

# **SUBJECT: MANAGING MEDICATIONS IN SCHOOL SETTINGS**

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**Date of Approval:**

## **POLICY RECOMMENDATION**

When possible, medications should be given by parents/guardians before or after school hours. Students requiring prescribed medications, including controlled substances, during the school day will receive their medications per written orders provided by a health care practitioner who is recognized by South Carolina's Department of Labor, Licensing, and Regulation as authorized to prescribe medications.

When a school nurse is assigned to a single school site and is present in the health office, she/he is responsible for the administration of medications. If the nurse is absent, assigned more than one school, or is not present in the health office because of other duties or assignments, the principal or her/his designee is responsible for assisting with and controlling access to medications. Students may self-monitor and self-administer medication as prescribed by their health care practitioner unless there is sufficient evidence that unsupervised self-monitoring or self-medicating would seriously jeopardize the safety of the student or others.

Over-the-counter medications sent by a student's parent/guardian for short-term (1 to 2 weeks) or episodic use for a specific indication (e.g., for menstrual cramps) will be accepted at the school district's discretion and must be accompanied by a written request from the parent/guardian. Over-the-counter medications will be given in accordance with guidance on the medication label or package insert unless prescribed otherwise by a health care practitioner recognized by South Carolina's Department of Labor, Licensing, and Regulation as authorized to prescribe medications.

Requests from parents/guardians for administration of experimental medications and herbal/alternative medicinal products at school will be evaluated on a case-by-case basis by the school district's nursing staff, school administrators, the school district's medical consultant if there is one, and the prescribing health care practitioner.

The school district and its employees reserve the right to refuse to honor medication requests that are not consistent with professional standards (e.g., manufacturer's guidelines, Physician's Desk Reference) and/or are deemed unsafe for the school setting. If this occurs, the school district's nursing staff, school administrators, the school district's medical consultant if there is one, the prescribing health care practitioner and the student's parent/guardian will discuss alternatives for meeting the student's needs.

Medications that have expired or are not currently being used by a student will not be stored at the school. Medications will not be stored at the school during summer breaks for students who are not attending the summer session. Parents will be notified and given an opportunity to pick up their child's medications. Medications that are not picked up will be disposed of in a manner that respects security as well as environmental concerns.

## GENERAL STANDARDS

1. School districts should establish policies and procedures for meeting the needs of students who request to receive health services as emancipated students or consenting minors.
2. It is the responsibility of the school district, through its school nursing personnel, to establish secure, user-friendly, and safe procedures for managing medications that are consistent with applicable laws, regulations, and standards.
3. School nurses, with support from school and district level administration, should communicate to parents, students and staff the required medication practices for the school setting.
4. The following require a written order from a health care practitioner who is recognized by South Carolina's Department of Labor, Licensing, and Regulation as authorized to prescribe medications and written permission from the student's parent/guardian:
  - a. prescribed medications,
  - b. herbal/alternative medicinal products,
  - c. experimental medications,
  - d. medications being used off-label (including over-the-counter medications to be given in dosages or for reasons that are not consistent with the medication label or package insert), and
  - e. over-the-counter medications sent by a parent/guardian for *frequent, long-term use*.
5. The first dose of a medication that a student has not taken before should be given by the parent/guardian at home so that the student can be monitored closely for hypersensitivity and side effects.
6. Over-the-counter medications that a parent/guardian may provide for short-term (1 to 2 weeks) or episodic use require only the written permission of the parent/guardian if the medication will be given per the manufacturer's guidelines.
7. Medication permission forms and medication orders from students' health care practitioners should be maintained with the students' school health records.
8. Medication permission forms and medication orders must be updated at the beginning of each new school year and when changes are made to the student's medication regimen.

9. Medications should be brought to the school by a responsible adult and delivered to the school nurse or, in the absence of the nurse, to the school employee designated by the principal.
10. Parents/guardians must provide medications to the school in original containers with all labeling from the pharmacy and/or manufacturer intact and readable. Each medication must be labeled with the student's name.
11. Each medication container must include only the medication on the pharmacy's or manufacturer's label.
12. Medication orders or instructions must be transcribed by a RN or LPN on separate medication record forms for each student.
13. At the time of transcription, the RN or LPN must evaluate whether the student has an allergy noted by the parent that would preclude giving the medication.
14. Medications must be stored in a locked cabinet with access limited to a few individuals designated by the school principal. The school principal or his/her designee must maintain a list of the employees with access to medications.
15. The *administration* of medications includes the acts of:
  - a. preparing and giving drugs in accordance with the orders of a licensed, authorized advanced practice registered nurse (i.e., nurse practitioner, certified nurse-midwife, clinical nurse specialist), or a physician, dentist, or other authorized licensed provider as to drug, dosage, route and frequency;
  - b. observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
  - c. intervening when emergency care is required as a result of drug therapy;
  - d. appropriately instructing the student regarding the medication;
  - e. recognizing accepted prescribing limits and
  - f. reporting deviations to the prescribing advanced practice registered nurse, physician, dentist, or other authorized licensed provider.
16. *Assisting* with medications includes the acts of:
  - a. reminding a student of the time to take a medication;
  - b. opening the container that is properly labeled; and/or
  - c. assisting the individual to place the medication in the mouth or properly apply the medication.

Assisting with medications does not include altering a medication's dosage.
17. Medications which require administration through an intravenous (IV) route should be administered by a RN. The student should have an established port or access route.

18. Injectable medications other than IV medications, insulin (in any form), medications instilled in the eye or ear, and medications inserted into the rectum or vagina must be administered by a RN or LPN. (See #19 for exceptions.)
19. Under certain circumstances, a licensed nurse may train an unlicensed person to give prescribed medications via a route noted in #18 above if the medication is required for a medical emergency that a specific student may experience (e.g., epinephrine for anaphylaxis, glucagon for hypoglycemia, and diazepam rectal gel for status epilepticus). A medical emergency is defined as a sudden, urgent, unforeseen occurrence requiring immediate action in order to prevent disability or death. Read SC Board of Nursing Advisory Questions 50 and 52 (Internet links provided in the References section of this document).
20. Procedures for the administration of medications via the various routes must be consistent with standard nursing practices as outlined in a reputable text and the product manufacturer's guidelines.
21. The school nurse must have access to current credible information regarding medications including indications, actions, route and dosing parameters, adverse effects, side effects, interactions, contraindications, precautions, and controlled substance schedules.
22. School employees who administer or assist students with medications must be familiar with the abuse potential of controlled substances. Examples of controlled substances include Adderall®, Concerta®, Cylert®, Darvocet-N®, Percocet®, Ritalin®, Tylenol #3®, Diastat®, and Valium®. A listing of controlled substances is available on the Internet at <http://www.deadiversion.usdoj.gov/schedules/schedules.htm>
23. Generally, medications should be given within 30 minutes before or after the prescribed time. The safe allowable time variances for medications differ. If there is a question regarding whether a medication was given within a safe time interval, the manufacturer's guidelines should be consulted.
24. Sustained-release tablets/capsules must never be crushed or opened. This could result in the student receiving a bolus dosage of the medication rather than a smaller dosage over time.
25. All personnel administering or assisting students with medications must ensure that the right student receives the right medication at the right time in the right dosage via the right route for the right reason.
26. Medication orders and student encounters must be documented using a method that (a) authenticates the author of the orders or clinical notes, (b) documents changes to the orders or notes, (c) reduces the risk for malicious alterations or tampering, and (d) allows for retrieval of an individual student's medication record.

27. The school nurse and school principal are responsible for maintaining the individual student's medication record. The medication record should include the student's name, name of the medication, dosage, route, dates and times medications were given, reasons that medications were given, outcomes of the student encounters, and the signature of the nurse who administered the medications or the individual who assisted the student with taking medications.
28. Medications must be used only for the specific student for whom the medication was sent. Never borrow a medication from one student for another.
29. Medication must be given only for the reason(s) it was ordered or authorized by the parent/guardian.
30. The frequency of medications given on an "as needed" basis for specific symptoms should be monitored. If, in the opinion of the nurse, a student is requiring medication too frequently, the nurse should offer health counseling regarding non-medicinal options and/or refer the student to his/her health care practitioner for evaluation.
31. Medications must be poured by the person who will administer or assist with the medication at the time that it will be given.
32. A well-planned process for encouraging parents/guardians to pick up expired, discontinued, and/or excess medications should be established by the school nurse with assistance and support from administrators and faculty. Parents/guardians should be given at least a two-week notice (10 work days) for arranging to pick up medications.
33. For the health and safety of all students, expired, discontinued, and/or excess medications should not be sent home with students. This standard does not preclude a student from transporting to and from school, medication that the student has been authorized to self-medicate.
34. Medications should not be disposed of in sinks or toilets, but rather in the regular trash after mixing with an inerting agent and triple-bagging. An inerting agent is a substance that will render the medication mixture useless to individuals who may seek to divert the drugs. The inerting agent must be a material that dissolves (e.g., laundry detergent/washing powder, fertilizer). Sand and sand-like materials should not be used as inerting agents because they do not dissolve and thus will allow pharmaceuticals to be washed from the mixture.

## **PRESCRIBED MEDICATIONS**

### **Standards**

#### **(Also read the General Standards section)**

1. Written parent permission and a written order from a health care practitioner are required and should be maintained with the student's school health records.
2. A form such as the "Permission for School Administration of Prescription Medication" when signed by the prescribing health care practitioner, may serve as a health care practitioner's written order. (See sample form in Medications Forms section on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.)
3. A form such as the Permission for School Administration of Prescription Medication may also serve as authorization by the parent/guardian for medications to be given at school when signed by the student's parent/guardian in the space provided. (See sample form in Medications Forms section on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.)
4. The pharmacy label must contain the student's name, date the prescription was filled, medication name, dosage, strength, and the directions for use (frequency, duration, mode of administration), the name of the prescriber, and the name and address of the pharmacy. At the time of purchase, if requested, pharmacists may assist parents/guardians by preparing separate containers for doses of medications to be given during school hours and field trips.
5. The health care practitioner's written order must be consistent with the pharmacy label. If not, the licensed nurse must clarify the order with the health care practitioner and the pharmacist.
6. "Sample" medications provided for a student by his/her health care practitioner may be accepted for administration if the health care practitioner provides written guidance for administering the medication and the medication is brought to the school in the original container provided by the pharmaceutical manufacturer.

## **CONTROLLED SUBSTANCES**

### **Standards**

#### **(Also read the General Standards section)**

*These standards were developed with expert consultation from Wilbur Harling, RPh, Director of SC DHEC's Bureau of Drug Control.*

1. A prescribed controlled substance maintained at school for an individual student's use should be limited to no more than a 31-day supply.

2. When a controlled substance is delivered to the school, the amount of medication received must be documented on the student's medication inventory record form. A sample medication inventory record form is available in the Medication Forms section located on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.
3. When controlled substances are initially received by the school, two school employees should count the medication in the presence of the individual who delivered the medication to the school when possible. At a minimum one school employee who has been designated by the principal and the responsible adult who delivered the medication to the school must count the medication. All individuals involved with the medication count should sign as verifying the amount of medication received by the school.
4. Controlled substances should be accounted for at least on a weekly basis by two school employees. One employee performs the count while the other acts as a witness and recorder. One of the employees should be the school nurse. Both employees are responsible for the medication count.
5. Medication counts should be documented on a medication inventory record form. Both employees performing the weekly count should sign the medication inventory record.
6. If it becomes necessary to return medication to a student's parent/guardian, two school employees should verify the amount returned in the presence of the parent/guardian who is picking up the medication. A note of the transaction should be made on the student's medication inventory form. All three individuals should sign as verifying the amount of medication returned to the parent/guardian.
7. The medication inventory record should be kept with the student's medication record and retained as a part of the student's health record.
8. Discrepancies in the number of units (e.g., tablets, pills, teaspoons) of medication must be immediately reported to the school nurse or school principal, who must investigate and take corrective actions.
9. If diversion of controlled substances is suspected, a more stringent policy should be implemented. In this situation, two school employees should witness the administration of the controlled substances. Local law enforcement authorities and the SC DHEC Bureau of Drug Control (803.896.0636) should be notified.
10. If diversion of controlled substances by a licensed nurse is suspected, in addition to taking actions noted in #8 above, the employer must notify the Board of Nursing not more than 15 business days from discovery of the alleged misconduct. Contact the

Board of Nursing's Administrator at 803.896.4550 for information regarding the process for making the notification.

11. Documentation associated with medication discrepancies should be filed according to the school district's policies and/or procedures. The school district's nursing supervisor and risk management officer should be advised of medication discrepancies. A sample discrepancy report form is available in the Medication Forms section located on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.

### **Procedural Guidance: Accounting for Controlled Substances**

General directions for performing medication counts using a sample medication inventory record form are available in the Medication Forms section located on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.

## **OVER-THE-COUNTER MEDICATIONS (Provided by Parent/Guardian)**

### **Standards**

**(Also read the General Standards section)**

1. Written permission from a student's parent/guardian is required for each over-the-counter medication.
2. The parent/guardian should label the medication container with their child's name in a manner that not cover pertinent information such as the name of the medication, dosing recommendations, uses, side effects, contraindications, and expiration date.
3. A form such as the "Permission for School Administration of Non-Prescription Medication" when signed by a student's parent/guardian may serve as written permission. A copy of the Permission for School Administration of Non-Prescription Medications is located in the Medications Forms section on-line at: <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.
4. Over-the-counter medications must only be given as recommended by the manufacturer on the label and/or package insert.
5. If a parent/guardian requests a medication dosage that exceeds the manufacturer's recommendation, the parent/guardian must secure a written order from the student's health care practitioner.

## **HERBAL/ALTERNATIVE MEDICINAL PRODUCTS**

### **Standards**

**(Also read the General Standards section)**

1. The following should be on file before administering herbal/alternative medicinal products in a school setting:
  - a. a written order from a health care practitioner who is recognized by South Carolina's Department of Labor, Licensing, and Regulation as authorized to prescribe medications,
  - b. identification of the condition for which the product is being used,
  - c. a written request from the parent/guardian that gives permission for administration by the school,
  - d. verification that the product and requested dosage are safe for the student (considering age, body weight, and condition), and
  - e. documentation from credible sources regarding therapeutic and untoward effects and interactions.
  
2. Parents/guardians should also be advised that herbal/alternative products are not regulated by the Food and Drug Administration and thus the quality and effectiveness of these products vary. Some herbal/alternative products have been found to contain ingredients that can cause harm and thus these products should be used under the guidance of a health care practitioner.

## **EXPERIMENTAL MEDICATIONS**

### **Standards**

**(Also read the General Standards section)**

1. Experimental medications include medications used in clinical trials and off-label use of medications.
  
2. Experimental medications require a written order from the student's health care practitioner and written permission from the student's parent/guardian.
  
3. Consistent with guidance from the National Association of School Nurses, requests for administering medication at school as part of a clinical trial should be accompanied by a copy of the written protocol or study summary from the research organization and/or a copy of the detailed consent form signed by the parent or guardian which describes the study (including the benefits and risks), the signs and symptoms of adverse reactions to be reported, and the name and telephone numbers of the investigator and research team.
  
4. For off-label use of medication, documentation must be provided to support the safe administration at school (i.e., reports from the manufacturer or a reliable pharmacy or college of pharmacy, current medical journals, or information from a pediatric medical or mental health facility). Some drug reference manuals include information regarding off-label uses of medications in cases where off-label use has become the standard of care.

# STOCKED MEDICATIONS

## Standards

(Also read the General Standards section)

1. If a local school district elects to stock medications, the school district should seek consultation from a physician consultant.
2. Selection of medications to stock should be jointly decided by the school district's physician consultant, school nurses, and district administration.
3. A written protocol authorizing administration parameters for the medications must be approved and signed by the physician consultant.
4. Stocked medications must be maintained in the manufacturer's original container with labeling intact.
5. Medication dosages for stock medications should be consistent with the recommendations of the manufacturer.
6. Parents/guardians should be notified of all stocked medications available at the school through a standard permission form that lists all of the medications and how the medications will be used.
7. Written permission from a student's parent/guardian should be required in order for a student to receive stocked medications.
8. Parents/guardians should be advised that it is their responsibility to notify the school of changes in their child's health condition that result in contraindications to one or more of the stocked medications.
9. A sample medication form for documenting individual student usage of medications taken on an as needed basis is included in the Medication Forms section on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.

# ASSISTING WITH MEDICATIONS

## Standards

(Also read the General Standards section)

1. Consistent with SC Board of Nursing Advisory Question 52, in schools where there is a RN or LPN on staff full-time to provide health services for students, the RN assigned to the school or the RN supervising the clinical practice of the LPN assigned to the school in collaboration with the LPN may select, train, determine the competency of, and evaluate unlicensed school personnel (meaning school personnel who are not licensed nurses) for *assisting* students with medications in

situations where the RN or LPN on staff at the school is absent or not available. Read SC Board of Nursing Advisory Question 52 for details (<http://www.llr.state.sc.us/POL/NURSING/index.asp?file=advisoryop.htm>).

2. Unlicensed school personnel may also be trained to assist students with emergency medications for specific students. Read SC Board of Nursing Advisory Question 50 for details (<http://www.llr.state.sc.us/POL/NURSING/index.asp?file=advisoryop.htm>).
3. Training provided by RNs for unlicensed school personnel who will assist with medications in the school setting must include written and verbal instruction on the following topics. The RN may include additional topics as necessary.
  - a. District Policies, Procedures, and Forms
  - b. General Standards
  - c. Confidentiality
  - d. Definition of Assisting with Medication
  - e. 6 Rights for Assisting with Medications
  - f. Student Identification
  - g. Prescribed Medications
  - h. Controlled Substances
  - i. Over-the Counter Medications
  - j. Emergency Medications (Who Is Trained?)
  - k. Timing
  - l. Documentation
  - m. Storage of Medications
  - n. Locating Students Who Do Not Report
  - o. Medication Errors
  - p. Methods for Assisting Via Specific Routes (Example: Oral, Inhaled)
  - q. Special Procedures for Specific Students
  - r. Who To Call With Questions
  - s. Evaluation (Test of Understanding, Demonstration, Return Demonstration/ Skills Check-Off, Observation/Skills Check-Off)
  - t. Periodic Re-Evaluations
  - u. Limitations Specified in Board of Nursing Advisories 50 and 52

### **Procedural Guidance: Assisting With Medications**

CAUTION: Ensure that the requirements outlined in SC Board of Nursing Advisory Questions 50 and 52 are met prior to training an unlicensed school employee to assist with medications. Below are some general guidelines for assisting students with medications. This information is not meant to take the place of instruction from a licensed nurse as referenced in Advisory Questions 50 and 52.

1. Be mindful of rules related to confidentiality.
2. Identify the student.
3. Determine the reason that the student is seeking medication.

4. Locate the student's medication record.
5. Determine if the reason that the student is seeking medication is a reason noted on the student's medication record. (Note: If the reason is not one that is noted, do not give the medication. Contact the school nurse on call.)
6. Remove the student's medication from the locked cabinet/drawer.
7. Compare the medication label with the medication record -- name of student, name of medication, dose, route and time. (Note: If any of the information does not match, do not give the medication. Contact the school nurse on call.)
8. Check the expiration date on the medication container. (Note: If the medication has expired, do not give the medication. Contact the school nurse who is on call.)
9. Wash your hands.
10. Prepare to give the medication using the technique taught by the school nurse.
11. Compare the name of the student, name of the medication, dose, route, and time to what is written on the medication record. (Note: If any of the information does not match, do not give the medication. Contact the school nurse on call.)
12. Assist the student with the medication via the right route.
13. Compare the name of the student, name of the medication, dose, route, and time to what is written on the medication record. (Note: If any of the information does not match, do not give the medication. Contact the school nurse on call.)
14. Document that the medication was given and the outcome for the student on the student's medication record.
15. Return the medication to its secure location.
16. Lock the medication cabinet/drawer.

## **SELF-MEDICATION**

See Frequently Asked Questions About Students Self-Medicating and Self-Monitoring, located at <http://www.ed.sc.gov/agency/Innovation-and-Support/Youth-Services/Healthyschools/MeetingSpecialHealth.html>.

# DOCUMENTATION

## Standards

### **(Also read the General Standards section)**

1. The school nurse must establish a medication record form for each medication that will be given at school.
2. When transcribing the order/instructions for each medication on the medication record, the nurse must compare the transcription with the order/instructions at least twice to ensure that the information is written correctly. It is best to make the first comparison immediately after transcribing the order and the second comparison prior to giving the first dose of the medication.
3. The nurse who transcribed the order/instructions should document the date and time of the transcription.
4. Medication records must be typed or completed using indelible ink. To easily identify originals from copies, some sources recommend using dark blue ink rather than black. Secure electronic systems may be used to collect and store data regarding medications provided the information can be retrieved to show an individual student's medication record.
5. Abbreviations used should be limited to those that are commonly used by individuals who are not nurses (e.g., you may use a.m. or p.m. as part of the time that a medication is to be given, but should write out "by mouth" instead of using "po"). Only abbreviations that have been approved by your school district should be used.
6. Each medication dose given to a student must be documented by the person administering or assisting the student with the medication on forms that have been approved by the school district.
7. If initials are entered on the medication record, the employee's full signature and printed name should appear elsewhere on the form.
8. Documentation of medication should include the date, time, route, dosage, outcome for the student, and the signature of the person who administered or assisted with the medication.
9. Documentation of medications given on an as needed basis should include the reason that the medication was given. The reason must be consistent with the medication order or parent's/guardian's written permission form.
10. Documentation should occur at the time that a medication is given; never before.
11. Sample documentation forms for medications are located on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.

# STORAGE OF MEDICATIONS

## Standards

**(Also read the General Standards section)**

1. All medications must be stored in a securely locked, substantially constructed container or cabinet accessible only to school personnel designated and authorized by the school's principal.
2. The school principal or his/her designee should maintain a list of the employees with access to medications.
3. Proper temperature and storage conditions for each medication must be maintained. Medications that require refrigeration must be segregated from food items in a securely locked container.
4. Stocked medications should be separated from medication supplies for specific students.

# DISPOSAL OF MEDICATIONS

*Standards and procedural guidance related to the disposal of medications were developed with expert consultation from:*

- *Stephen Burdick, Chemist, Manager of the Waste Assessment Section of the SC DHEC's Bureau of Land and Waste Management, and*
- *Wilbur Harling, RPh, Director of the SC DHEC's Bureau of Drug Control.*

## Standards

**(Also read the General Standards section)**

1. If there is a large amount of medications for disposal, it is best to carry out the disposal process under a fume hood such as those in chemistry and science labs because the process creates a powdery dust. The process for parent/guardian medication pick up should be assessed to identify interventions that may help to avoid having large amounts of medications for disposal in the future.
2. If it is necessary to waste a single medication dose for one student due to contamination during the administration process, the method for disposal is the same as described below in the Medication Disposal Process except in the case of a single medication dose triple-bagging prior to discarding in the regular trash is not necessary. Parents should be notified if a medication dose must be wasted.
3. Certain medications when discarded are considered acute hazardous wastes and disposal is regulated by the Environmental Protection Agency. Extra efforts should be made to return these "P-listed medications" to the parent/guardian. The individual assigned to coordinate waste management for the school district should

be consulted for guidance if disposal of medications that are acute hazardous wastes is necessary. The school district's waste management coordinator should contact the SC DHEC's Bureau of Land and Waste Management (803.896.4000).

4. Acute hazardous waste is not the same as biohazardous waste and these two types of waste must not be discarded in the same containers. If the two types of wastes are mixed, all of the contents of the container must be handled as acute hazardous waste.
5. A listing of acute hazardous wastes is included in Code of Federal Regulations Title 40, Chapter 1, Part 261.33. A link to this Code is provided in the References section of this document. Some examples of acute hazardous wastes are Arsenic trioxide, Epinephrine (Adrenaline), Nicotine, Nitroglycerine, Phentemine (CIV), Physostigmine salicylate, Sodium Azide, Strychnine, and Warfarin.
6. A school district's waste generator status, which is regulated by the SC Department of Health and Environmental Control, can vary monthly and is dependent upon the amount and type of waste that is being discarded. The individual assigned to coordinate waste management for the school district should be able to answer specific questions about the school district's waste generator status. General information regarding waste management standards in South Carolina is available on-line at <http://www.scdhec.gov/environment/lwm/>.

#### **Procedural Guidance: Monitoring the Medication Supply**

1. Inventory the medication supply of students at least every 3 months to identify any medications that have expired or have been discontinued.
2. During the inventory process, if an over-the-counter medication will expire within the next three months and it is likely, based on the student's usage pattern, that all of the medication will not be used, a courtesy call should be placed to the parent/guardian to give an opportunity for the medication to be picked up and a new supply delivered with a longer period of time left in its shelf-life. The parent/guardian may be able to use the medications at home for other family members and avoid having to discard the medication.
3. If a student's medication has expired or been discontinued, a letter should be sent to the student's parents/guardians giving them an opportunity to pick up the medication. A sample letter is located in the Medications Forms section on-line at: <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.
4. To avoid having medications left at the end of the school year, inventory and count medications on hand approximately 3 weeks prior to the end of the school year. If the inventory and count suggests that there will be medications left after the last day of school, send a letter to the student's parents/guardians giving them an opportunity to pick up excess medications. A sample letter is located in the Medications Forms section on-line at: <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.

5. Document the date that the letter was sent to the parent/guardian and the method used for sending the letter in the student's health record.
6. Allow at least a two-week period (10 work days) for picking up expired, discontinued and/or excess medications.
7. The goal is to have all medications picked up. Telephone follow up one week (5 work days) prior to the disposal date may be helpful.
8. When the parent/guardian picks up medication from the school, document in the student's health record that the medication was picked up. If a medication has expired, instruct the person who is picking up the medicine to talk with a pharmacist to determine the best way to discard the medication. Ask the person picking up the medications to co-sign the note made in the student's record to verify receipt. The note should include:
  - a. prescription number (if applicable),
  - b. drug name and strength,
  - c. quantity,
  - d. date of pick up, and
  - e. signatures of the school employee who returned the medication and the person picking up the medication.
9. Dispose of medications remaining at the school following the time frame stated in the letter sent to the parent/guardian.
10. At the time of medication disposal, document the following in the student's health record.
  - a. prescription number (if applicable),
  - b. drug name and strength,
  - c. quantity,
  - d. date of disposal,
  - e. method of disposal,
  - f. reason for disposing of the medication, and
  - g. signatures of the persons who disposed of the medications.

**Procedural Guidance: Medication Disposal Process**

1. Supplies needed for disposing of medications:
  - a. Safety glasses
  - b. Gloves
  - c. Dust mask
  - d. Tools for crushing pills and tablets (e.g., mortar and pestle, coffee grinder)
  - e. 3 small to medium trash bags that can be knotted for closure; use three of the thickest trash bags that your school district has in stock. The "mil" of a plastic bag indicates thickness; the higher the mil, the thicker the bag. Grocery bags and baggies are not acceptable for this procedure.

- f. An inerting agent to render the crushed medications inseparable through filtering, screening, or washing (e.g., laundry detergent/washing powder, fertilizer).
  - g. Water for mixing the inerting agent and the crushed medications together to form a paste
  - h. Tongue blade for stirring the mixture
  - i. Scissors or a shredder for shredding pharmacy labels
  - j. If disposal of a large amount of medications is necessary, a gown, head cover, and shoe covers may be necessary because the process creates a powdery dust. (See # 1 in the Standards section labeled Disposal of Medications.)
2. Disposing of medication requires the presence of two school employees – one employee destroys the medication while the other is present as a witness and assists with documentation. The school nurse should be one of the employees involved with disposing of medications that are expired, discontinued, or left at the end of the school year.
3. Assemble medications to be destroyed and all supplies needed for destroying the medications in one area (preferably a counter top).
4. Have the medication record and any other school district documentation forms available for each student whose medication will be destroyed.
5. Controlled substances must be inventoried and any discrepancies reconciled prior to disposal.
6. Open the three plastic bags. Place the opened bags inside each other to create a triple-bagged effect. Triple-bagging is recommended to protect custodial staff, the compactors/waste haulers, and the landfill operators.
7. Put on personal protective equipment – safety glasses, gloves, a dust mask, shoe covers, etc.
8. Crush pills and tablets. A mortar and pestle or a coffee grinder may be used to crush the pills.
9. Empty the crushed medications into the plastic bags (triple-bagged).
10. Open any capsules and add the capsule contents and the empty capsule shells to the crushed medications.
11. Mix the crushed medications with the inerting agent. A mixture of 1 part inerting agent to 1 part crushed medications is adequate (e.g., if you have approximately ½ cup of crushed medications, mix in ½ cup of powdered laundry detergent or fertilizer).

12. Add any ointments and syrups to the blend of medications and inerting agent.
13. Add a small amount of water to the mixture and stir with the tongue blade. Keep adding water and stirring until you have created a "paste."
14. Remove labels that include student identifiers from the medication containers. Shred the labels and discard in the bag. Empty medication containers should also be discarded in bag.
15. Once all medications, labels, containers, etc. have been placed in the plastic bag, carefully express the air out of the inner bag as you close it.
16. Close the inner plastic bag by knotting the top.
17. Carefully express the air out of the other two bags and close by knotting the top of each bag separately.
18. Inhalers:
  - a. If medication administered via an inhaler is not picked up, the inhaler should be emptied (all of the medication dispensed) under a fume hood such as those in chemistry or science labs.
  - b. Shred labels that include student identifiers.
  - c. The empty inhaler and the shredded labels can then be discarded in the regular trash.
19. Injectable medications that may require disposal, except those that are considered acute hazardous wastes, may be discarded in the school's biohazardous waste receptacles after removing and shredding any labels that contain student identifiers. The medication should be left in its original container. Biohazardous waste receptacles containing medications must be stored in securely locked, substantially constructed containers or cabinets.
20. Medications that are considered acute hazardous waste must be discarded separately from the school's biohazardous wastes. Contact the school district's waste management coordinator for guidance regarding disposal of acute hazardous waste.

## **FIELD TRIPS**

### **Standards**

#### **(Also read the General Standards section)**

1. The school nurse should work with school administrators to incorporate consultation with the school nurse into the field trip planning process.

2. School personnel should consult with the school nurse early in the field trip planning process because accommodations must be made for students who will need medications or other health services. At a minimum, the nurse should be advised of field trip plans four weeks prior to the event.
3. Parents/guardians must provide written medical orders and sign permission forms for medications that are not normally given at school for field trips that involve time outside of the normal school day.
4. The registered nurse should assess the needs of students who will attend the field trip to determine if it is necessary for a nurse to accompany the group or whether other school personnel can be designated by school administrators to assist students who will need medications or other health services.
5. The registered nurse and the licensed practical nurse (if one is assigned to the school) will consider guidance outlined in the SC Board of Nursing Advisory Questions 50, 51, and 52 when determining whether other school personnel can be trained to assist specific students with health needs. The Internet links for these Advisories are located in the References section of this document.
6. If SC Board of Nursing Advisories allow training of other school personnel, the registered nurse will assure that training takes place and recommend to the school administrator those staff or faculty who successfully complete the competency evaluations.
7. The school administrator should assign staff to provide medications for students on the field trip based on the recommendations of the RN.
8. The school nurse should prepare medications and medication documentation forms for the field trip. A sample Field Trip Medication Record Form is located in the Medication Forms section on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>.
9. Medications must be supplied by the parent/guardian in a pharmacy-labeled or manufacturer-labeled container. South Carolina's Pharmacy Act does not support repackaging of medications by the school nurse or school district employees. At the time that a prescription is filled, some pharmacists will package one or two doses in a separate container for field trips if requested by the parent.
10. In addition to supplying medications, parents should also supply any special devices required for measuring medication doses (e.g., medication measuring cups or spoons for liquid medications). Spoons used for eating do not provide an accurate measure of medications.
11. Medications that are controlled substances should be counted when giving the medications to the staff or faculty member for the field trip and the medications

should be counted again on return from the field trip. Depending on your school district's policy, all medications, even those that are not considered controlled substances, may require counting prior to and on return from the field trip.

12. If a student has been authorized to self-administer her/his medications while on the field trip, the nurse (preferably) or the person assigned to act as a point of contact for the student must verify that the student has an adequate amount of medication and supplies. Keep in mind that some students who normally self-medicate independently in the regular school setting may need guidance and monitoring by a licensed nurse while on certain field trips because self-medicating outside of a controlled environment may be a new experience for the student.
13. A plan should be developed to properly store and secure the medications while on the field trip.
14. Plans must also be made for maintaining each student's confidentiality while on the field trip.

## **MEDICATION ERRORS**

### **Standards**

#### **(Also read the General Standards section)**

1. Non-punitive systems for reporting medication errors should be established by school districts. Data regarding medication errors should be analyzed and preventive actions and/or system changes implemented to prevent errors.
2. Any failure to properly administer medication according to the written order provided by the prescribing health care practitioner is considered a medication error. Some examples of medication errors include:
  - a. a medication was given to the wrong student,
  - b. a wrong medication was given,
  - c. a wrong dose was given,
  - d. a medication was given by the wrong route,
  - e. a medication dose was given at the wrong time,
  - f. a medication was not given within the specified time allowed per the school district's policy or within the time frame recommended by the medication's manufacturer,
  - g. a medication was not given and the student was present at school,
  - h. an extra medication dose was given,
  - i. the student was not prepared for receipt of the medication per the manufacturer's or health care practitioner's order, and
  - j. the established procedure for giving a medication was not followed (e.g., incorrect site used).

3. Documentation of medication errors on the student's medication record should include the student's condition prior to the occurrence, a statement of the occurrence, the student's condition following the occurrence, actions taken on behalf of the student following the occurrence.
4. All medication errors should be reported using the school district's approved process. System enhancements should be implemented to address error trends that may be identified. If your school district does not currently have a reporting process, discuss the need for a process with the school district's nursing coordinator or lead nurse.
5. Information regarding a medication error must be communicated to the parent/guardian and the student's health care practitioner (if necessary) at the time of the occurrence.
6. A sample Medication Occurrence Report form for internal school district reporting is located in the Medication Forms section on-line at <http://www.scdhec.gov/health/mch/wcs/school/guidelines.htm>

## **COORDINATED SCHOOL HEALTH APPROACH TO MEDICATIONS IN A SCHOOL SETTING: Considerations for the School Health Team**

### **Health Education**

- Integrate general medication safety education in existing curricula (e.g. include medication safety concerns in health and science lessons).

### **Physical Education**

- As appropriate discuss how physical activity helps to maintain health and well-being and can sometimes eliminate or decrease the need for medication (e.g., some females find that regular physical activity helps to decrease menstrual pain and regular physical activity often reduces feelings of depression).

### **Health Services**

- Establish a safe and effective system for providing medications to students during the school day and at school-sponsored functions where the student is a participant.
- Teach students about the medications that they are taking (e.g. indication, action, side effects, and storage requirements).
- Provide medications to students per nursing practice standards and school district policies.
- Assist students who have chronic health conditions with self-medicating and self-monitoring as appropriate.

### **Nutrition Services**

- Collaborate with nutrition services staff to ensure that students receive special nutrition services when needed to support their medication regimen.
- Collaborate with nutrition services staff to assist students with avoiding foods to which a student may be allergic to avoid the need for a medication intervention.

### **Counseling, Psychological & Social Services**

- Students with chronic health conditions that require frequent monitoring and/or medications may need assistance with maintaining a positive self-perception and maintaining a therapeutic regimen while interacting with peers. School personnel should be made aware of this possibility and identify appropriate resources for the student.
- Resources should be identified for assisting parents/guardians in need of financial assistance for a student's medications. Assist parents/guardians with applying for Medicaid services and/or applying for assistance through other sources.

### **Healthy School Environment**

- Keep medications in a secure location.
- Limit access to medications to only a few school staff or faculty members who have received training regarding assisting students with medications and medication storage procedures.
- Account for controlled substances at least weekly.
- Post reminders in the health room regarding safety precautions to take when assisting students with medications (e.g. "Rights" of medication).
- Post the number for poison control on all phones.
- Dispose of sharps per Occupational Safety & Health Administration (OSHA) standards.
- Dispose of medications in an environmentally responsible manner per guidelines established by the SC Department of Health & Environmental Control and the U. S. Environmental Protection Agency.

### **Health Promotion for Faculty & Staff**

- Provide information to faculty and staff through faculty and staff meetings, flyers, and/or bulletin boards regarding medication safety, proper storage to prevent accidental poisoning and abuse of medications, proper disposal of medication, and careful antibiotic use.

### **Family/Community Involvement**

- Include information in newsletters, at PTA/PTO meetings, and health fairs that provide parents/guardians with information on safe medication use and disposal (e.g. medication storage to prevent accidental poisoning and abuse of medications, proper methods for destroying medications, careful antibiotic use).
- Include information in newsletters, at PTA/PTO meetings, and health fairs regarding how to sign up for Medicaid services.

- Identify community resources for assisting parents/guardians in need of financial assistance for providing a student's medications.

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