagnosed with asthma and/or anaphylaxis.

Code of Virginia § 22.1-275.1 – Outlines participation of school health advisory boards in developing procedures relating to children with acute or chronic conditions.

Code of Virginia § 54.1-3401 – Defines the term "drug."

Specific code references may be accessed online, utilizing the Virginia General Assembly [Legislative Information System](#).

Federal Law

The *Individuals with Disabilities Education Act* ([IDEA](#)) is a law that makes available a free appropriate public education (FAPE) to eligible children with disabilities throughout the nation and ensures special education and related services to those children. Congress reauthorized the IDEA in 2004 and most recently amended the IDEA through Public Law 114-95, the *Every Student Succeeds Act*, in December 2015. Access to essential health related services includes the administration of medication and assurance that adequate coverage is available to administer medication to students by a school nurse or an UAP sufficiently trained to do so in the school nurse's place. This protection also covers medication that a student may require to have administered during a field trip or school-sponsored activity away from the school building.

The *Health Insurance Portability and Accountability Act of 1996* ([HIPAA](#)) privacy rule requires covered entities to protect individuals' health records and other identifiable health information by requiring appropriate safeguards to protect privacy and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections. Most adults are familiar with application of this privacy law in their own health-related care. Prescriber orders for medication administration in the school setting may be clarified for the school nurse, but additional health information about the student may not be provided without the consent of the parent or legal guardian. School staff must protect student privacy about all health information.

The *Family Educational Rights and Privacy Act* ([FERPA](#)) applies to educational agencies and institutions that receive funds under any program administered by the United States Department of Education. This includes virtually all public schools and school districts. At the elementary or secondary level, a student's health records, including immunization records, maintained by an educational agency or institution subject to FERPA, as well as records maintained by a school nurse, are "education records" subject to the privacy requirements of FERPA. In addition, records that schools maintain on special education students, including records on services provided to students under IDEA, are "education records" under FERPA. This is because these records are (1) directly related to a student, (2) maintained by the school or a party acting for the school, and (3) not excluded from the definition of "education records." A breach of confidentiality by school personnel can result in disciplinary action or dismissal by the school division as well as potential legal implications against the individual who violated FERPA or HIPAA.

DESIGNATED RESPONSIBILITIES

Parents

Parents/legal guardians have the primary responsibility to assure the health and well-being of their children. Whenever possible, parents/legal guardians should be encouraged to work with their healthcare providers to select medications and dosing schedules that allow medications to be administered at home. This reduces the potential for medication errors that can occur when multiple individuals are involved in a medication delivery regimen.

However, some students will need medication administration in school in order to receive instruction, (*Code of Virginia* § 54.1-3408 and *Code of Virginia*, § 22.1-274, D). The statutes guarantee the rights of children with special healthcare needs related to medications in schools, while safeguarding those employees not hired to be responsible for the administration of medicine in the course of their employment in schools. This includes licensed instructional employees, instructional aides, and clerical employees.

Parents/legal guardians are responsible for assisting in the following ways for the safe delivery of medication in the school setting (Davis-Alldritt & Patterson, 2017), (AAP, 2009).

1. Transporting prescription medications for students to school in a correctly labeled pharmacy container as needed by students during the school day and refilling them in a timely manner. Another adult may be designated to assist with transporting medication.

2. Providing any equipment needed to administer medication or provide care for medically fragile students in school, such as syringes, supplemental formulas, gastrostomy tubes, etc.
3. Providing a duplicate supply of life-saving medication in the health office for those students who carry and use medications independently.
4. Bringing over-the-counter medication to school, as permitted by school division policy, in the original, unopened container, labeled with the student's name.
5. Providing the school with a completed medication authorization from their prescriber that includes written parental consent.
6. Arranging to give the first dose of any new medication at home to observe for adverse reactions. Parents/legal guardians should also provide advance notification to the school nurse, school administrator, or designated UAP when a new medication is being used at home so that school staff may be alert for adverse reactions.
7. Communicating with designated school staff to be sure the student does not miss or take additional doses of scheduled medication if school is delayed or closed early, such as for inclement weather.
8. Providing prescription medication to school in a timely manner when school staff has indicated that the medication needs refilling. If the medication has been discontinued, the parent should provide written notice to the school from the healthcare provider.
9. Providing the school with a new authorization and correctly labeled bottle whenever the healthcare provider changes the medication and/or the dosage, and at least once every school year. School staff can only accept changes in orders from legally authorized prescribers unless the parent wishes to completely discontinue the medication.
10. Reclaiming leftover medication, no later than the last day of school. Medication will be destroyed the last day school staff is in the health office, or the last day of school if a nurse is not routinely present.
11. Collecting medication that has been discontinued or expires during the school year. Discontinued and expired medication cannot be held at the school and will be destroyed.

Schools

When a school nurse cannot administer medication in school, is not available to do so, or is not included on the staff, careful planning by the school division for the appropriate care of the health-related needs of students with documented medical conditions in the school setting is necessary (AAP, 2009).

Designating an UAP to administer medication is the responsibility of the building administrator, ideally with assistance from the school nurse. If no nurse is available, the building administrator should discuss with superiors how best to arrange for proper training of designated personnel by a licensed medical provider.

Under no circumstances should an UAP who has not received training by someone who is licensed, skilled, and trained in the proper delivery of medications be allowed or expected to administer medications. UAP training should include a demonstration of competency and affirmation of course completion by a licensed healthcare professional providing training.

Prior to giving a student the first dose of any medication at school, the school nurse, principal, or

principal's designee should review the medication authorization, parental consent, and the medication label. If that is not possible, the RN will train an UAP to contact the nursing supervisor before giving the first dose.

School divisions have the following responsibilities:

1. Ensure there are appropriate policies in place for safe medication administration.
2. Create a sound set of protocols to effectively implement the policies during school hours, at school-sponsored activities, or while in transit to or from school or school-sponsored activities.
3. Develop a process to designate, train, and supervise school staff in medication administration.
4. Clarify school division insurance coverage for school staff.
5. Ensure there is adequate backup support and supervision for any UAP asked to participate in a medication administration role.

The National Association of School Nurses' (NASN) [Medication Administration Position Statement](#) explains that as the expert healthcare provider in the educational setting, the school nurse is critical to the safe and effective administration of medication to students. The school nurse should lead in the development, implementation, and evaluation of medication administration policies and procedures at the school or district level.

Building administrators should consider that if an unlicensed person is not comfortable giving any medicine, an UAP should be encouraged to defer to their nursing supervisor, if one is available, or to their building administrator for guidance. The nursing supervisor may attempt to have the building administrator collaborate with the family to find alternate solutions.

UAPs' should not be disciplined for using caution or for asking for assistance. Even with the best training, an UAP cannot be expected to provide the level of nursing care that licensed professional nurses attain through advanced education.

The school nurse should provide ongoing training and feedback to school staff administering medications in his or her absence and be available as back up and support for an UAP. Concerns about the abilities of school staff to safely administer medications or failure to follow school board policies should be reported by the RN to the school health supervisor and/or principal immediately.

Of important note, *Code of Virginia*, § 22.1-274(D), provides exemptions for certain employees from assisting students with some health needs. For example, all instructional staff may decline to provide all health-related services without fear of disciplinary action. Instructional aides and clerical staff may similarly decline to provide all health-related services, except administering oral medications. By contrast, anyone hired for the specific purpose of rendering medical or nursing care, including nursing staff, classroom assistants, and "one-on-one" personal assistants so designated, as well as all administrators, may not refuse to provide whatever legally prescribed medical care is necessary for a child to attend school and receive instruction. (Refer to Table 1).

The following chart describes which school personnel may/may not assist a student with healthcare needs.

Table 1: SCHOOL PERSONNEL ASSISTANCE WITH STUDENT HEALTH NEEDS

School Personnel	Glucagon, Insulin and Blood Sugar Administration and Assistance	Oral Medications	Non-Emergency Procedures and Treatment**
Instructional Aides*	Can refuse	Cannot refuse	Can refuse
Clerical Staff	Can refuse	Cannot refuse	Can refuse
Instructional Staff	Can refuse	Can refuse	Can refuse
Administrators	Cannot refuse	Cannot refuse	Cannot refuse
Persons hired to render care*	Cannot refuse	Cannot refuse	Cannot refuse

**Non-emergency type procedures and treatments (health-related services for students), such as simple dressing changes, nebulizers, uncomplicated catheterizations, and helping with uncomplicated gastric tube feedings.

Chart used with permission of Carol Flach, BSN, RN, School Health Coordinator, (Retired), Virginia Beach City Public Schools.

UAP

An UAP is trained to administer medication in the school setting and is also responsible for understanding and following:

1. The medication administration policies and protocols of the school division;
2. The laws of the Commonwealth of Virginia pertaining to medication administration in the public school setting; and
3. The laws of the U.S., particularly pertaining to children with special healthcare needs protected under the *Individuals with Disabilities Education Act* (IDEA).

Note: The *Code of Virginia* prohibits school personnel from recommending the use of psychotropic medication for any student. The UAP may not advise parents about the use of medications intended to alter the mental activity or state of the student.

QUALIFIED TRAINERS

A RN must use critical thinking and professional judgment in the management of staff (UAP) training in medication administration. In Virginia, counseling and teaching are also nursing tasks that cannot be delegated ([Administrative Code](#)). As a trainer, the registered nurse is responsible for understanding the federal, state, and local statutes that are related to medication administration within the school setting. According to NASN's [Medication Administration Position Statement](#), this includes knowledge of the school division policies about staff training and the delegation of medication administration to an UAP.

Training

All school administrator and UAP medication administration training should be completed annually and documented. Training, supervision, and communication between the RN and the school administrator and UAP should be considered an ongoing process throughout the school year, as new medical conditions are identified or diagnosed, and as students transition through grade levels and schools within the school division.

ACCEPTING MEDICATIONS IN THE SCHOOL SETTING

Again, in accordance with NASN's [Medication Administration Position Statement](#) medications acceptable for administration in the public school setting are defined by federal and state laws, as well as school division policies. As the expert healthcare provider in the educational setting, the school nurse is critical to the safe and effective administration of medication to students. The school nurse should lead in the development, implementation, and evaluation of medication administration policies and procedures at the school or district level.

Over-the-counter (OTC) Medications

Conventional Over-the-counter (OTC) medications, such as acetaminophen, ibuprofen, antacids, lip moisturizers, etc., do not require a prescription by a licensed prescriber and should only be administered to a student according to the manufacturer's directions on the label. However, the American Academy of Pediatrics has recommended that parents/legal guardians provide written approval for all OTC medications administered, with a limited duration for administration at school; "use of OTC medications over an extended time period warrants an authorized prescriber's oversight and authorization" (AAP, 2009). Conventional OTC medications should only be given at school if the medication is necessary for the student to remain in school and per school division policy.

"Alternative medications, such as herbal or homeopathic medications, are not tested by the US Food and Drug Administration for safety or effectiveness. Lack of safety information for these medications limits their appropriate use at school. State and district medication policies should be used for alternative medications. These medications should never be administered without a written physician order" (AAP, 2009). In the *Code of Virginia* to § 54.1-3408, "a practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner

pursuant to § [54.1-2957.01](#), a licensed physician assistant pursuant to § [54.1-2952.1](#), or a TPA-certified optometrist pursuant to Article 5 (§ [54.1-3222](#) et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.”

Guidelines for accepting OTC medications.

1. The medication must be brought to school in the unopened original container or packaging by the parent/guardian.
2. The school RN or the designated UAP must ensure that the following parameters are in place prior to administering OTC medications to students:
 - a. A written, signed medication authorization from the physician/healthcare provider or permission form from the parent/legal guardian which includes the name of the student, name of the medication, the route of administration, the dosage, the frequency of medication administration, the reason for student’s use of the medication, and any special instructions (such as need to crush pills, etc.);
 - b. Requests to administer nonstandard medications (e.g., doses in excess of manufacturer guidelines; alternative, homeopathic, or experimental medications; nutritional supplements) do not have to be honored by a school nurse. For the safety of students, it is critical that evidence-based policies and procedures exist regarding medication administration ([NASN Medication Administration Position Statement](#)). However, a school nurse has a professional obligation to promptly record the request and resolve the conflict with the parent, the prescriber, and/or, when needed, the physician (AAP, 2009); and
 - c. UAP are not expected to administer medications that a RN may refuse to give to students in schools. UAP should work with the school administrator, in the absence of a RN, to find reasonable solutions with parents and prescribers, such as requesting the parent/legal guardian find alternative dosing times outside of school hours to give such medications or to come to school to administer OTC medications themselves.

Controlled or Prescription Medications

Medication administration programs should be set up and fully established by an RN, not a UAP. However, in situations where a RN is simply unavailable, the building administrator or health supervisor or their designee should assume responsibility to assure that the following protocols are in place for UAP before they administer medication, and UAP should not assume responsibility unless they have assured themselves that these protocols are complete and that any questions have been answered.

1. Verify that a medication administration authorization form has been properly completed, signed, and dated by the parent/legal guardian and the licensed prescriber when the medication is a prescription. Licensed prescribers in Virginia may include physicians, dentists, physician assistants, and nurse practitioners. The prescriber’s printed name and telephone number should be included with the signature.
2. Assure medication is properly labeled and matches the information provided on the medication authorization form. Any changes in the written medication authorization require a corresponding change in the prescription label.

3. Document receipt of the medication, including the date and the amount (number of pills, vials, or ampules, or measurement of liquid) received. It is recommended that no more than 30 days of controlled or prescription medications at a time be provided to the school by the parent/legal guardian.
4. Count controlled medication in the presence of the parent/legal guardian as soon as it is received. If the parent/legal guardian is not available, count medication with another staff member as a witness. Document the count on the medication sheet. Both the counter and the witness should sign the medication count.
5. Controlled drugs should also be counted by the staff member administering the medication, as a daily diminishing count, and periodically, *at least weekly*, with another staff member co-signing as a witness (Davis-Alldritt & Patterson, 2017).
6. Check the medication's expiration date prior to acceptance and prior to administration.
 - a. Do not give medication after the expiration date or if it looks or smells unusual.
 - b. Some medications may break down into toxic substances after they have expired.
7. If there are any questions about the medication, contact the school nurse, licensed prescriber, or parent/legal guardian **before** administering the medication.
8. Once the above standards are established:
 - a. Follow school division protocols for proper administration of medication and assist the dependent student in taking the medication correctly. Facilitate the independent student's taking of the medication;
 - b. Record the exact time and date of medication administration on the student's individual medication log immediately after giving medication;
 - c. Maintain student privacy and confidentiality; and
 - d. Maintain medication in a locked place, inaccessible to other students.

Off-Label Use of Medications

“By necessity, doctors have routinely given drugs to children “off-label,” which means the drug has not been approved for use in children based on the demonstration of safety and efficacy in adequate, well-controlled clinical trials” (U.S. Food and Drug Administration, 2016). It is important for UAP to remember that if there are questions about any medication, contact the school nurse, licensed prescriber, or parent/guardian **before** administering the medication. The American Academy of Pediatrics (AAP) has cautioned practitioners that “the term “off-label” does not imply an improper, illegal, contraindicated, or investigational use” of a medication (AAP, 2016).

Evidence-based practices are critical in decision-making by licensed prescribers in the determination of what may benefit the individual patient. School division policies and protocols for proper administration of controlled or prescription medication should be followed by all school division employees. However, a school nurse has a professional obligation to promptly record the request to administer the medication and to resolve the conflict with the parent, the prescriber, and/or, when needed, the physician (AAP, 2009).

STANDARD PRECAUTIONS

Planning

1. Use scrupulous hand washing and put on non-latex gloves as indicated.
2. Treat everyone's blood and body fluids as though they are infected with a bloodborne pathogen. This includes secretions and excretions, except sweat, and regardless of whether they contain visible blood, non-intact skin, and mucous membranes.
3. Stay away from blood and call for help if you do not know how to protect yourself from possible exposure to bloodborne pathogens.
4. Do not attempt to clean up spills of blood or body fluids if it is not part of your job description or training; get help.
5. Properly dispose of contaminated materials and know where the non-penetrable (sharps) container for needle disposal is located; check with your supervisor if you have questions about these procedures.
6. Promptly report suspected exposures to a supervisor and follow school division protocol for handling a possible exposure incident.

Hand Hygiene

Proper hand hygiene should be performed before handling and administering medications. According to the Centers for Disease Control and Prevention (CDC) [Handwashing Guidelines](#), follow these steps:

1. **Wet** hands with clean, running water (warm or cold) and apply soap;
2. **Lather** hands by rubbing them together with the soap. Be sure to lather the backs of hands, between fingers, and under nails;
3. **Scrub** hands for at least 20 seconds. (Hum the "Happy Birthday" song from beginning to end twice.);
4. **Rinse** hands well under clean, running water; and
5. **Dry** hands using a clean towel or air-dry them. Turn off the faucet using the paper towel. Do not touch the faucet with clean hands.

In settings where an UAP do not have access to running water and soap, the UAP must still comply with clean techniques and hand washing. Hand sanitizers may be used in this circumstance.

1. Hand sanitizers are not as effective when hands are visibly dirty or greasy.
2. Two applications and wiping with a disposable towel may help remove visible dirt.
3. Reapplication may be necessary once visible dirt is removed.
4. Sanitizers do **not** eliminate all types of germs and might not remove harmful chemicals.

The CDC recommends the use of an alcohol-based hand sanitizer that contains at least 60 percent alcohol.

1. Apply the product to the palm of one hand (read the label to learn the correct amount).
2. Rub both hands together.
3. Rub the hand sanitizer over all surfaces of hands and fingers until hands are dry.

Gloves

When possible, avoid direct skin contact with body fluids. Disposable single-use non-latex or vinyl gloves should be available in school health offices. Non-latex gloves should be used with students who have a latex allergy or a high potential for developing a latex allergy, such as students with spina bifida. The use of gloves is intended to reduce the risk of contact with blood and body fluids for the caregiver as well as to control the spread of infectious agents from student to employee, employee to student, or employee-to-employee.

After each use, the gloves should be removed without touching the outside of the glove and disposed of in a lined waste container. After removing the gloves, the hands should be washed according to the handwashing procedure. **Do not reuse single use gloves.**

Accidental Exposure

Accidental exposure to blood, body products, or body fluids places the exposed individual at risk of infection. The risk varies depending on the type of body fluid (e.g., blood vs. respiratory vs. feces), the type of infection (e.g., salmonellae vs. haemophilus influenzae virus vs. HIV), and the integrity of the skin that is contaminated.

1. Always wash the contaminated area **immediately** with soap and water.
2. If the mucous membranes (i.e., eye or mouth) are contaminated by a splash of potentially infectious material or contamination of broken skin occurs, irrigate, or wash area thoroughly.
3. If a cut or needle injury occurs, wash the skin thoroughly with soap and water.

In instances where broken skin or mucous membranes, or a needle puncture occurs, the school staff member should document the incident per school division protocol. The student's parent/guardian should also be notified. The person who was exposed to the potential infection should follow the guidelines of the school division for further care.

Reduce Opportunities for Errors

1. Prepare and give medication in a well-lighted area free from distractions.
2. Close health office door to decrease traffic; ask others to wait if interrupted.
3. Contact the school nurse, licensed prescriber, or parent/guardian for questions or concerns, discrepancies between the label and authorization, and/or problems with dose calculations **before** giving medication.

ADMINISTRATION OF MEDICATION

Always follow the "Six Rights" of Medication Administration to ensure student safety.

Right Student

1. Ask the student their name, even if you believe you know them.
2. If it is possible, place a picture of the student on that student's medication administration record (MAR).
3. If you are unsure about the identity of the student, **DO NOT GIVE** the medication. Consult with the school administrator or school nurse for direction.

4. Confirm that you have the RIGHT STUDENT by comparing the stated name with the name on the bottle and the MAR.

Right Medication

1. Compare the name of the medication on the bottle to the written instructions listed on the MAR.

Right Dose

1. Compare the medication dosage on the bottle with the medication dosage on the MAR.
2. Be sure to give the exact amount of the medication.
3. If the parent requests an amount in conflict with the label directions, do NOT administer the medication. Consult with the school nurse or building administrator.

Right Time

1. Check the MAR for the time when the medication should be given.
2. Giving the medication within 30 minutes before or after the scheduled time is within acceptable limits. Medication given more than 30 minutes before or after the scheduled time is considered a medication error.

Right Route

1. Be sure to check how the medication is to be given (i.e., by mouth, on the skin, in the ear).
2. Check the parent/prescriber instructions as well as the medication label and your MAR.

Right Documentation

1. Document medication administration according to school division procedure.
2. Document any variation in medication administration according to school division procedure.

HANDLING MEDICATIONS IN THE SCHOOL SETTING

1. Wash hands thoroughly before giving any medications.
2. Provide the student with water to swallow oral medications.
 - a. Do not use water from a sink where first aid is provided.
 - b. Get a container of clean water from another source, if necessary.
3. Avoid touching medications with bare hands.
 - a. Pour medication into a medicine cup, the lid of the bottle, or a paper cup.
 - b. Ask student to pick up their own medication and put it into their mouth.
 - c. Assist students who cannot pick up their own pills.
 - d. Wear disposable gloves.
 - e. Do not use fingers to place medication into student's mouth if student is known to have a history of biting.
4. Cutting or crushing tablets may be necessary for some students.
 - a. Tablets that need to be cut must be sent to school already cut.

- b. Some tablets may need to be crushed if students cannot swallow them easily. The prescriber or parent should notify school of this need.
 - The parent/guardian is responsible for providing the pill crusher.
 - Pour all crushed medication onto soft food or into liquid for the student to take.
 - c. Wash and dry the pill crusher thoroughly after each use so that no medication is left in/on it.
 - d. Store pill crusher in a clean, safe area.
 - e. Tablets should not be cut or crushed if directions on the label caution against doing this.
5. Measuring liquid medication is essential for administering the correct dosage.
- a. Liquid medication must be measured accurately.
 - b. Use only medicine cups which are calibrated, or a special spoon or syringe for this purpose.
 - Ask the parent/guardian to provide the equipment required for administering liquid medication.
 - Household utensils such as teaspoons are not accurate for medication measurements.
 - c. When a medicine cup is used, place it on a flat surface and read it at eye level.
 - d. Always pour liquids from the side of the bottle opposite the label so that the label stays clean and readable.
 - e. Clean any medication off the outside of the bottle after pouring by rinsing and wiping with a clean paper towel.
 - f. Be sure the student takes all the medication.

COMMON ROUTES OF MEDICATION ADMINISTRATION

Oral Medications

1. Tablets come in various forms.
2. Chewable tablets are intended to be chewed completely before swallowing and will be labeled “chewable.”
3. Regular tablets are intended to be swallowed whole and some may be scored for cutting.
4. Dissolvable tablets will dissolve on the tongue, as directed.
5. Sublingual medication is either handed to student to place in mouth to melt or UAP will ask student to lift tongue and transfer pill from medicine cup into mouth under tongue.
Give water only as directed by prescriber.
6. Capsules are coated and designed to be swallowed whole.
 - a. Some capsules are designed to be broken apart and the contents sprinkled onto soft food such as applesauce. If a capsule is supposed to be sprinkled, the directions on the prescription label will say this specifically.
7. Syrups and elixirs are clear liquids.
8. Suspensions are liquids which are not clear because they contain medication that does not dissolve completely in the liquid.
 - a. Suspensions may need to be refrigerated.

- b. Suspensions may separate when stored. If this is so, you will see this noted on the prescription label. Shake the bottle for at least five seconds, if instructed.
9. Ask the student to drink at least four ounces of water after taking oral medication.
10. Discard gloves, if used, and wash hands.
11. Document medication administration.

Buccal

Buccal medications are oral disintegrating tablets/wafers that are placed in the mouth between the cheek and the gum where it is dissolved and absorbed into the bloodstream.

1. These medications may be administered **as directed** by a physician/healthcare provider's order in a Seizure Action Plan or Emergency Action Plan.
2. Always wash hands and wear gloves when assisting a student with buccal medication.
3. Follow guidelines for requesting emergency assistance and providing supportive care of the student as per instructions in physician's order, such as calling 9-1-1 and notifying the parent/guardian.
4. Discard gloves and wash hands.
5. Document medication administration as well as the seizure activity that indicated the need to administer the medication.

Topical

Topical medications include medicines applied to the outside of the body, such as ointments, creams, sprays, or oils applied to the skin.

1. Always wash hands and wear gloves when assisting a student with topical medications.
2. Medication may be ordered for a specific site on the body or on a more generalized area. Observe affected area for changes.
3. Some medications may be applied with a tongue blade, cotton swab, or gauze pad. Follow directions provided.
4. Once a tongue blade, cotton swab, or gauze pad has touched the student, it should not be dipped back into the topical medication container. A new tongue blade, swab, or pad must be used to remove additional medication.
5. Discard gloves and wash hands.
6. Document medication administration.

Eye

Eye (Optic) medications are eye drops or ointment labeled for ophthalmic use.

1. Wash hands and put on non-latex, powder-free gloves.
2. Some eye drops will need to be refrigerated (this will be on the label). You can warm the drops by rolling the bottle between the palms of your hands for a few minutes.
3. Read the label to see if the eye drops need to be shaken.
4. Ask student to lie on back or sit with head tilted back.
5. Observe eye for any unusual condition.
6. Caution student to be still.
7. Check that dropper opening is not blocked or obstructed.

8. Do not touch dropper to anything, including student's eye or skin, to avoid injury or infection to eye. If the medication has a cap, set the cap up when it is removed so that the inside of the cap does not touch the counter and contaminate the rim.
9. If eye is crusty, *and if ordered*, cleanse eye with clean, warm water moistened cotton ball.
 - a. Wipe once from inside to outside of eye and discard used cotton ball after one swipe.
 - b. Use a clean cotton ball for each wipe of the eye.
10. While asking the student to look up, open the eyelid gently, pulling down on lower lid with one hand.
 - a. A "pocket" should form, exposing the inner side of the lower lid.
 - b. Rest hand holding the medication bottle/dropper on the student's cheekbone for stability.
 - c. Gently squeeze bottle or tube to drop medication into "pocket." Avoid putting the medicine, either drops or ointment, directly on the eyeball.
 - d. Ask student to close eyes a few minutes, but caution against squeezing eye, continuous blinking, or rubbing the eye.
 - e. Provide student a tissue for extra fluid.
 - f. Recap medication.
11. Discard gloves and wash hands.
12. Document medication administration.

Ear

Ear (Otic) medications are eardrops.

1. Wash hands and put on non-latex gloves.
2. Ask student to lie down on cot with the affected ear facing up or position student in a chair with the head tilted to the side until ear is horizontal.
3. Observe affected area for any unusual condition.
4. If refrigerated, allow medication to come to room temperature prior to administration.
5. Check that dropper opening is not blocked or obstructed.
6. Do not touch dropper to anything, including student's ear or skin.
7. Straighten the external ear canal as follows. Place hand holding dropper or bottle against student's head to steady hand, then:
 - a. For children three years of age or older, the external ear canal is straightened by gently pulling the outer ear upward and back.
 - b. For children younger than three years of age, the external ear canal is straightened by gently pulling the outer ear downward and straight back.
8. Drop the medication onto the side of the external ear canal, and then gently massage the area immediately in front of the ear to facilitate the entry of drops into the ear canal.
9. Ask student to maintain the required position for about one minute, and then repeat the procedure in the other ear, if required.
10. Special instructions may include the use of a cotton ball to be loosely placed in the ear canal to prevent medicine from dripping out.
11. Recap medicine.
12. Discard gloves and wash hands.
13. Document medication administration.

Nasal

Nasal medications are nose drops or sprays.

A. Nose drops

1. Give tissues to student.
2. Ask student to blow nose gently before administration.
3. Observe nasal area for any unusual condition.
4. Check that dropper opening is not blocked or obstructed.
5. If using a dropper, draw medicine into the dropper.
6. Ask student to lie down with the head tilted back over the edge or position the student in a chair with the head tilted back.
7. Place prescribed number of drops into nose without touching dropper/bottle to student's nose or skin.
8. After installation of drops, the student should remain in position for about one minute to allow drops to moisten the nasal surfaces.
9. Recap medicine.
10. Discard gloves and wash hands.
11. Document medication administration.

B. Nasal sprays

1. Wash hands and put on non-latex gloves.
2. Give tissues to student.
3. Ask student to blow nose gently before administration.
4. Observe nasal area for any unusual condition.
5. Position student in a chair with head upright.
6. Insert tip of spray bottle in open nostril.
7. Squeeze/pump bottle or have the student do so, while the student breathes in through nose.
8. Spray once or twice per directions into each nostril and wait three-five minutes. Follow instructions on label.
9. Allow student to wipe nose with tissue, but caution against blowing nose immediately after administration of medicine.
10. Student may swallow or spit into sink any solution that runs down the back of the nose into the throat. Encourage student to take a drink of water following administration.
11. Recap medicine.
12. Discard gloves and wash hands.
13. Document medication administration.

Rectal

Rectal medication in the school setting is usually a seizure rescue medicine. Giving medication per rectum is an invasive and intimate procedure normally reserved for licensed individuals. However, per the [Code of Virginia](#) § 54.1-3408, under true emergency circumstances and when a RN is not present, a trained UAP may assist a student who is having a seizure by administering the rectal medication prescribed for that student.

Important Considerations for Administration of Rectal Medication

- The UAP must have a witness present, parent/guardian permission, and support of the building administrator to perform this task.
- This care can make a positive difference in the life of a student while reducing health risks for the student.
- Privacy is needed to preserve the student's dignity. Pre-planning and preparing all essential supplies are important (i.e., hand sanitizer, gloves, lightweight covering). This care can make a positive difference in the life of a student while reducing health risks for the student.
- If EMS/9-1-1 must be called, the UAP must follow EAP exactly as written, call 9-1-1 for assistance, and afterwards, alert the parent/guardian.

Procedure

1. When possible, wash hands and put on gloves. If there is nowhere to wash hands, use hand sanitizer and gloves. Do not handle the seizing student more than necessary except to move away from danger and place on the ground. Check the student's Seizure Action Plan or Emergency Action Plan (EAP).
2. Ensure student's privacy.
3. Loosen pants to expose buttocks and allow access to rectum but keep student covered as much as possible.
4. Roll student to the side with the upper leg bent forward and separate the buttocks to expose the rectum.
5. For a Diastat® syringe, lubricate the plastic tip with the gel in the medication package, gently insert syringe tip into rectum with the rim snug against rectal opening, then gently push the plunger in while slowly **counting to three** until the plunger stops. Leave the syringe tip in place and slowly **count to three** again. Gently remove the syringe, and gently hold the buttocks together for another **count of three** to prevent medication from oozing out before it is absorbed.
6. **If administering a suppository**, remove the wrapping on the suppository and lubricate the suppository with water-soluble lubricant jelly or warm water, if available, otherwise quickly, but gently, insert the suppository into the rectum. The rectal muscle will feel tight around the finger.
7. Keep student on the side facing you, note time medication is given, and continue to observe closely. Save the medication syringe to give to the emergency responder. Maintain student privacy.
8. Call 9-1-1 for assistance and alert the student's parent or guardian.
9. Discard gloves and wash hands.
10. Document medication administration.
11. Additional [Diastat Instructions for Child](#) training that may be needed will be provided by the school RN.

Inhaled Medications

There are two types of medication that might be used by a student with asthma: a controller medicine in either inhaler form or by a pill or liquid; and an asthma rescue medication, which is considered a life-saving drug. The controller medication is used daily, as its name suggests,

controlling symptoms of asthma and preventing asthma attacks. It will **not** help during an asthma attack.

The asthma rescue medication is typically an inhaler that can stop an asthma attack; however, epinephrine can also be part of an asthma management plan for students with difficult-to-control asthma or related life-threatening anaphylaxis. If ordered by the prescriber, this will be documented on a student's health record. An asthma attack must be viewed as a potentially life-threatening condition and warrants immediate attention and intervention by UAP, including calling the school nurse for guidance, or calling 9-1-1 for emergency transportation to the hospital for students who are not responding to medicines.

All students diagnosed with asthma should have an asthma emergency action plan (EAP) prepared by the school nurse with input from the student's physician and the parent/guardian.

The UAP must become familiar with the EAP.

Some independent students carry and use their own medications. All independent students self-administering inhaled asthma medication should have an individualized healthcare plan, an EAP, and a spare asthma rescue inhaler stored safely in the school health office.

Metered-Dose Inhaler (MDI)

A Metered-Dose Inhaler (MDI) is a small, handheld device with a mouthpiece that holds the medicine canister. When the MDI is pressed, a precise dose of medicine is delivered into the student's mouth for the student to inhale into the lower respiratory system. The medication is in a fine mist or powder. Some students may use a prescribed spacer or holding chamber to make sure that the medication gets to the lungs during one or two slow, deep breaths. **Always consult the student's Asthma Action Plan/Prescription for instructions on how to administer the inhaler.**

Nebulizers

Nebulizers are small machines that turn liquid medicine into a mist. The student takes slow, deep breaths through a connected mouthpiece to get medicine directly into the lungs.

1. Wash hands and put on non-latex gloves.
2. Gather supplies, including the student's medication delivery device, connector tubing, and medication.
3. Attach the student's connector tubing to the nebulizer or air compressor. Fill the medicine cup in the medication delivery device with the prescription medication. To avoid spills, close the medicine cup tightly and always hold the mouthpiece straight up and down.
4. Attach the supply tubing, the lid of the delivery device, and the mouthpiece to the medicine cup.
5. Ask student to sit comfortably near the machine and position the mouthpiece so that all the medicine goes into the lungs.
6. Have student breathe through the mouth until all the medicine is used. This can take 10-15 minutes. If ordered, have the student use a nose clip so that breathing is through the mouth. Young children may wear a mask instead of using the mouthpiece.
7. Turn machine off after medication is administered.

8. Wash the student's medicine cup and mouthpiece with water and air dry until the next treatment.
9. Discard gloves and wash hands.
10. Document medication administration.
11. Additional training that may be needed will be provided by school RN.

Oxygen

Oxygen is considered a medication and can only be administered to the student as prescribed by the medical provider. The school RN will provide more in-depth training regarding oxygen use, if applicable. Refer to pp. 309-315 of the [VDH Healthcare Procedure Guidelines in Schools](#).

EMERGENCY MEDICATION

Certain emergency rescue medicines are life-saving drugs, when used by a UAP according to the student's Emergency Action Plan.

1. Rectal diazepam or Diastat® for seizure rescue.
2. Epinephrine for anaphylaxis that may be caused by a severe allergic reaction or asthma.
3. Injectable Hydrocortisone (Solu-Cortef® or Methylprednisolone) for adrenal crisis.
4. Insulin and Glucagon for diabetes are covered in a separate training and in the Virginia Department of Education *Manual for Training Public School Employees in the Administration of Insulin and Glucagon* (VDOE, 2019).

Rectal diazepam or Diastat®

Rectal medication in the school setting is usually a seizure rescue medicine. Giving medication per rectum is an invasive and intimate procedure normally reserved for licensed individuals. As discussed, the *Code of Virginia* § 54.1-3408 allows a trained UAP to assist a child who is having a seizure by administering rectal medication under true emergency circumstances and when a RN is not present.

Important Considerations for Administration of Rectal diazepam or Diastat®.

- The UAP must have a witness present, parent/guardian permission, and support of the building administrator to perform this task.
- This care can make a positive difference in the life of a student while reducing health risks for the student.
- Privacy is a primary concern to preserve the student's dignity. Pre-planning and preparing all essential supplies are important (i.e., hand sanitizer, gloves, lightweight covering). This care can make a positive difference in the life of a student while reducing health risks for the student.
- The UAP must follow EAP exactly as written, call EMS/ 9-1-1 for assistance, and afterwards, alert the parent/guardian.

Procedure

When possible, wash hands and put on gloves. If there is nowhere to wash hands, use hand sanitizer and gloves. Do not handle the seizing student more than necessary except to move away

from danger and place on the ground. Check the student's Seizure Action Plan or Emergency Action Plan (EAP).

1. Ensure student's privacy.
2. Loosen pants to expose buttocks and allow access but keep student covered as much as possible.
3. Roll student to the side with the upper leg bent forward and separate the buttocks to expose the rectum.
4. For a Diastat® syringe, lubricate the plastic tip with the gel in the medication package, gently insert syringe tip into rectum with the rim snug against rectal opening, then gently push the plunger in while slowly **counting to three** until the plunger stops. Leave the syringe tip in place and slowly **count to three** again. Gently remove the syringe, and gently hold the buttocks together for another **count of three** to prevent medication from oozing out before it is absorbed.
5. **OR**, remove the wrapping on the suppository and lubricate the suppository with water-soluble lubricant jelly or warm water, if available, otherwise quickly, but gently, insert the suppository into the rectum. The rectal muscle will feel tight around the finger.
6. Keep student on the side facing you, note time medication is given, and continue to observe closely. Save the medication syringe to give to the emergency responder. Maintain student privacy.
7. Call 9-1-1 for assistance and alert the student's parent or guardian.
8. Discard gloves and wash hands.
9. Document medication administration.
10. Additional [Diastat Instructions for Child](#) training that may be needed will be provided by the school RN.

Epinephrine

Epinephrine is used for life-threatening anaphylaxis following exposure to an allergen. An allergic reaction is an immune response to a foreign substance resulting in inflammation and/or organ dysfunction. Allergic reactions may have many symptoms that could appear immediately or not for several days or weeks. A student may have the same reaction to an ingested food or insect sting/bite that might occur with a medication. If a student is not responding to usual asthma medication, the UAP should contact the school nurse. However, the UAP should not delay treatment and should proceed with administration of an epinephrine auto-injector if the student is already exhibiting symptoms such as:

Signs and Symptoms of Anaphylaxis

- Shallow respirations, difficulty breathing, swelling of tongue, gurgling or high-pitched sounds;
- Feelings of apprehension, sweating, weakness;
- Nausea, vomiting, abdominal pain, diarrhea;
- Low blood pressure with weak, rapid pulse;
- Flushing of skin, hives, itching;
- Nasal congestion, itching, sneezing, wheezing;
- Seizures, loss of consciousness, shock, coma; or
- Difficulty walking, blue/gray lips or fingernails.

Anaphylaxis is the most dangerous type of allergic reaction. Anaphylaxis is a life-threatening event, where the blood pressure drops, respiratory distress occurs (i.e., shortness of breath), and the student may become unresponsive. School division emergency procedures should be implemented if anaphylaxis is suspected.

Epinephrine auto-injectors deliver medication intramuscularly and are used for life-threatening anaphylaxis following exposure to an allergen. For a student with a known allergy and prescribed epinephrine, the school RN will train UAP to use the student's medicine according to the EAP. For a student experiencing a first time reaction the RN will train UAP to use stock epinephrine per school division policies and/or protocols.

The *Code of Virginia* § [22.1-274.2](#) requires schools to possess, train, and administer epinephrine to any student believed to be having an anaphylactic reaction. The medication may be available for administration by a variety of methods or auto-delivery devices. The UAP should be familiar with the different types of epinephrine auto-injectable that individual students may have been prescribed as well as with the method of injectable provided by the school division.

Instructions for use of the EpiPen® and EpiPen Jr® are found at [How to use an EpiPen](#).

Instructions for use of generic or Teva® epinephrine auto-injector are available at [How to use the Teva Epinephrine Auto-Injector](#).

1. Remain calm and reassure student. Have student seated or reclining. Ensure that either the student's prescribed auto-injector **or** the correct dosage of stock epinephrine is available for administration. Pull safety cap off auto-injector, being careful to not stick yourself or drop the auto-injector. There may not be enough time to wash hands before intervention.
2. Swing and firmly push the orange tip against the middle of the outer thigh. Medicine may be injected through clothing. Avoid the seam of heavy denim.
3. Firmly press the auto-injector against student's thigh until mechanism activates and hold in place for at least three seconds, counting 1-1000, 2-1000, and 3-1000. Note: Other generic epinephrine auto-injectors require a count of ten to ensure complete delivery of the medication. Always check the manufacturer's instructions.
4. Remove auto-injector, place in a protective container **without replacing safety cap**, and massage-injected area for at least ten seconds.
5. Continue to observe student closely for signs and symptoms of recovery or worsening condition.
6. Ensure that emergency responders have been called.
7. Note the time you gave the medication and report this to emergency responders.
8. Remain with student to keep him/her calm and still until emergency responders arrive. Follow established emergency response procedures.
9. Dispose of auto-injector in the non-penetrable (sharps) container or send the used auto-injector in the protective case with EMS to the emergency room.
10. If student's symptoms continue and EMS is not on the scene, administer a second dose of epinephrine via auto-injector 5-15 minutes after the initial injection, according to student's EAP or the school division policy and protocols for use of stock epinephrine.

11. Notify school administrator, school nurse, and student's parent/legal guardian of medication administration.
12. Discard gloves and wash hands.
13. Document medication administration.
14. Follow up with student's parent/legal guardian to have prescribed epinephrine auto-injector replaced when student returns to school. Follow school division protocols to obtain replacement for any stock epinephrine used.

Auvi-Q® dosages

[Auvi-Q®](#) has a voice prompt that tells the person administering the medicine exactly what to do. The UAP should follow the voice prompts exactly as given.

1. Remain calm and reassure student. Have student seated or reclining. Activate device by removing the outer covering. There may not be enough time to wash hands before intervention.
2. Place end of device on student's thigh. Medicine may be injected through clothing but avoid seam of heavy denim.
3. To trigger the injection, firmly press the auto-injector against student's thigh until device instructs you to remove it.
4. Continue to observe student closely for signs and symptoms of recovery or worsening condition.
5. Ensure that emergency responders have been called.
6. Note the time you gave the medication and report this to emergency responders.
7. Remain with student to keep him/her calm and still until emergency responders arrive. Follow established emergency response procedures.
8. Dispose of auto-injector in the biohazards sharps container or send the used auto-injector in the protective case with EMS to the Emergency Room.
9. If student's symptoms continue and EMS is not on the scene, administer a second dose of epinephrine via auto-injector 5-15 minutes after the initial injection, according to student's EAP or the school division policy and protocols for use of stock epinephrine.
10. Notify school nurse, school administrator, and student's parent or guardian of medication administration.
11. Discard gloves and wash hands.
12. Document medication administration.
13. Follow up with student's parent to have prescribed epinephrine auto-injector replaced when student returns to school. Follow school division protocols to obtain replacement for any stock epinephrine used.

SYMJEPI® prefilled epinephrine syringe:

[SYMJEPI®](#) is a syringe with the correct dose of epinephrine already loaded. The needle must be inserted, and the plunger depressed to deliver the medication. It is also available in both 0.15 mg. dose for children 33-65 lbs. and 0.3 mg for people over 66 lbs.

1. When ready to use SYMJEPI, pull cap off to expose needle.

2. **To ensure no accidental epinephrine leakage, do not touch the plunger until the needle is fully inserted.**
3. Holding by the finger grips, slowly insert the needle into the thigh. SYMJJEPI can be injected through clothing if necessary.
4. After needle is in the thigh, push the plunger all the way down until it clicks.
5. Hold for **two** seconds.
6. Remove needle and massage the area for ten seconds.
7. The correct dose has been injected if the plunger has been pushed all the way down and the solution window is at least partially blocked.
8. Once the injection has been administered, using one hand with your fingers behind the needle, slide the safety guard up until it clicks to cover the needle.
9. SYMJJEPI features a safety guard to keep you protected. Do not forget to slide it up to cover the needle before putting the used SYMJJEPI device back in its case.
10. Continue to observe student closely for signs and symptoms of recovery or worsening condition.
11. Ensure that emergency responders have been called.
12. Note the time you gave the medication and report this to emergency responders.
13. Remain with student to keep him/her calm and still until emergency responders arrive. Follow established emergency response procedures.
14. Dispose of SYMJJEPI® syringe in the biohazards sharps container or send the used syringe with the safety guard up with EMS to the Emergency Room.
15. If student's symptoms continue and EMS is not on the scene, administer a second dose of epinephrine via the SYMJJEPI® epinephrine syringe 5-15 minutes after the initial injection, according to student's EAP or the school division policy and protocols for use of stock epinephrine.
16. Notify school nurse, school administrator, and student's parent or guardian of medication administration.
17. Discard gloves and wash hands.
18. Document medication administration.
19. Follow up with student's parent to have prescribed epinephrine syringe (s) replaced when student returns to school. Follow school division protocols to obtain replacement for any stock epinephrine used.

Injectable Hydrocortisone (Solu-Cortef®) or Methylprednisolone

The *Code of Virginia* [§ 54.1-3408 \(AA\)](#) was updated in 2018 to authorize persons to be trained to administer medication to students diagnosed with adrenal insufficiency who are suffering from an adrenal crisis when a licensed healthcare provider is not immediately available and whose parent or guardian has provided both the necessary medication and the equipment for administration. Students diagnosed with adrenal insufficiency experience an endocrine, or hormonal, disorder when their body is unable to produce enough adrenal hormones to maintain and regulate key functions in the body. In the school setting, the circumstances that may trigger an adrenal crisis include illness, such as a fever or the flu; an injury or trauma, such as a head injury, concussion or broken bone; exposure to stressful situations, such as a fire drill; or missing or stopping maintenance cortisol replacement medications.

The above signs and symptoms can also be indicative of many other illnesses or diseases. School staff must be familiar with the individual student's healthcare plan to identify any of the above signs of a possible adrenal crisis as quickly as possible. The student's healthcare provider will provide a list of what symptoms may be classified as mild or severe for the student, along with the appropriate steps to take.

Mild symptoms may require the student to take an oral stress medication (such as hydrocortisone) while the parent is contacted, and the student continues to be observed to ensure that symptoms do not become more severe.

If the student cannot take the oral stress medication due to repeated vomiting or episodes of diarrhea, or unconsciousness, then an injectable form of hydrocortisone or methylprednisolone (such as Solu-Cortef® or Solu-Medrol®) must be administered to the student intramuscularly (IM), into the location designated by the prescriber. A school staff member must contact EMS/ 9-1-1 while an appropriately trained staff member administers the injection.

Severe signs and symptoms of an impending Adrenal Crisis include:

- Headache;
- Dark circles under eyes;
- Nausea or vomiting;
- Stomachache and/or loss of appetite;
- Diarrhea;
- Severe low back pain or leg pain;
- Muscle weakness or cramping;
- Fever (over 100.4°F);
- Signs of dehydration such as dry tongue or thirst, not urinating;
- Lethargic – cannot stay awake;
- Dizziness with trouble focusing or confusion;
- Faints or passes out; and
- Unusual changes in student's emotional behavior - upset, angry, or tearful.

Treating a student in Adrenal Crisis:

1. **Do not leave the student unattended.**
2. Inform the EMS dispatcher of the type of medication given.
3. Contact the parent or legal guardian.
4. Student should be seen by a physician. The student's health may not immediately improve after the medication is given.
5. Do not delay or second guess whether the student is in crisis; administer the medication according to the Six Rights of Medication Administration and as directed in the student's individual healthcare plan.

Storage of Solu-Cortef® or Solu-Medrol®

Oral medication should be stored at room temperature and away from excess heat and moisture. Injectable medication such as an Act-o-Vial® of Solu-Cortef® or Solu-Medrol® should be stored at room temperature in a dry place protected from light. The powder must be reconstituted

with the two (2) ml of sterile water and should not be mixed until just before it is injected during an adrenal crisis emergency. The solution should only be used if it is clear.

Access to Medication

The medication must be readily available and secured near the student. Transportation activities such as field trips or other offsite functions must be considered when planning emergency measures for possible treatment of adrenal crisis. Depending on the age of the student and school division policies, it may be advisable for students to carry their own medication during these special activities and trained school personnel must accompany the student.

Materials Needed for Medication Administration

- Medication
- Syringe
- Alcohol swabs
- Sharps container
- Cotton balls or tissue
- Non-sterile gloves

Preparation for Medication Administration

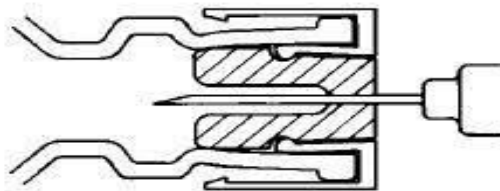
Ask a Staff Member to **Call 9-1-1 Now!**

1. Check student's healthcare plan and healthcare provider's order. It is critical that the Six Rights of Medication Administration are followed.
2. Assemble medication and check expiration date; gather necessary supplies.
3. Consider location on student's body where medication will be injected. Provide privacy and comfort for student, especially if articles of clothing must be removed from mid-thigh or upper arm areas. It is suggested that two school staff members be present, if possible.
4. Wash hands and put on gloves.

Use of Act-o-Vial brand medication

1. Press down on plastic activator (top) of the medication Act-o-Vial® to force diluent into the lower chamber with the powdered medication.
2. Gently mix the solution by turning the vial upside down several times. **DO NOT SHAKE.** (The solution is initially cloudy but then clears. If the solution does not clear, do not administer, and wait for rescue personnel to arrive.)
3. Remove the plastic tab-covering center of stopper. Do not touch top of stopper after tab is removed.
4. Wipe top of the vial with an alcohol swab.
5. Take cap off the syringe. Insert needle squarely through center of plunger-stopper until tip is just visible. **Do not inject air.**
6. Turn bottle upside down and withdraw required dosage of solution, per healthcare provider's order. If there is any air in the syringe, turn needle upward and gently tap on syringe allowing air bubble to rise to top of syringe. Push air out by gently pushing on plunger until you get to the solution.

Unopened Act-o-Vial® and needle insertion through stopper



Some types of injectable medication may need to be reconstituted and mixing of the powdered drug is required by the healthcare provider's order.

Emergency Medication Training

1. Current training and certification in approved first aid, cardio-pulmonary resuscitation (CPR), and automated external defibrillator (AED) courses are critical for UAP in monitoring a student with a potentially life-threatening medical condition, and in initiating appropriate action if the student stops breathing before EMS/9-1-1 arrives (Grabeel & Shull, 2013).
2. Current medication administration training should be updated annually.
3. The parent or legal guardian of the student with a diagnosis of seizures and a prescribed seizure rescue medication is responsible for providing unexpired medication and a current physician's order to the school each school year. Documentation of school staff training to treat the student who may require seizure rescue medication should be maintained, as determined by the school division.
4. Current training in the administration of the emergency injectable medication is required to treat a possible adrenal crisis for a student who has been diagnosed by a licensed healthcare practitioner, as defined by the Commonwealth of Virginia. The unexpired medication and the equipment necessary for the student's treatment for adrenal insufficiency or crisis must be provided by the parent/legal guardian with the current physician/healthcare provider's order each school year. In addition, the parent/guardian is required to update the school promptly with any changes that the healthcare provider makes in the student's healthcare plan or medications. Documentation of school staff training to treat the student who may experience an adrenal crisis should be maintained, as determined by the school division.
5. The parent or legal guardian of the student with a diagnosis of severe allergies and a prescribed epinephrine auto-injector is responsible for providing unexpired medication and a current physician's order to the school each school year.
6. A student experiencing anaphylaxis related to a severe allergic reaction may not have been previously diagnosed with a severe allergy. Prompt recognition of the signs and symptoms of anaphylaxis is critical for administering epinephrine for a student without a healthcare plan on file. Stock epinephrine, if available, may be used according to school division policies and protocols.
7. Good communication between school staff members and the parent/guardian of any student with a healthcare condition is key to effectively meeting the student's healthcare

needs during the school year. In addition, the parent/guardian is required to update the school promptly with any changes that the healthcare provider makes in the student's healthcare plan or medications.

8. The school building administrator is responsible for designating which staff members will receive training by the school nurse to administer appropriate medications to treat a student's need for emergency, or rescue, medication.

STUDENTS CARRYING AND SELF-ADMINISTERING MEDICATION

Self-medication is defined as the ability of and legal authority of a student to carry a prescribed medication on his person in the school setting and to use that medication as prescribed by a healthcare provider without the intervention of an adult (Marcontel-Shattuck & Gregory, 2006).

The *Code of Virginia* § 22.1-274.2 requires that local school divisions have policies implemented to permit a student with a diagnosis of anaphylaxis or asthma, or both, to possess and self-administer auto-injectable epinephrine or inhaled asthma medications, or both, as the case may be, during the school day, at school-sponsored activities, or while on a school bus or other school property.

In addition, each student who is diagnosed with diabetes may carry with him and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and self-check his own blood glucose levels on a school bus, on school property, and at a school-sponsored activity (*Code of Virginia* § 22.1-274.01:1). Age-appropriate, self-management of care is a goal for students with chronic health conditions such as severe allergies, asthma, and diabetes.

In accordance with federal and state laws, regulations, and standards, a responsible student should be allowed to carry and self-administer medication for urgent or emergent need if the medication does not require security or refrigeration. Controlled substances and medications with risk of abuse or sale to others are not candidates for self-administration (AAP, 2009). The school nurse should carefully assess and declare in writing a recommendation concerning students' self-carrying/self-administration based on the student demonstrating the appropriate developmental, physical, and intellectual capacity to self-carry and/or self-administer an emergency medication at school (AAP, 2009).

Healthcare providers should assess student, family, school, and community factors in determining when a student should carry and self-administer life-saving medications. Healthcare providers should communicate their recommendation to the parent/guardian and the school, and maintain communication with the school, especially the school nurse. In addition, the parent/guardian should be aware of school division medication policies and parental responsibilities. The parent/guardian must ensure the student has the needed medication; medications are refilled when required, backup medications are provided to the school, and medication use is monitored through a collaborative effort between the parent/guardian and the

school team (U. S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute (NHLBI), 2005). Age-appropriate, self-management of care is a goal for students with chronic health conditions such as severe allergies, asthma, and diabetes.

The RN will train an UAP regarding indicators for determining student independence in taking medication. This enables an UAP to provide feedback to the RN should a student not maintain that level of responsibility. Independence includes a demonstrated ability to be able to safeguard medicine so that other students do not have access. The student should be able to identify the medication, when and why it is being taken, and how to safely dispose of sharps that may be used in the process.

SAFE STORAGE AND MONITORING OF MEDICATIONS

1. Store all medication in its original container.
 - Parent, legal guardian, or designated adult must always bring medication to school in original labeled containers.
 - Check the expiration date. Do not accept or give any expired medication.
 - **Only persons authorized by the Board of Pharmacy may dispense, repackage, or re-label medications.**
 - Prescription medication must always be the most current prescription and remain in the **original, labeled** container.
 - Non-prescription medication should always be kept in the **original, labeled** bottle or box.
 - **Never** administer medication sent to school in unlabeled containers. To do so would be a violation of law and policy and jeopardizes student safety.
 - UAP should never repackage medication into a plastic bag or other container. Only a person licensed to dispense or administer drugs in Virginia, such as a RN or licensed practical nurse, can repackage medication for a field trip by [Virginia DHP Pharmacy Guidelines](#).
2. Medication should always be stored in a clean, locked cabinet or box in a secure area according to the laws, policies, and guidelines of the Commonwealth of Virginia and the local school division. The keys to a locked medicine cabinet, box, or cart should always be kept on the person of the individual responsible for medication administration during school hours.
3. **All medications require counting upon receipt.** The medication should be counted or measured with and signed off by the parent/legal guardian and the school nurse or other designated staff with the amount received documented (Davis-Alldritt & Patterson, 2017).
4. Medication in any form that is received and categorized as a sedative, stimulant, anti-convulsive, narcotic analgesic, or psychotropic medication will be counted by designated school personnel or parent/legal guardian in the presence of another staff member, preferably a school nurse or school principal, when received at school (Davis-Alldritt & Patterson, 2017).

- The UAP should consult with the school nurse or dispensing pharmacy if you are unsure whether a prescription is classified in one of these categories.
 - The number of capsules or tablets received must be documented on the student's MAR and initialed by the two individuals who counted or witnessed the procedure.
 - Any discrepancies should be reported to the school nurse or building administrator and parent/legal guardian immediately. Lost, stolen, or missing medication under the oversight of the UAP is a potentially criminal matter that could involve local law enforcement agencies.
5. Medication, which requires refrigeration, may be kept in a refrigerator used only for medication, or in a locked box in a refrigerator that may be shared.
 - The refrigerator temperature should be maintained between 36-46° F to ensure the medication's effectiveness and temperature checks should be documented per school division policies and protocols.
 6. Medication that is sensitive to significant variations in temperature for optimum effectiveness when administered must be stored appropriately during time periods when the temperature in the school health office may fluctuate due to planned school closures.
 7. It is the parent/legal guardian's responsibility to inform the school **in writing** if any changes are made to medication instructions. This includes written instructions from the parent/legal guardian and the prescriber. **Do not act on verbal requests to change medication dosage or frequency.** A new pharmacy label needs to be provided to the school, if applicable.
 8. Designated school personnel will be responsible for monitoring all medication supplies and for ensuring medications are always secure.
 9. When the medication supply is low or diminishing, the UAP must notify the parent or legal guardian in a timely manner to ensure the health needs of the student are met at school.
 10. Medications remain the property of the parent/legal guardian. Sometimes parents/legal guardians may decide to stop a medication independently of the prescriber's medical orders. The school should provide notification to the prescriber if medication is not able to be administered as ordered.
 - If the parent/legal guardian requests the student's medication be returned, document the date, time, and amount returned.
 - Ask parent/legal guardian to sign the documentation verifying repossession of the medication. This documentation may be defined by local school division and could include the student's MAR.
 - The local school division must have a procedure on how to handle medications, which are no longer being given (including end of the school year, medication changed by prescriber, etc.) Medication not picked up by the parent must be disposed of at the end of the school year on the last day that the school nurse or UAP is in the health office.
 - If no drug take-back programs or DEA-registered collectors are available in the area, and there are no specific disposal instructions in the product package insert, medications may be disposed of in the regular trash.

FDA Safe Disposal of Medications

The following information is based on the Food and Drug Administration (FDA) [FDA Safe Disposal of Medications](#) guidance. Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds.

- Place the mixture in a container such as a sealed plastic bag.
- Throw the container or bag in the trash.
- Delete all personal information on the prescription label of empty pill bottles or medicine packaging, then dispose of these items.
- Document disposal of medication on student’s medication administration record (MAR). Dispose of controlled medicines with a witness; either the school nurse (or an UAP) and the witness must sign and date the MAR.

DOCUMENTATION AND RECORD-KEEPING

1. Documentation is required when medication is administered at school. A medication administration record (MAR) must be kept for each student receiving medication. The MAR can be in paper or electronic form.
2. If a paper format is used, document in blue or black ink.
 - a. Never use pencil, markers, or crayons.
 - b. Never use whiteout, i.e., correction liquid, tape, or pen to cover an error.
 - c. Document immediately after you administer a medication to a student.
 - d. If you make a documentation mistake, cross through with a single line, note “ME” (mistaken entry) or “error,” and initial the error.
3. Carefully copy information from permission form/prescriber order to the school division charting system (paper or electronic). The MAR must include full name of the student, date of birth (DOB), name of medication, dosage, method of administration, and frequency of administration.
4. Confidentiality:
 - a. All records relating to the administration of medicines, including permission slips/prescriber orders and written instructions, are part of the student’s education record. All records will be retained in accordance with the Records Retention and Disposition Schedule for public schools by the Library of Virginia’s [School Records and Retention Schedule](#).
 - b. Student health records must be kept confidential. Access shall be limited to those designated school personnel authorized to administer medication to students and the parent/legal guardian. Information may be shared with school personnel with a legitimate educational interest or “need to know,” or others expressly authorized by the parent/legal guardian in writing.
 - Sharing of confidential student health information is best handled by the school nurse.
 - c. Breach of confidentiality can result in disciplinary action or dismissal by the school division as well as potential legal implications against the individual who violated the *Family Education Rights and Privacy Act (FERPA)* or the *Health Insurance Portability and Accountability Act (HIPAA)*.

- d. Each school division must have proper forms that satisfy compliance laws for FERPA (and HIPAA if seeking to exchange information with outside health sources).
- e. Retaining medication records at the end of the school year will be done as follows: MARs should be with the student's education record, according to the school division policies regarding confidential medical records, and in accordance with federal and state law.

MEDICATION FOR FIELD TRIPS

Prepping for a Field Trip

1. **At least** one day prior to a field trip, and **preferably with additional notice for large groups**, the UAP should receive notification of the field trip to meet the students' need for medication.
2. The school nurse will train UAP participating in the field trip how to administer medications to students on field trips. The same procedures for administering medication in school will be followed.
 - a. The six rights of medication administration are required.
 - b. The same principles of medication administration, such as, but not limited to hand sanitizing, confidentiality, documentation, and safety apply.
3. The school nurse will train UAP to notify the building administrator if there is a problem regarding medication administration for a student scheduled for a field trip, since **students cannot be excluded from a field trip because of a disability or a medical need**.
4. The building administrator may decide to ask parents if they are available to attend the field trip to assist with student needs. However, if parents are not available, the school division must provide healthcare services at the same level the student requires while in the school building.
5. The school nurse will prepare single dose envelopes or duplicate prescription bottles with the exact number of required doses for the duration of the field trip as per school division protocols and state laws. Only licensed medical professionals, such as registered and licensed practical nurses may repackage school medications for a one-day field trip according to the [Virginia DHP Pharmacy Guidelines](#).
6. In the absence of a UAP or school nurse, the building administrator may decide to hire a substitute-nursing professional to accompany dependent students who require life-saving medications on a field trip.

During the Field Trip

1. All medications must be kept secure throughout the field trip. Controlled substances, such as medications used to treat Attention Deficit Hyperactivity Disorder (ADHD or ADD), may require special handling because of their potential value as street drugs.
2. Emergency contact information for the student being administered medication and the number for **Poison Control (1-800-222-1222)** should be provided to staff members administering medications on a field trip, in case a problem arises.

3. Forms documenting medication administration and any unused medications must be returned to the school health office once the staff and students return to school.

Repackaging Medications for the Field Trip

As previously addressed, the school nurse will discuss with UAP the limitations on how individuals who administer medicines may repackage them using the [Virginia DHP Pharmacy Guidelines](#) for school boards.

MEDICATIONS AND UNEXPECTED SITUATIONS

- 1. Student does not come for the medication at the scheduled time.**
 - a. Send for the student immediately. Remember that medication must be given 30 minutes before or after the scheduled time.
 - b. If the medication cannot be administered, notify the school nurse or building administrator, and contact the parent/legal guardian. Carefully document the circumstances, including your actions, on the MAR.
- 2. Student refuses the medication.**
 - a. Encourage student to take the medication without coercion.
 - b. Document on the MAR and contact the parent/legal guardian and the school nurse or building administrator.
- 3. Student vomits or spits out the medication.**
 - a. Document this on the MAR. Do NOT repeat the medication dose.
 - b. Notify the parent/legal guardian and the school nurse or building administrator about the occurrence, including the time of vomiting.
 - c. Evaluate the student for illness according to school division policy.
- 4. Medication errors occur:** Reporting errors protects both the student and the staff.
 - a. Report the following.
 - Medication is not given.
 - Medication is administered to the **wrong student**.
 - Administration of the **wrong medication** or the **wrong dose**.
 - Administration of medication at the **wrong time** - greater than 30 minutes before or after the prescribed time.
 - Administration of a medication by the **wrong route** or method.
 - b. Report medication errors immediately to the school nurse or building administrator and the parent/guardian according to school division procedures.
 - Document any action required as a result of the medication error, including action directed by the prescriber, school nurse, parent/legal guardian, pharmacist, or **Poison Control 1-800-222-1222**.
- 5. Side effects** of medication may develop.
 - a. **All** medication has the potential to cause side effects.
 - b. Promptly report any unusual symptoms or behaviors to the school nurse or building administrator and the parent/legal guardian, as needed.
- 6. Serious allergic reactions** to medications can occur.
 - a. Most side effects are minor and are usually not a cause for great concern. However, serious allergic reactions can occur at school.

- Examples of serious reactions can include rash/hives, itching, changes to pulse or respiratory distress.
- b. School division policies and procedures should be in place to call 9-1-1 AND a trained on-site staff member if a student exhibits symptom(s) of a severe allergic reaction.
 - The trained staff member should be the school nurse, or a person trained to administer epinephrine.

REFERENCES

Adamis Pharmaceuticals Corporation. (2020) [The Device for Allergic Emergencies that fit your life.](#)

American Academy of Pediatrics, Council on School Health. (2009). Guidance for the administration of medication in schools (Policy Statement). *Pediatrics*, 124(4) 1244-1251. Reaffirmed 2013. DOI:10.1542/peds.2009-1953.

American Academy of Pediatrics, Committee on Drugs. (2014). Off-label use of drugs in children (Policy Statement). *Pediatrics*, 133(3) 563-565. DOI: 10.1542/peds.2013-4060.

American Nurses Association. (2012). *Principles for delegation by registered nurses to unlicensed assistive personnel (UAP)*. Silver Spring, MD: Author.

Centers for Disease Control and Prevention. (2016). [When and how to wash hands.](#)

Davis-Alldrift, L. & Patterson, B. (2017). Medication administration in the school setting. In Resha & Taliaferro (Ed.), *Legal resource for school health services* (pp.381- 412). Nashville, TN.

Grabeel, J. & Shull, P. (2013). Staffing school health services for effectiveness. In C. Costante (Ed.), *School nurse administrators: Leadership and management* (pp. 177-197). Silver Spring, MD: National Association of School Nurses.

Kaléo, Inc. (2017). [This is AUVI-Q®.](#)

Library of Virginia. (2016). [Records retention and disposition schedule GS-21 for public schools.](#)

Marcontel-Shattuck, M. & Gregory, E. (2006). Dealing with controversy in the practice of school nursing. In Selekman (Ed.), *School nursing: A comprehensive text* (pp.1117-1120). Philadelphia, PA: F. A. Davis.

Mylan Specialty LP. (2018). [How to use an EpiPen®.](#)

National Association of School Nurses. (2017). *Medication administration in schools* (Position Statement). Silver Spring, MD: Author.

National Association of School Nurses. (2014). *Nursing delegation to unlicensed assistive personnel in the school setting* (Position Statement). Silver Spring, MD: Author.

Resha, C. (2017). Process for delegation in the school setting. In Resha and Taliaferro (Ed.), *Legal resource for school health services* (pp.35-48). Nashville, TN.

Teva Pharmaceuticals (2018). [Be Ready with Teva's Epinephrine Auto-Injector.](#)

- UMC Utrecht, Internal & External Communications Department. (2013). [Emergency injection with corticosteroids Solu-Cortef®](#).
- U. S. Department of Education. (2015). [Individuals with Disabilities Education Act \(IDEA\)](#).
- U. S. Department of Education. (2018). [Protecting students with disabilities](#).
- U. S. Food & Drug Administration. (2016). [Drug research and children](#).
- U. S. Department of Health and Human Services. (2003). Office of Civil Rights privacy brief. [Summary of the HIPPA Privacy Rule](#) (p.16).
- U. S. Department of Health and Human Services and U.S. Department of Education. (2008). [Joint Guidance on the Application of the Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) to Student Health Records](#).
- U. S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute. (2005). [When should students with asthma or allergies carry and self-administer emergency medications at school?](#) (Guidance document).
- U. S. Food & Drug Administration. (2018). [Disposal of unused medicines: What you should know](#).
- Valeant Pharmaceuticals North America. (2008). [Childhood administration and disposal instructions for Diastat®](#).
- Virginia Board of Nursing. (2017). Nursing tasks that shall not be delegated. *Administrative Code of Virginia* [18VAC90-19-280](#).
- Virginia Board of Pharmacy. (2015). [Interpretation of “administer” to include preparation for administration](#). Guidance Document pp.110-18.
- Virginia Department of Education. (2019). [Manual for Training Public School Employees in the Administration of Insulin and Glucagon](#).
- Virginia Department of Health. (2017). [Guidelines for healthcare procedures in schools](#).