

Chapter 5

Medications

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Medications

Medication Policy

Authority

- Florida Statute 1006.062 authorizes school personnel to assist the student in the administration of prescription medications.
- Every effort should be made to administer medications at home rather than school.
- Training for school personnel designated by the principal shall be done on the online course at www.claycountyschoolmeds.com.

Training Guidelines



MEDICATION MANAGEMENT IN CLAY COUNTY SCHOOLS

If you have been asked to take the online medication administration course, follow these steps:

- Go to www.claycountyschoolmeds.com Make sure you are using an up-to-date browser, such as Internet Explorer 5.0 or Netscape 6.0
- Click on “Enter Here” and then on “Register.”
- Fill out the registration information. You can use your school email address, or a personal email address.
- Click on submit. Your registration will be activated within 24 hours.
- After 24 hours, go to the “welcome” page and hit register. Log on with your email address and password. You can use any computer with internet access and complete the 20 units all at once, or a few at a time.
- When you finish the online course, print your certificate and skills checklist. Take it to the nurse at your school. The course is not completed until the nurse has observed your skills and signed the certificate.

Problems/questions: 1-800-472-0243 or bssmith@mac.com

Medication administration procedures will be as follows: (Non-prescription medicines must follow same guidelines).

Delivery of Medication to School

- Parents will be responsible for delivery and retrieval of medications to and from the school nurse/health designee.
- No medications are to be transported via the school bus system. Only under unusual circumstances will a student be allowed to transport medication. This must be pre-approved by the school and the parent. In addition, a parent must contact the school and inform the nurse/designee of the date the child will be transporting the medication and number of doses being transported.

- All medications to be administered by school personnel shall be received and stored in the original containers and must have current Rx date on bottle along with current dose and expiration date.
- New bottles must be brought in by parents when a new Rx is received. Medication cannot be given from an old Rx bottle.
- All medication must be labeled with the student's name, dosage, frequency of administration and physician's name.
- A one week supply of medicine will be brought to the school at one time except for long term medications such as Ritalin, Dilantin, etc. Then a 1-3 month supply may be kept. OTC medications may be kept all school year.
- Medication should not be transported between home and school on a daily basis. Separate containers should be kept at home and at school. An empty bottle with a label can be requested from the pharmacy at the time the prescription is filled.
- No student will be allowed to carry prescription or non-prescription medications on their person with the exception of Epi-pens, asthma inhalants, insulin and pancreatic enzymes.
- Parental Authorization for Administration of Medication (MIS form 12470) with Doctors orders (Medical Management Plans) for self administration must be completed and returned to the school before the student is allowed to carry their medications.
- All medications, including emergency medications, must be registered with the school nurse/health room health designee.
- Any child caught with unidentified medication or caught sharing medication with other students will be subject to school board policy regarding discipline for having drugs on his or her person.

Parental Permission

- For each individual medication administered, the student's parent or guardian shall provide to the school principal or designee a signed parent authorization (MIS 12470) which shall grant the principal or his/her designee their permission to assist in the administration of each individual medication to be provided during the school day, including when the student is away from school property on official school business. Any unusual circumstances outside of these guidelines will be processed with the doctor, parent, school nurse and principal. The school principal or his/her trained designee shall assist the student in the administration of such medication.

The parent authorization form should include

- Student's Name
- Purpose of medication
- Physician & phone number if prescribed medication
- Students who present to school with medications in the original labeled container and a note from the parent may receive the medications for two days.
- The official form should be sent home with the student. The parent will be contacted to return the form the next day.
- The permission form should be kept in a file or notebook in the area where the medication will be administered.
- When the administration of medication is terminated, the permission form should be filed in the Cumulative Health Record (DH 3041).
- **No medication will be given if presented at school in plastic bags.**

Storage

- Medication should be counted and stored in a locked cabinet.
- If medication must be refrigerated, it should be stored in a marked box within a refrigerator in a limited access area. The refrigeration temperature should be maintained at 34-41 degrees. A daily refrigerator temperature log should be maintained.
- Although the majority of all medications should and will be stored and processed through the health room, there are unusual circumstances that could warrant medication being stored under lock and key in the classroom of a self-contained ESE program and medication being dispensed by the nurse/aide serving the student in the classroom.
- These unusual circumstances are addressed through close assessment by the LPN/RN in the school and the Clay County Health Department RN serving the school, in close coordination with parents, doctors, and school principals.



CLAY COUNTY DISTRICT SCHOOLS and CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



Temperature/Refrigerator Log

Refrigeration Temperature Range= 35° to 46° Fahrenheit
Freezer Temperature Range= less than 5° Fahrenheit

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Aug																																
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Administration – Personnel

- Only school employees who have taken the medication training class prepared by the Clay County Health Department may administer medication to students. The principal will assign this responsibility in most cases to members in the administrative suite.
- Per F.S. 1006.062 (2), there shall be no liability for civil damages as a result of the administration of medication where the person administering medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances.

Recording

- The school employee administering or supervising the administration of medication will initial the medication log after each dose of medication is given and put the time of administration on the medication log.
- The standardized form will be used for documenting administered medication.
- When completed, the medication form should be filed in the Cumulative Health Folder for a seven-year period unless otherwise noted by the Community Health Nurse.

Disposal of Unused Medication

- Medication unclaimed after a reasonable time will be disposed of as per federal guidelines as described below:

Federal Guidelines

- Take unused, unneeded, or expired prescription drugs out of their original containers. Use the following procedures for proper disposal.
- Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags; will further ensure the drugs are not diverted.
- Flush prescription drugs down the toilet *only* if the label or accompanying patient information specifically instructs doing so.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

<p>Actiq (fentanyl citrate) Daytrana Transdermal Patch (methylphenidate) Duragesic Transdermal System (fentanyl) OxyContin Tablets (oxycodone) Avinza Capsules (morphine sulfate) Baraclude Tablets (entecavir) Reyataz Capsules (atazanavir sulfate) Tequin Tablets (gatifloxacin) Zerit for Oral Solution (stavudine) Meperidine HCl Tablets</p>	<p>Percocet (Oxycodone and Acetaminophen) Xyrem (Sodium Oxybate) Fentora (fentanyl buccal tablet)</p>
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Over The Counter Medications (OTC)

- Over the counter medications may be given at school.
- They must be delivered to school by parent in original container, be age appropriate and be within current expiration date.
- Medication must be given only as bottle directs unless accompanied by physicians written prescription/order.
- Over the counter medication may be shared between siblings, but a separate Medication Authorization form must be completed for each student.

Herbal Medications & Preparations

- When delivered to the school, herbal medication/preparations must be accompanied by a physician's (M.D. or D.O.) written prescription/order.
- Parents/guardians are encouraged to administer these medications/preparations prior to, or after school hours.

*****At the end of the school year, parents shall be notified to pick up unused medicine or it will be disposed of. *****



**CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES**



Medication Pick-up/End of Year

Date _____

Dear Parent,

Your child currently has medication in the health room. The medication must be picked up by a parent or authorized adult on or before the last day of school.

Any medication that is not picked up will be disposed of.

Thank you.

Clay County School Health Services Manual



**CLAY COUNTY DISTRICT SCHOOLS and CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES**



MEDICATION ADMINISTRATION RECORD — PHYSICIAN'S ORDER

STUDENT: _____ SCHOOL: _____

DOB: _____ GRADE: _____ TEACHER: _____

MEDICATION: _____ DOSE AND TIME: _____ PHYSICIAN: _____ PHONE _____

Signature/Initial _____ Signature/Initial _____ Signature/Initial _____

DATE	EXP. DATE	COUNT	BY	DATE	EXP. DATE	COUNT	BY

H-Holiday: A-Absent: F-Field Trip: E-Early Dismissal: W-Dose Withheld (See nurse's notes) N-No Refill: D-Med Discontinued: R-Refused: P-Parental Notification

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															

Date parent did not pick up medication _____ Medication Destroyed (1) _____ (2) _____
Signature Signature

Procedure for administering medications

THE 5 R'S
*RIGHT CHILD
*RIGHT TIME
*RIGHT DOSAGE
*RIGHT MEDICATION
*RIGHT ROUTE

DO!!!!!!!!!!!!!!!!!!!!

1. Wash your hands.
2. Work in good lighting.
3. Concentrate on what you are doing when working with medications.
4. Make certain you have a written order for every medication you give.
5. Check record to make sure child has not already received medication for that time or day.
6. Check label three (3) times:
 - 1) When taking medicine from storage
 - 2) When preparing/pouring medicine
 - 3) When placing medicine in storage
7. Make certain that the data on the medicine request sheet corresponds exactly with the label on the child's medicine.
8. Never give medicine from an unlabeled container or from one which the label is not legible.
9. Make proper identification of the child – ask for name, rather than “are you _____?”
10. Watch the child take the medicine.
11. Never chart a medicine as having been given until it has been administered.
12. Pour tablets/capsules into the bottle cap and then into the child's hand or medicine cup.
13. Pour liquids opposite the label to prevent drips from obscuring the directions. Wipe the rim of the bottle before replacing the cap.
14. Do not leave medicine unattended.
15. Store drugs as recommended:
 - a) Refrigerate.
 - b) Store away from heat or light.
 - c) Keep tightly closed.

Procedures for Administering Medication

Oral Medications

- Student should assume sitting or standing position.
- Pour the tablet from the bottle into the container lid, then into the medicine cup, as necessary.
- Pour liquid by setting medicine cup on a firm surface at eye level and read fluid level at the lowest point of the meniscus (curved upward surface of the liquid in a container). Place lid upside down to avoid contamination and pour with label facing up to avoid obliterating label. Wipe bottle off before replacing cap.
- Return medication to cabinet or refrigerator. Lock cabinet.
- Unless contraindicated, offer a fresh glass of water to aid in swallowing to camouflage the taste of bitter medication, and to assure that medication is washed into the stomach.
- Make sure the student swallows the medication.
- Discard used medicine cup.
- Record the medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effects.

Topical Medications (ointments & salves)

- Gather necessary equipment including gloves or tongue depressor as needed.
- Squeeze medication from a tube, or using a tongue depressor, take ointment out of jar.
- Spread a small, smooth, thin quantity of medication evenly on bandage to be placed on skin. Use a tongue depressor to facilitate the smooth application of ointment.
- Protect skin surface with a dressing and use tape or gauze to secure in place.
- Remove gloves and wash hands.
- Return medication to the medication storage cabinet. Lock cabinet.
- Record medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effects.

Eye Medication– Eye Drops

- Explain procedure to student.
- Give tissue to student for wiping off excess medication.
- Have student tilt head slightly backward and look up.
- Squeeze the prescribed amount of medication into the dropper. Hold dropper with bulb in the uppermost position.
- Place eye-dropper $\frac{1}{2}$ to $\frac{3}{4}$ inch above eyeball with dominant hand.
- Stabilize the hand holding dropper as necessary. Place other hand on cheek bone and hand holding the dropper on top.
- Expose lower conjunctival sac (mucous membrane that lines eyelids) by pulling down on cheek.
- Drop prescribed number of drops into center of conjunctival sac.
- Repeat procedure if student closes eye and drops fall on eyelid.
- Ask student to gently close eyelids and move eye to assist in spreading medication under the lids and over the surface of the eyeball.
- Remove excess medication with clean tissue.
- Wash hands.
- Replace medication in medication cabinet. Lock cabinet.
- Record medication on the proper forms.
- Observe student for any immediate medication reaction or side effects.

Eye Medications– Eye Ointment

Same as above except for the following application:

- Gently separate patient's eyelids with thumb and two fingers and grasp lower lid near the margin of the lower lid immediately below the lashes. Exert pressure downward over the bony prominence of the cheek.
- Student should look upward.
- Apply eye medication along the inside edge of the entire lower eyelid, starting at the inner corner.

Ear Drops

- Position student on side, with ear to be treated in the uppermost position.
- Fill medication dropper with prescribed amount of medication.
- Prepare student for the instillation of ear medication as follows.
- Child: Lift ear upward and outward.
- Instill medication drops, holding dropper slightly above the ear.
- Instruct student to remain on side for 5-10 minutes following instillation.
- Dispose of unused supplies and wash hands.

Nose Drops

- Student should be in a sitting position with head tilted back, or in a supine (lying on back) position with head tilted back over a pillow.
- Fill dropper with prescribed amount of medication.
- Place dropper just inside the nostril and instill correct number of drops.
- Instruct student not to squeeze the nose and to keep head tilted back for five minutes to prevent medication from escaping.
- Return medication to the medication storage cabinet. Lock cabinet.
- Record the medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effect.

Injectable Medications

- Only RN's and LPN's are permitted to administer injections, except for those designated and trained by an RN, an LPN, a physician licensed pursuant to Chapter 458 or 459 or a physician assistant licensed pursuant to Chapter 458 or 459 of the Florida Statutes to administer the Epi-Pen or Glucagon for students who need them in an emergency situation.
- Parents must sign Action Plans for allergies/diabetes that list personnel trained to administer emergency medications.

Medication Not Administered

- If the student fails to report to the health room for his/her medication, the health room designee will attempt to locate the student and give the medication, but if this fails, the health room designee shall not be held liable for the missed dosage.
- The parent should be notified of a missed dose either by telephone or a note sent home, if parent is unavailable.

Medication Errors

- If a student receives an incorrect drug or dosage, the Principal/designee, parent, and County Health Department Nurse must be notified immediately so that appropriate intervention can be initiated.
- Notation must be made on the student medication log and a medication treatment variance report filled out.

Student Medication/Treatment Variance – Instructions for Use

The Variance Report is to be completed when any error/variance in giving a medication or a treatment has taken place. This form must be properly completed according to these instructions the same day the variance has occurred or is discovered. This form does not go home to the parent or in student's health file. Send this form via inter-office mail or FAX to the Risk Management Office and to the School Health Nursing Supervisor, at the Clay County Health Department 904-529-2802.

The following need to be filled out:

1. Student's name (last name first), DOB, Date and Time of Variance
2. Name of School
3. Name of prescribed Medication or Treatment/Dosage/Route/Time exactly as is written on Medication / Treatment Authorization Form.
4. Name of person who administered Medication/Treatment and their position, e.g. Health Aide, RN, LPN.
5. Indicate which error/variance occurred by checking the box to the left of the correct entry 1-9. Check all that apply. If #9 is selected a brief description is required.
6. Enter time and description of what happened in boxed area.
7. Mark location site
8. Describe Action Taken and Times: Enter time. Indicate all action taken and all persons contacted. If you have any questions about how to proceed with the completion of this document, contact the public health nurse. Record any advice you are given by the nurse.
9. Document all persons notified with dates and time of notification. The public health nurse, principal, and parent/guardian must be contacted immediately. Only a verbal response can be documented as a notification. (Unanswered pages or messages left on answering machines are not considered to be notification.) If no parent contact is made, a note needs to be written to the parent stating what happened (public health nurse or principal can assist with content and appropriate documentation of note).
10. Print your name as person completing the form.
11. Sign your name as the person completing the report and enter the date
12. Leave the "Reviewed By" line blank
13. Send completed form via interoffice mail or FAX to Risk Management and to the School Health Supervisor, School Health Office, at 904-529-2802.

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CLAY COUNTY DISTRICT SCHOOLS And CLAY COUNTY HEALTH DEPARTMENT SCHOOL HEALTH SERVICES



Medication/Treatment Variance

INSTRUCTIONS: Fill in form completely and fax to Risk Management and to Clay County Health Department School Health Nursing Supervisor at 904-529-2802. Form must be completed same day as Variance.

Name of Student	Birth Date	Date and Time of Variance
Name of School	Prescribed Medication/Dosage/Route/Time on Medication/Treatment Authorization Form	
Person Administering Medication and Position		

Description of Incident

Type of Variance:

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Wrong Route | 4. <input type="checkbox"/> Wrong Medication | 7. <input type="checkbox"/> Parent Error |
| 2. <input type="checkbox"/> Wrong Dose/Extra Dose | 5. <input type="checkbox"/> Medication not Given/Missed Dose | 8. <input type="checkbox"/> Pharmacy Error |
| 3. <input type="checkbox"/> Wrong Student | 6. <input type="checkbox"/> Wrong Time->1hour | 9. <input type="checkbox"/> Other _____ |

Time	Description

Location: Health Room Off Site _____ Other _____

Describe Action Taken and Times:

Persons Notified of Variance

Persons Notified	Name	Date	Time
911-Poison Control #			
School Health Nurse/PHN			
Principal			
Parent			
School Health Coordinator			
Other			

*Poison Control (1-800-222-1222) or 911 may be contacted for adverse effects.

Name of Person Completing Report	Date Completed
Signature (Person Completing Report)	Date
Reviewed by: Name/Title	Date

MEDICATION BY METERED DOSE INHALER (MDI):

Purpose: To deliver medication by aerosol inhaled directly into the lungs

Action to be performed by: personnel trained by health care professional or by student with supervision.

Steps:

1. Remove the cap. Connect the inhaler to the holding chamber if applicable.
2. Hold the inhaler like the letter "L" with your thumb on the bottom and fingers on the top.
3. Shake gently a minimum of 3 or 4 times.
4. Sit, or preferably, stand up straight, and breathe out as much air as you can.
5. Tip your head back slightly.
6. Close your lips around the mouthpiece of your spacer, keeping spacer level (closed mouth method) ...OR... Hold the inhaler two to three fingers away from your mouth if you have no spacer (open-mouth method).
7. Press down on the inhaler to release the medication and breathe in S L O W L Y...
8. Hold your breath for ten seconds if you can.
9. Breathe out slowly with your lips almost together.
10. **Wait 1 minute** (count 60 seconds on the clock).
11. Repeat steps 3-9 if you're supposed to take more than 1 puff.
12. Be sure to rinse your mouth with water afterwards.
13. MDI inhalers should be washed weekly to keep nozzle open.

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

NEBULIZERS

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

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

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

Parents of children with orders for nebulizer treatments must supply the nebulizer as well as the tubing and medication.

MEDICATION BY NEBULIZER PROCEDURE

PURPOSE: To deliver medication by a fine mist that is inhaled directly into the lungs.

ACTION TO BE PERFORMED BY: Person trained by licensed healthcare professional.

STEPS:

1. Wash hands.
2. Position the student in a comfortably seated position.
3. Place nebulizer on table or counter and plug into electrical outlet with ON/OFF switch in the OFF position.
4. Place medication in the medicine chamber, following all medication administration steps in the School Health Manual. Securely close the lid to the medicine chamber.
5. Attach a mouthpiece or facemask to the medicine chamber with an adapter.
6. Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.
7. Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.
8. If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.
9. If a mouthpiece is used, have the student place their lips around the mouthpiece to make a seal.
10. Instruct the student to breathe in and out through the mouth slowly and completely.
11. Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated. If student coughs excessively, stop treatment briefly until symptoms subside.
12. Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber. If the mist stops, but you can see more medicine clinging to the sides of the medicine chamber, tap the side of the chamber. The mist should start again.
13. Document the procedure accurately on the Medication/Treatment Administration Log.
14. If symptoms have improved, the student may go back to class.
15. If the equipment is not to be sent home for cleaning before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask, and lid with soap and water; rinse thoroughly. Equipment may be soaked for 30 minutes in a solution of 3 parts water to 1 part white vinegar; rinse thoroughly. Lay all pieces on a towel; cover with a paper towel and air dry. Store in a clean plastic bag.
16. The tubing does not need to be cleaned since only air has been delivered through the tubing.

MEDICATION BY NEBULIZER SKILLS CHECKLIST

**Contact your school nurse for your performance check and form completion.*

Name: _____ School _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Wash hands.		
2. Position the student in a comfortably seated position.		
3. Place nebulizer on table or counter and plug into electrical outlet with ON/OFF switch in the OFF position.		
4. Place medication in the medicine chamber, following all medication administration steps in the School Health Manual. Securely close the lid to the medicine chamber.		
5. Attach a mouthpiece or facemask to the medicine chamber with an adapter.		
6. Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.		
7. Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.		
8. If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.		
9. If a mouthpiece is used, have the student place the lips around the mouthpiece to make a seal.		
10. Instruct the student to breathe in and out through the mouth slowly and completely.		
11. Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated.		

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SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
12. Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber.		
13. Document the procedure accurately.		
14. If symptoms have improved, the student may go back to class. 15. If the equipment is not to be sent home for cleaning before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask and lid with soap and water; rinse thoroughly. Cover with a paper towel and air dry. Store in a clean plastic bag.		

Preceptor's Signature _____ Initials _____ Date _____

Preceptee's Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

Distribution: Original to preceptee, one copy in the Health Room

EPINEPHRINE AUTO INJECTOR EMERGENCY FIRST AID FOR ANAPHYLACTIC REACTION



The Epinephrine Auto-Injector is a disposable drug delivery system with a concealed needle that is spring activated. The active ingredient is epinephrine, the treatment of choice in allergic emergencies (anaphylactic reactions) because it quickly constricts blood vessels, relaxes smooth muscles in the lungs to improve breathing, stimulates the heartbeat and works to reverse hives and swelling around the face and lips.

The Epinephrine Auto Injector is commonly prescribed for individuals who have had prior severe allergic reactions to certain foods or food additives, to medications, to insect stings or bites or to exercise. The most common insects that may cause anaphylaxis are the stingers (bees, hornets, yellow jackets and wasps) and the biters (deer flies, black flies, ants and yellow flies).

An emergency situation may occur anytime a hypersensitive student is exposed to a substance, sting, or bite to which the student is allergic. Allergic reactions (anaphylaxis, anaphylactic response) can be fatal within minutes. Hypersensitive students, identified for the school staff by their parents/guardian and physicians, require the availability of emergency medication. Epinephrine must be specifically prescribed for the student, just as any other prescription medication. Be aware of which students are authorized to carry their own Epinephrine Auto Injector as indicated by the physician on the Parental Authorization for Administration of Medication Form or Allergy Medical Management Plan.

Initial symptoms of anaphylaxis may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms occur gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possibly fatal shock. Usually, symptoms occur immediately following the sting or bite; death may occur within minutes. **Symptoms, which often vary according to individual response, include the following:**

- Sudden sense of uneasiness/anxiety.
- Flushed skin.
- Widespread hives.
- Itching around the eyes.
- Dry, hacking cough.
- Constricted feeling in throat/chest.
- Wheezing.
- Facial edema or swelling (i.e. lips, tongue, and eyes).
- Abdominal pain.
- Nausea or vomiting.
- Difficulty breathing.
- Hoarseness or thickened speech.
- Confusion.
- Feeling of impending doom

These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis (bluish skin), reduced blood pressure, collapse, incontinence, and unconsciousness. Epinephrine given after the onset of low blood pressure may not prevent death.

If a hypersensitive student (who may experience a possible anaphylactic reaction) has been admitted to the school, immediately notify the school nurse who will obtain proper paperwork and notify appropriate personnel.

EpiPen® Injection Procedure

Purpose: To ensure immediate appropriate response to anaphylaxis when Epinephrine is available.

Action to be performed by: Person trained by licensed health care professional.

Steps:

1. Identify symptoms of anaphylaxis (systemic allergic reaction). Anaphylaxis is described in the Medical Conditions chapter. Symptoms may include any of the following:
 - Sudden sense of uneasiness/anxiety.
 - Flushed skin.
 - Widespread hives.
 - Itching around the eyes.
 - Dry, hacking cough.
 - Constricted feeling in throat/chest.
 - Wheezing.
 - Facial edema or swelling (i.e. lips, tongue, and eyes).
 - Dizziness.
 - Abdominal pain.
 - Nausea or vomiting.
 - Difficulty breathing or swallowing.
 - Hoarseness or thickened speech.
 - Confusion.
 - Feeling of impending doom.
2. Have someone call 911. The effects of the injection begin to wear off after 10 to 20 minutes, so it is important to seek further medical assistance.
3. Activate the EpiPen® by removing the gray safety cap. The safety cap prevents accidental firing.
4. Hold the EpiPen® with black tip at a 90-degree angle against the fleshy portion of the outer thigh. EpiPen® should only be injected into the outer thigh, never into the buttocks or a vein.
5. Press the EpiPen® hard into the thigh until the auto-injector mechanism functions, and hold in place for several seconds for medication to be diffused. If there is no time, the EpiPen® may be given directly through clothing.

6. Remove EpiPen® and discard in sharps container.
7. Check Airway, Breathing, and Circulation and initiate steps of CPR as needed until arrival of the EMS.
8. Observe for shock and treat accordingly.
9. Keep student warm.
10. Call parent/guardian and notify principal.

**Some students may have a second dose of epinephrine ordered to be given 15 minutes after initial dose. See student specific prescribed medications for instructions.

NOTE: Check medication monthly. Medication is light sensitive. Store in original container in darkened area. Advise parent/guardian immediately of need to replace medication when observing discoloration of medication or two weeks before the expiration date. In an emergency, use the expired or discolored medication when it is the only available medication.

MEDICATION ADMINISTRATION ON FIELD TRIPS

1. It will be the health room designee's responsibility to prepare all medications for field trip administration. Therefore you will need to be aware of all field trip times, etc.
2. All medication leaving the school campus during school hours or after school on a school-sponsored activity must be in its original container and accompanied by a medication form. One medication form per medication. The one already being used in the health room for sign out is preferred for continuity.
3. One **trained** person who has taken the online medication training course (preferably a teacher or principal's designee) will be responsible for issuing the medication at the appropriate time. This cannot be a parent chaperone. The time of medication administration must be put on the medication form when the medicine is given, not before or at the end of the day upon return to campus.
4. The medication must be transported in a locked container (tackle box, soft lunch box, bank bag, etc.) The container **MUST** be **LOCKED!** It cannot be transported in a purse or backpack.
5. The teacher will be responsible for administration of medications as mentioned for Pre-K – 6 grades. Any student in the Junior High and High School level who requires medication may be responsible for his own medication with signed permission from a parent. Any parent who does not feel their child is responsible enough to take his or her own medication at this level, must consult with the school health designee so that an alternative can be arranged. The medication must be carried in its original container, not in a plastic bag, envelope, etc.
6. Any child caught with unidentified medication or caught sharing medication with other students will be subject to school board policy regarding discipline for having drugs on his or her person.

IT IS VERY IMPORTANT FOR CHILDREN WHO HAVE GLUCAGON, EPI PENS OR INHALERS ORDERED FOR THEM THAT THEY BE CARRIED ON THE TRIP AND APPROPRIATE PERSONNEL BE TRAINED FOR THEIR ADMINISTRATION. PLEASE NOTE THIS NEEDS TO BE DONE EARLY ENOUGH SO THAT TRAINING CAN BE DONE PRIOR TO THE FIELD TRIP.

Guidelines for the Administration of Narcotics for Pain Management

Every effort should be made to discourage the use of narcotics in school. Many are known to cause drowsiness and decreased coordination, thus presenting impaired learning and safety issues for the student. That being said, there are students with chronic health problems and postoperative pain who are attending school. In the event a child is prescribed narcotics for use during the school day, the following rules shall apply:

- All students requiring narcotics during school hours will need a written physician's order for the prescribed narcotic medication. Those students prescribed narcotics for an acute condition (recent surgery, kidney stone, etc) shall have a definite time frame specified on the doctor's orders, after which time the medication will be discontinued and picked up by parent/adult within 72 hours. Long term narcotic orders should be handled individually with the school nurse, parent and physician.
- The medication must be labeled with the students name, dosage, frequency of administration and the physician's name.
- The parent and the school health designee shall sign the narcotic log to verify the initial count.
- All narcotics shall be stored in a locked container (bank bag, locked fanny pack or similar) and then locked in a file cabinet or drawer and the key kept in the designee's possession.
- Narcotics shall be counted and signed for daily by the designee and another school employee.
- Appropriate school personnel should be advised that the child has been medicated and may exhibit adverse reactions.
- There shall be no liability for civil damages as a result of the administration of such medications where the person administering such medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances (FS 1006.062 (2)).

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CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



Medication Administration Skills Checklist

Staff person trained _____ Position _____

Procedure Guidelines	Return Demo Date _____
Washes hands before and after procedure.	
Gives proper dose of medication at proper time. States 5 Rights.	
Compares labeled medication container with written order.	
Reads label 3 appropriate times.	
Checks expiration date on label.	
Documents medications given correctly.	
Maintains security of medication area.	
Describes proper actions for medication refusal, field trip, and medication error.	
Emergency Medications:	
Epipen:	
States symptoms of allergic reaction, location of med and emergency plan.	
Demonstrates, with trainer, correct procedure for administration.	
States follow-up procedures	
Glucagon:	
States signs of hypoglycemia, location of med and emergency plan.	
Demonstrates mixing of medication in syringe	
Demonstrates proper injection technique, using correct site.	
Correctly states aftercare.	
Diastat:	
States understanding of when to use this medication, location of med and emergency plan	
Demonstrates proper positioning of child, procedure for administering med	
States aftercare needed	

I have taken the Medication Administration Course at www.claycountyschoolmeds.com. I understand that I am to administer medications to students according to these procedures and as delegated to me by the Principal. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in student health status, and discovery of a medication error. In the event of a medication error, I am to fill out a medication variance report and forward it to the appropriate parties. I understand that I may not delegate this task to any other person.

Signature _____ Date _____

Clay County School Health Services Manual



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



Date _____

Dear Parent,

Your child brought in _____ to the health room today. Please understand that the school board policy is that all medications must to be brought into the health room by a parent/ guardian, not the child. Please fill out the attached form (top half only) and this will allow me to give your child his/ her medication. Until I receive this form properly filled out, I am not allowed to give your child their medication.

Thank you for understanding our school board policies regarding medications. If you have any questions or concerns, please feel free to call me at _____.

School Nurse



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



Date _____

Dear Parent,

Your child _____ has _____ pills left in the health room. Please plan on replenishing your child's medicine as soon as possible. The medication must be brought to the health room by a parent and not transported by your child.

Thank you.

School Nurse