



Medication Safety at School: Assisted Self-Administration Guidelines

The purpose of the following guidelines is to support school districts and to promote safe procedures for assisted self-administration of medications to students at school.

This document has been produced as a successor to the Board of Nursing's Assisted Self-Administration Curriculum as requested by the Board of Nursing's Practice Committee, April 2019.

The Medication Safety at School: Self-Assisted Guidelines document continues to provide school nurses with a tool to train unlicensed personnel designated by school administration on safe assistance with medication in the school setting.

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Medication Safety at School: Assisted Self Administration Guidelines

I. LEGAL ASPECTS OF MEDICATION ADMINISTRATION

Determine that it is safe for the designated personnel to assist with self-administration of the medication. This determination is based on the following:

- The competency of the designated personnel. (easily grasps concepts)
- The complexity of the student's health status. (unresponsive)
- The complexity associated with assisting the medication administration. (does a tablet need to be cut for correct dosage)

The issues associated with medicines in the schools require an understanding of the environment that has led to this point. The number of students with complex health issues enrolled in schools is increasing. In the past, many children with chronic illnesses attended a special school or did not go to school. Societal changes have resulted in an increased focus on the health of children in Mississippi schools. Medicines that children take at school are a small part of the efforts to maintain and enhance the health of students. The goal of administering medicines to students at school is to promote optimal wellness in order to enhance their ability to learn. Not taking prescribed medicine at the right time, taking the wrong dose of medicine, or having a reaction to medicine are all things that can lead to difficulty for a student to learn.

The "rights" of medication administration are:

1. Right Medication
2. Right Student
3. Right Dose
4. Right Route
5. Right Time
6. Right Documentation

Confidentiality & Privacy

Confidentiality is an important legal concept in the school setting. Schools must be in compliance with FERPA/HIPPA regulations. Health records of students are confidential and are a part of the school records. Health records contain sensitive information and disclosure without permission can result in legal liability. Privacy is a separate legal concept. If a child tells a teacher or school secretary how he or she feels about having a chronic illness, that is information that should be shared with the school nurse but not disclosed to those who do not have a “need to know.” Recognize that health information has a higher level of protection. **Any person that discloses individually identifiable health information to another person is in violation of HIPPA and may be fined up to \$50,000 and imprisoned not more than 1 year or both.** The following are practices that help protect the confidentiality and privacy of students:

- Limit access to school health records as defined by policy
- Discuss medication information with appropriate staff only.
- Require signature for all non-school health employees accessing health records.
- Secure records to avoid public disclosure.
- Use appropriate areas for medication and avoid discussion in public areas.
- Refer all release of information requests to the school nurse.

The focus and attention of regulations, policies, and guidelines is directed to medications in the schools to protect the health, safety, and welfare of the student. Some requirements to protect the student include protecting the student’s rights, managing and monitoring student’s prescribed medicines, using correct methods to identify students and medicines, and following guidelines for safety in assisting the student with self-administration of medications (including medication storage and documentation).

Patient Rights Regarding Medications

Students should have a right to receive medications at school in accordance with the district's medication policy which includes providing proper medication orders from the health care provider and written consent of the parent. The school policy and practices for medication administration must ensure that student confidentiality is protected, as outlined in the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA).

Registered Nurse Responsibilities

The school nurse has many responsibilities in providing health services to students. The responsibilities of the school nurse for administration of medications to students include:

1. Obtain a complete initial nursing history and assessment and perform ongoing assessment and evaluation of outcomes including monitoring of medication administration record.
2. Ensure the availability of resources required to assist with medications, including material resources, appropriate environment, and supervision.
3. Implement procedures and provide instructions to designated school personnel for handling, storing, and disposing of medications per state and local guidelines.
4. Ensure that the designated school personnel have successfully completed the *Medication Safety at School: Assisted Self Administration Guidelines* training specific to the school district and local school policies.
5. Determine that it is safe for the designated personnel to assist with self-administration of medication based upon the stability of the student's health status, the complexity of the task and the competency of the personnel.

6. Monitor compliance with health record confidentiality (FERPA/HIPPA) and/or MS laws).
7. Verify that a clear, written, signed medical order and written parental consent form are obtained to include student's name, medical diagnosis, specific medication, specific dosage, specific route and length of time to be administered- beginning date and ending date.
8. Develop and implement a Medication Administration Record for documentation of all doses of medication provided in the school setting. The record should include the date, identity of school personnel providing the medications, and documentation of missed doses.
9. Develop protocols to be followed in the event of unusual occurrences, such as medication errors or adverse reactions.
10. Develop a procedure for notification of the parent/legal guardian of the option of coming to the school to administer the medication or to authorize the designated school personnel to assist the student with self-administration of the medication in the absence of the school nurse (RN).

Responsibilities of the Designated School Personnel

1. Successfully complete the *Medication Safety at School: Assisted Self Medication Guidelines* program for unlicensed school personnel training specific to the school district and local school.
2. Adhere to the policies and procedures of the school and district.
3. Refrain from participation in activities that require professional nursing judgment, knowledge, or skill, and notify the school nurse when professional nursing care is required.

4. Remind the student when to take the medication and observe to ensure that the student follows the directions on the prescription label and health care provider's order.

5. Assist the student in the self-administration of medication by taking the medication in its container from an area where it is stored and handing the container, with the medication in it, to the student. If the student is physically unable to open the container, the designated school personnel may open the container for the student and assist the student in taking or applying the medication.

6. Notify the school nurse immediately when there is suspicion of an unusual occurrence, such as a medication reaction, medication error, or change in a student's health status.

7. Complete timely, accurate documentation of assistance with medication in accordance with state and local policies.

II. OVERVIEW OF CONDITIONS REQUIRING MEDICATION

Students identified with chronic medical conditions may require routine assistance with medication at school allowing them to learn at their highest potential. This section serves as a resource for school staff assisting students with diseases/conditions commonly requiring routine assistance with medication.

The unlicensed personnel upon completing training should be able to:

- Describe common diseases/conditions requiring assistance with medication at school.
- List possible signs/symptoms of the disease/condition.
- Identify common medications used to treat the disease/condition.
- Identify common side effects of the medication.

The following health conditions are included in this section:

- Allergies/ Allergic reactions
- Asthma/Reactive Airway Disease
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Behavioral/Emotional/Psychosocial Disorders
- Diabetes
- Infectious/Communicable Diseases
- Seizures

A. Allergies/Allergic Reactions

Each time an allergic person is exposed to an allergen, it can cause allergic symptoms. Allergens include six (6) main categories:

- Food allergens: shellfish, nuts, wheat, eggs, milk, chocolate, strawberries, etc.
- Inhaled allergens: dust, pollen, fungi, smoke, perfume, odors of plastics, etc.
- Drug allergens
- Infectious agents: bacteria, viruses, fungi, animal parasites, etc.
- Contact allergens: chemicals, animals, plants, metal
- Physical allergens: heat, cold, light, pressure, radiation
- Other: insect stings/bites

Common allergy symptoms include

- sneezing
- sniffing
- nasal stuffiness
- itchy and runny nose (usually clear discharge/drainage)
- tearing
- itchy, red or swollen eyes
- coughing
- headache without fever
- skin rash
- hives

Common Medications used to treat Allergies

Antihistamines

Diphenhydramine hydrochloride (Benadryl),
Brompheniramine maleate (Dimetapp),
Cetirizine hydrochloride (Zyrtec),
Fexofenadine hydrochloride (Allegra),
Loratadine (Claritin)

Common Side Effects of Antihistamines. Notify nurse if present.

Sedation - mild drowsiness to deep sleep
Dizziness
Fatigue
Irritability
Confusion
Nausea/Vomiting
Cardiac- increased or decreased heart rate

Corticosteroids

Dexamethasone (Decadron)
Prednisolone
Prednisone
Methylprednisolone

Common Side Effects of Corticosteroids. Notify nurse if present.

Decreased appetite
Nausea/vomiting
Lethargy
Headache
Fever
Joint pain
Weight loss
Increase glucose levels for Diabetes

ANAPHYLAXIS is a severe allergic reaction and is life threatening.

An anaphylactic reaction may range in severity from hives, swelling around the eyes, skin, mucous membranes and throat, wheezing and shortness of breath to severe cardiovascular and respiratory collapse. If treatment is not initiated rapidly, the symptoms may rapidly escalate. Activate Emergency Procedures and notify school nurse immediately.

See Section VI Medical Emergencies and Emergency Medications for information on emergency Epinephrine administration.

B. ASTHMA/REACTIVE AIRWAY DISEASE

Asthma is a respiratory condition in which the air passages of the lungs and bronchioles tighten up making breathing difficult. During an asthmatic episode, the membranes lining the airways become inflamed and swell, and thick mucus builds up within the air passages. The bronchial muscles surrounding the airways go into spasm. With each breath the air must struggle through the narrowed breathing tubes to make its way into and out of the lungs. With expiration (breathing out), the child may make a high-pitched wheezing sound, often identified with asthma. However, some children do not have the characteristic wheezes, and instead they may have a cough.

There are common “triggers” of asthma episodes. Exposure to air pollutants such as cigarette smoke or paint fumes, allergens such as pollens, mold spores and animal dander can result in an asthma episode. In some children, exercise can cause an asthma episode. Other possible asthma triggers are inhaling cold air, certain medications, infections of the respiratory tract, allergic reactions, stress, emotional upset, and injury to the airways.

Common asthma/reactive airway disease symptoms include:

- coughing
- wheezing
- difficulty breathing/tight chest
- rapid breathing/pulse
- retraction of the muscles above and below the ribs and collar bones
- flushed, moist skin
- “hunched forward” sitting position

The school nurse should be notified immediately if a student

Complains of difficulty breathing, shortness of breath, or wheezing.

Has retraction of the muscles above and below the ribs and collar bone.

Cannot speak or says only few words per breath.

Requires a bronchodilator more than once every 4 hours.

Commonly Used Medications for asthma/reactive airway disease

1. Bronchodilators

Bronchodilators are medications that open the airways and may be used for treatment of acute or chronic asthma symptoms. These drugs are given orally or by inhalation. These medications are known as 'rescue inhalers.'

Common bronchodilators used for asthma/reactive airway disease

Albuterol (ProAir, RespiClick)
Levalbuterol (Xopenex)
Ipratropium bromide (Atrovent)

Common side effects: Notify Nurse if present.

- diarrhea
- dry mouth
- excitement
- tremor
- dizziness
- headache
- aggressive behavior
- flushing
- sweating
- dilated pupils

2. Nonsteroidal Anti-inflammatory (NSAIDs): These medications are used to prevent an asthma episode rather than provide relief of acute symptoms and are not to be used as a rescue inhaler. These drugs are usually used in conjunction with bronchodilators to maximize lung function and controlling inflammation. These medications are not to be used in an emergency situation.

Common Nonsteroidal Anti-Inflammatory Medication used for asthma/reactive airway disease

Cromolyn Sodium (Nasal crom)

Most Common Side Effects: Notify Nurse if Present.

cough headache
dizziness chest pain

3. Corticosteroids: These medications are used for their anti-inflammatory action. They may be given orally or inhaled. These may also be used for allergic reactions but are not used in emergency situations.

Common Corticosteroids used for asthma/reactive airway disease

Dexamethasone (Decadron)
Prednisone
Prednisolone

Corticosteroid inhalers

Beclomethasone (Vanceril, Beclovent, Qvar)
Triamcinolone (Azmacort)
Flunisolide (AeroBid)

These medications are **corticosteroid nasal sprays**

Fluticasone propionate (Flovent, Flonase, Advair given as an inhaler)
Budesonide (Rhinocort)

Note: When using more than one inhaler, always use the bronchodilator first. Wait five (5) minutes before using the second inhaled medication. Rinsing the mouth after using the inhaled steroid medication is needed to prevent thrush (infection of the mouth or throat).

C. ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Attention deficit/hyperactivity disorder (ADHD) is a developmental disorder affecting the behavior, attention and learning of children. Symptoms include distraction and trouble concentrating, impulsive and acting-out behavior. Many students diagnosed with ADHD have difficulty staying seated and may be fidgety. Others may sit quietly, daydreaming and appear “spaced out”.

Common Medications used for ADHD are

1. Central Nervous System (CNS) Stimulants - In the child with Attention Deficit Disorder, this class of medications causes a decrease in motor restlessness and increase in attention span.

Common CNS Stimulant Medications used for ADD/ADHD

Amphetamine sulfate (Adderall or Adderall SR)

Methylphenidate hydrochloride (Ritalin, Ritalin SR, Metadate CD Metadate ER or Concerta, Qullivant XR)

Lisdexamfetamine (Vyvanse)

Common side effects of the CNS stimulants: Notify nurse if present.

- loss of appetite
- insomnia
- headache
- nausea
- abdominal discomfort
- nervousness

2. Norepinephrine Inhibitor (Non-Stimulant Medications) - The precise mechanism by which these medications work on ADHD is not known.

Common Non-Stimulant Medications used for ADD/ADHD

Atomoxetine hydrochloride (Strattera)

Guanfacine (Intuniv, Tenex) Clonidine

3. Common Antidepressants used for ADD/ADHD

Bupropion hydrochloride (Wellbutrin)

Common side effects: Notify nurse if present

loss of appetite	insomnia	elevated blood pressure
insomnia	headache	
abdominal discomfort	nervousness	

D. BEHAVIORAL/EMOTIONAL/PSYCHOSOCIAL DISORDERS

Some students are identified with emotional, behavioral and psychosocial problems. Students may manifest these disorders by a number of signs and symptoms.

Depression symptoms

Feelings of helplessness
Hopelessness
Loneliness
Isolation or withdrawal
Feelings of sadness
Self-deprecatory statements
Suicidal ideas, expressions or attempts

Anxiety disorder symptoms

Panicky and cannot be calmed down
Repetitious behaviors

Psychotic disorder symptoms

Paranoid
Withdrawal
Hearing Voices
Hallucinations
Delusions

Common medications used for emotional, behavioral and/or psychosocial disorders are

Antidepressants

Amitriptyline hydrochloride (Elavil)
Bupropion hydrochloride (Wellbutrin)
Fluoxetine hydrochloride (Prozac)
Paroxetine hydrochloride (Paxil)
Sertraline hydrochloride (Zoloft)

Antianxiety agents:

Bupirone hydrochloride (BuSpar)
Diazepam (Valium)
Lorazepam (Ativan)
Alprazolam (Xanax)

Antipsychotic agents:

Haloperidol (Haldol)
Risperdal (Risperidone)

Common side effects of medications used for behavioral/emotional/psychosocial disorders are: Notify Nurse if Present.

nausea/ vomiting	dizziness
diarrhea	drowsiness
tremors	dry mouth
malaise (out of sorts feeling)	headache
“spaced out”	sedation
seizures	

E. DIABETES

Diabetes is a very serious metabolic disorder that prevents the normal breakdown and use of food, especially sugars (carbohydrates) by the body. If not controlled, the high blood glucose levels will damage body organs.

There are two types of diabetes: insulin dependent (Type I) and non-insulin dependent (Type II). Type II is usually seen in adults and overweight children and may or may not require insulin for management. Type I diabetes is seen most often in children and youth and requires insulin injections.

Insulin is commonly used for children with diabetes. Insulin is given by injection into the subcutaneous tissue or by insulin pump that delivers a constant supply of insulin. Overweight children with non-insulin dependent diabetes may take oral medication. Oral medications generally cause fewer side effects than insulin.

Blood glucose levels are checked during the day and insulin is administered to lower high blood sugar levels if needed. Food or glucose tablets/gel may be used to raise low blood glucose levels. High blood glucose levels may be caused by too much food, too little insulin, illness or stress. Low blood glucose levels may be caused by too little food, too much insulin or extra exercise.

Common symptoms of high blood glucose levels (hyperglycemia) include: frequent urination; dry skin; hunger; extreme thirst; blurred vision; drowsiness, and nausea.

Common symptoms of low blood glucose levels (hypoglycemia) include: abdominal pain; shaking; anxiousness; dizziness; headache; irritability; sweating; weakness, and unconsciousness.

A health care plan should address when the school nurse is to be called.

If the student becomes unconscious, the emergency plan should be followed.

See Section VI. Medical Emergencies/Emergency Medication for emergency Glucagon administration for low blood sugar.

F. INFECTIOUS/COMMUNICABLE DISEASES

Infectious diseases are illnesses caused by viruses, bacteria, fungi or parasites. Infectious diseases are considered contagious or communicable. The spread of infectious disease may occur by one or more of the following:

**Airborne droplets entering the body via the airway,
Direct contact (skin to skin),
Ingestion (eating/drinking)**

The various types of infectious diseases commonly seen in school children are colds; flu; strep throat; impetigo; conjunctivitis (pinkeye); ringworm; and gastroenteritis (nausea, vomiting, diarrhea, and stomach/abdominal cramps). Some common parasites include pediculosis, mites, and scabies.

Common antibiotics used for bacterial (non-viral) infectious diseases include:

Penicillins: (Amoxicillin, Augmentin)

Cephalosporins: (Keflex, Omnicef)

Macrolide: (Zithromax, Z-pack)

Tetracyclines: (Vibramycin)

Sulfonamides: (Bactrim)

Regardless of the name of the antibiotic, there are common side effects for all antibiotics.

Common Side effects of antibiotics include:

Diarrhea, stomach upset/ache; rash; itching; hives.

Antifungal medications are used for infections produced by fungi include:

Fluconazole (Diflucan)

Griseofulvin (Fulvin)

Miconazole (Monistat)

Nystatin (Mycostatin)

Terbinafine Hydrochloride (Lamisil)

G. SEIZURES

Seizures are caused by abnormal electrical activity within the nerve pathways in the brain. Seizures take many forms and may be caused by a variety of illnesses, trauma, and high fevers.

These types of seizures are generalized: absence (petit mal), tonic-clonic (grand mal), atonic (also known as “drop attacks”), and partial (focal): simple and complex. The signs and symptoms will depend on the type of seizure. Generalized muscle contractions or jerking violently of the whole body is characteristic of tonic-clonic. The muscle contraction or jerking of an extremity or two is generally a partial seizure. In a child with diagnosed seizures, it is helpful to know the usual pattern of seizure activity. If the seizure activity changes, reporting that information to the school nurse is vital. Loss of or altered consciousness can occur as seizure activity or as consequence of the seizure. It is not unusual for a loss of consciousness to occur following a tonic-clonic seizure. This is referred to as the “postictal” period and may last from seconds to an hour or longer.

Brief absence of movement, muscle twitches, movement or twitching on one side of the body only, staring into space, and a report of “loss of time” are other seizure symptoms. Myths include that the individual “swallows his tongue” during a seizure. The tongue may fall back into the back of the throat and may block the airway but is not “swallowed.”

Another myth is that a spoon or other object needs to be placed in the individual's mouth during a tonic-clonic seizure. If a tonic-clonic seizure has started, it is best to turn the student on his side and refrain from placing fingers or other objects in the student's mouth. Clenching of teeth and chewing are common in seizure activity. Injury can occur if an attempt is made to stop the seizure, place an object in the mouth, or move the student during the seizure. Protect the student from self-harm during seizure activity by moving objects away from the student and providing some cushion under the head.

Common Anticonvulsant Medication used to control seizure activity:

Phenobarbital (Luminal)

Phenytoin (Dilantin)

Carbamazepine (Tegretol)

Diazepam (Valium)

Diazepam rectal gel

Gabapentin (Neurontin)

Lamotrigine (Lamictal)

Levetiracetam (Keppra)

Divalproex sodium (Depakote)

Topiramate (Topamax)

Common side effects from anticonvulsants: Notify Nurse if Present

headache

nausea

sleepiness

vomiting

dizziness

blurred vision

trembling

See Section VI. Medical Emergencies/Emergency Medication for emergency Diastat administration for intractable seizures.

III. PREPARING TO ASSIST THE STUDENT

Confirm the Six Rights of Medication Administration

The most important part of medication administration is confirming the 6 Rights of Medication Administration. The designated personnel who will be assisting the student with self-administration should anticipate how these rights will be met.

- ☒ **Right Student**-A method of identification should be developed to ensure the identity of the student.
- ☒ **Right Medication**- Habits should be developed to compare the information on the physician's order and the Medication Administration Record.
- ☒ **Right Dose**- Ensure that the patient receives the amount or dosage that is currently prescribed by the physician
- ☒ **Right Route**- Ensure that the patient receives the medication by the route that is prescribed
- ☒ **Right Time**- Ensure the patient receives the medication at the time that is prescribed
- ☒ **Right Documentation** – Ensure actions are documented appropriately

Aseptic Technique

Medical Asepsis is utilizing “clean techniques” to reduce the number of microorganisms or “germs” and prevent their spread from object to person or person to person. Regardless of the route that medications will be administered, these techniques should be adhered to. There should be a designated place for the students to present for their medications. This place should be maintained in as clean a manner as possible to decrease the risk of contamination. Prior to the student self-administering their medication, the student and personnel assisting should wash their hands with soap and water. Excluding topical medications, when assisting with medication administration school personnel should avoid touching medications (tablets/capsules/liquid) or their applicator tips to prevent contamination or introduction of microorganisms.

Medication Specific Rules

- No medication (prescription or over the counter) may be given without parent authorization, a healthcare provider order and an appropriate label. (Primary healthcare providers are physicians, nurse practitioners, or physician’s assistants).
- Review local policies.
- Under no circumstances should the school stock its own supply of over-the-counter (OTC) medicines, such as Tylenol, for assisted self-administration by students or staff. The parent must provide the OTC medicine in the original container with specific instructions on the label as to when or why such medicines may be necessary. The school nurse must evaluate and approve all OTC medicines and label instructions. The school nurse will determine if the OTC medicine label instructions are appropriate and whether there is an appropriate health care provider order for the medication.
- The form of an oral medication can only be changed with authorization from the health provider, pharmacist and the school nurse. Cutting, crushing, or sprinkling of the medication are examples of changing the form of an oral medication.
- If a medication must be cut, call the school nurse.
- Capsules are made to be taken by mouth and swallowed whole—do not take apart, crush, or permit the student to chew unless directed by the licensed prescriber.

- Documenting should never be done prior to the student taking the medication.
- Documentation should be written in blue or black ink.
- Designated school personnel should know how to obtain assistance from the school nurse and/or other healthcare professionals and understanding of district/school policies.

Responsibilities Related to Controlled Substances

- Identify controlled substances and store these in a secure location according to state and local policies.
- Document the receipt, number, and return of controlled substances according to state and local policies.
- Report discrepancies in the quantity of a controlled substance to the school nurse, principal and other authorities according to state and local policies.

IV. ROUTES OF MEDICATION ADMINISTRATION

Assisting the Student with Medications

1. Check health care provider's order and pharmacy label for instructions.
2. Assemble necessary equipment.
3. ALWAYS wash your hands.

If the student will touch the medication, the student should wash his or her hands first.

Oral Pills/Tablets/Capsules

- Verify student's identity. Determine level of assistance needed.
- Observe the student pouring the medication into a medicine cup, the cap of the medication bottle, or a small paper cup.
- Ask the student to put the medication into his/her mouth. The student should follow the medication with 6-8 ounces of water.
- If the student is not physically able to open the bottle or pick up the medication, you should first put on gloves to avoid transferring any infection to the student or yourself, then place the medication inside the student's mouth. Throw away gloves after each use (these are now contaminated).
- Make sure that the student swallowed the medication.
- Wash hands.
- Document the Self-Administration of the medication.

Oral Liquids

- Verify student's identity. Determine level of assistance needed.
- Liquid medications must be precisely measured. DO NOT USE SILVERWARE OR PLASTIC SPOONS—these are not accurate measuring tools. Use a calibrated medicine cup, spoon or syringe. When using a measuring cup, place it on a flat surface and read it at eye level for accuracy. Assist the student in pouring the liquid from the side of the medicine bottle opposite

the label (to protect the label). Clean the outside of the bottle if needed after pouring.

- Ask the student to pick up the medication cup and swallow all of the medication.
- If the student is not physically able to pick up the medication cup you should assist the student with holding the cup to the mouth for the student to swallow the medication, you should put on gloves to avoid transferring any infection to the student or to yourself. Throw away gloves after each use (these are now contaminated).
- Make sure that the student has swallowed all of the medication.
- Wash hands.
- Document the Self-Administration of the Medication.

Nose Drops

- Verify student's identity. Determine level of assistance needed.
- Check health care provider's order and pharmacy label for instructions.
- Instruct the student to gently blow the nose (except in case of nosebleeds or other contraindications.)
- Assemble necessary equipment.
- Wash hands and apply gloves to both hands.
- Assist the student in drawing the medicine into the dropper. To properly regulate dosage, draw only the amount to be administered. Confirm the amount.
- Have the student lie down and tilt the head backward by elevating the shoulders. If there is no space to lie down, have the student tilt head backwards.
- Assist the student in inserting the dropper into the nasal passage and instill the medicine.
- Wipe the dropper off with a clean gauze pad to remove mucus.
- Have the student remain in this position for several minutes to allow the medication to be absorbed.
- Instruct the student not to blow his or her nose unless absolutely necessary.
- Discard gloves and wash your hands.
- Document the Self-Administration of the Medication.

Nose Sprays

- Verify student's identity. Determine level of assistance needed.
- Check health care provider's order and pharmacy label for instructions.
- Instruct the student to gently blow the nose (except in case of nosebleeds or other contraindications.)
- Assemble necessary equipment.
- Wash hands and apply gloves to both hands.
- Prepare the spray container as directed on label.
- The student does not tilt head backwards.
- Have the student close the opposite nostril by gently placing their finger against the opposite side of the nose.
- Assist the student in inserting the Spray applicator tip into the nasal passage.
- Instruct the student to gently squeeze the spray bottle and to sniff immediately when spraying.
- Wipe the applicator tip off with a clean gauze pad to remove mucus.
- Repeat for the other nostril (if ordered for both) remembering to gently close the opposite nostril with their finger and to sniff immediately when spraying.
- Instruct the student not to blow his or her nose unless absolutely necessary.
- Discard gloves and wash your hands.
- Document the Self-Administration of the Medication.

Ophthalmic (Eye) Drops/Ointments/Eye Patch

- Verify student's identity. Determine level of assistance needed.
- Check the health care provider's order and pharmacy label. Read the instructions carefully. Be certain you know which eye is to be treated. Initials may be used to specify the eye that requires treatment O.D.=right eye; O.S.=left eye; O.U.= both eyes
- Assemble the necessary equipment.
- Wash hands and apply gloves to both hands.

- Explain the procedure and instruct the student that vision may be blurred temporarily after applying this medication.
- Have the student assume a comfortable position, either lying down or sitting in a chair with support for the neck.
- Gently wipe the area around the eye(s) to be treated with a gauze pad that has been moistened with normal saline or water to remove drainage. Use a clean pad for each wipe and stroke from the nose outward.
- Ask the student to tilt the head back and to look up at the ceiling.
- Have student gently pull the lower lid of the affected eye down and out, to form a pocket.
- Holding the dropper near the lid, assist the student in gently dropping the prescribed number of drops into the pocket. To prevent the dropper from being thrust into the individual's eye, it is good practice to support your hand by placing a finger on the individual's forehead.
- Press the inner corner (where the eyelids meet) to prevent medication from entering the respiratory system.
- If ointment, gently roll the tube of medication between the palms of both hands. This aids in warming the ointment so it can cover the eye evenly.
- Beginning at the inner corner of the eye (next to the bridge of the nose) and working toward the outer corner, gently squeeze a thin ribbon of the medication on the surface of the lower lid. To prevent the tube from being thrust into the student's eye, it is good practice to support your hand by placing a finger on the student's forehead.
- After instilling the eye drops or ointment, ask the student to close the eye, blink several times but not to rub the eye. Note: Avoid touching the eyelid or lashes with the tip of the medication container. Avoid dropping the solution/ointment on the sensitive cornea (the clear, transparent front part of the eye).
- Discard gloves and wash your hands.
- Document the Self-Administration of the medication.

Applying an Eye Patch

- Verify student's identity. Determine level of assistance needed.
- Check the health care provider's order and read instructions carefully. Be certain you know which eye is to be patched. Initials may be used to specify

the eye that requires treatment. O.D.=right eye; O.S.=left eye; O.U.=both eyes

- Assemble necessary equipment. The parent, prescriber, or pharmacist should supply the eye pad(s).
- Wash your hands and apply gloves to both hands.
- Explain the procedure to the student.
- Place the pad gently over the student's closed eye. DO NOT TOUCH THE SIDE OF PAD THAT LIES on the student's eye.
- Apply two or three strips of paper tape from the mid-forehead to below the ear.
- Discard gloves and wash your hands.
- Document the Self-Administration of the Medication.

Otic (Ear) Drops

- Verify student's identity. Determine level of assistance needed.
- Check the health care provider's order and pharmacy label. Read instructions carefully. Be certain you know which ear(s) is to be treated. (A.D.=right ear, A.S.=left ear, A.U.=both ears)
- Assemble the necessary equipment.
- Wash your hands.
- Explain the procedures to the student.
- Warm the medication to body temperature by holding it in your hands for several minutes.
- Ask the student to lie on one side with the ear to be treated facing upward or, if sitting, to tilt the head away from the affected ear.
- Clean the outer ear carefully and thoroughly with cotton.
- Draw the medication into the dropper. To properly regulate dosage, draw only the amount to be administered.
- Gently, pull the cartilage part of the outer ear BACK AND UP. Place the prescribed number of drops into the ear canal without touching the dropper to the ear.
- Advise the student to remain in the same position for a few minutes following to avoid leakage of drops from the ear, and then cleanse the external ear with dry cotton balls.
- Wash your hands.
- Document the Self-Administration of the Medication.

Inhalation of Diskus/Metered Dose Inhalers/Nebulizer

Diskus

- Verify student's identity. Determine level of assistance needed.
- Read the health care provider's order and pharmacy label. Follow the instructions carefully. Note the number of doses of medication remaining in the diskus so the school nurse or parent can be notified in a timely manner.
- Wash your hands.
- Have the student hold the diskus in a horizontal manner with the mouthpiece toward the student. Observe the student sliding the lever away from the student until a click is heard.
- Instruct the student to breathe out as far as comfortable. Have student put the mouthpiece to his/her lips and breathe in (inhale) quickly and deeply through his/her mouth.
- Have student remove the diskus from their mouth and hold their breath for about 10 seconds (or as long as is comfortable). Then breathe out slowly.
- Have student close the diskus by putting their thumb on the thumb grip and sliding it towards them as far as it will go.
- Have student rinse mouth.
- Note: If the student takes more than one or a combination of medications by inhaler, there must be directions to indicate which medication is to be taken in what order. Your school nurse should provide the directions.
- Wash your hands.
- Document the Self-Administration of the Medication.

NOTE: Most students will be able to self-administer diskus medicines with little to no assistance from an adult.

REMEMBER:

- Always have student activate and use the diskus in a level, horizontal position.
- Never attempt to take the diskus apart.
- Do not allow the student to advance the lever more than once or to play with the lever.
- Never wash the mouthpiece or any part of the diskus, Keep it dry.
- Store the diskus in a dry place.

Hand-Held Inhalers (Metered Dose Inhalers)

- Verify student's identity. Determine level of assistance needed.
- Read the health care provider's order and pharmacy label. Follow the instructions carefully.
- Wash your hands.
- Assemble the inhaler properly; observe the student assemble the inhaler if self-administered.
- Remind the student to keep the tongue flat in the mouth. Otherwise, the medication will spray directly on the tongue.
- Instruct student to shake the inhaler to mix the medication.
- Have student remove the cap and hold the inhaler upright.
- Instruct student to place the inhaler (with spacer if indicated) to the student's lips and tell the student to exhale through the nose. Remind the student to exhale only enough to get the air out of the lungs (so that the medication can get in. Forcing air out of the lungs will collapse the airways even further).
- Have the student press down firmly on the cartridge while taking a deep breath.
- Tell the student to breathe slowly and deeply. Rapid or shallow breaths will not carry the medication into the lungs.
- Have student press the cartridge when they start to inhale. Timing is important. Do not press hard. The dose is predetermined, so only one dose will be released, regardless of the pressure applied.
- Remove the inhaler and tell the student to hold his or her breath and count to 10. This will let the medication settle on the surface of the airways and prevent the student from exhaling it immediately.
- Tell the student to exhale slowly with the lips pursed.
- Have student rinse mouth.
- After the treatment, clean the inhaler thoroughly by removing the metal canister, then rinsing the plastic container under warm water and drying thoroughly.
- Wash your hands.
- Document the Self-Administration of the Medication.

NOTE: If the student takes more than one or a combination of medications by inhaler, there must be directions to indicate which medication is to be taken in what order. Your school nurse should provide the directions.

Most students will be able to self-administer inhaler medicines with little to no assistance from an adult.

COMMON PROBLEMS IN USING AN INHALER

- Not taking the medication as prescribed: Taking either too much or too little.
- Incorrect activation. This usually occurs through pressing the canister before taking a breath. Both should be done simultaneously so that the drug can be carried down to the lungs with the breath.
- Forgetting to shake the inhaler. The drug is in a suspension, and therefore particles may settle. If the inhaler is not shaken, it may not deliver the correct dosage of the drug.
- Not waiting long enough between puffs. The whole process should be repeated to take the second puff, otherwise an incorrect dosage may occur, or the drug may not penetrate into the lungs.
- Failure to clean the valve. Particles may jam up the valve in the mouthpiece unless it is cleaned occasionally.
- Failure to observe whether the inhaler is actually releasing a spray. If not, call your RN.

A student's need for bronchodilators more than every 4 hours can signal respiratory problems. Notify the school nurse.

Nebulizer

- Verify student's identity. Determine level of assistance needed.
- Read the health care provider's order and pharmacy label and follow the instructions carefully.
- Wash your hands.

- Assemble the nebulizer properly.
- Connect one end of the nebulizer tubing to the port on the compressor and the other to the base of the nebulizer medication cup
- Instruct the student to twist open the top of the plastic single dose vial and squeeze the medication into the nebulizer cup.
- Connect the mouthpiece to the T-shaped part and fasten this unit to the cup (or fasten the mask to the cup.)
- Instruct the student to hold the nebulizer cup in an upright position to prevent spilling.
- Have student sit in a comfortable upright position, place the mouthpiece between their teeth, and instruct them to close their lips around the mouthpiece.
- Have student turn the compressor on. When misting is observed have the student cover the air hole to force misting into mouth.
- Remind the student to take gentle deep breaths. After inhaling a deep breath, instruct student to uncover the air hole to stop the mist and to hold their breath for about ten seconds before they exhale.
- Have student continue this pattern until all medication is gone from the cup (about 5 minutes).
- Wash your hands.
- Document the Self-Administration of the Medication.

NOTE: Most students will be able to self-administer inhaler medicines with little to no assistance from an adult.

Topical: Skin Creams, Ointments, Salves

- Verify student's identity. Determine level of assistance needed.
- Read the health care provider's order and pharmacy label. Follow instructions carefully.
- Have student wash hands.
- Many locally applied drugs such as lotions, patches, pastes, and ointments create systemic and local effects if absorbed through the skin. To protect the child from receiving too much medication, have the student apply these drugs using gloves and applicators. If you are assisting, be sure to wash hands and wear gloves.

- Each type of medication, whether an ointment, lotion, powder, or patch, should be applied in the specified manner to ensure proper penetration and absorption. For example, lotions and creams are applied by spreading them lightly onto the skin's surface, whereas powders are dusted lightly over the affected areas.
- Carefully inspect the condition of the skin or membranes over which medications are to be applied.
- If the skin is intact, gently wash site with mild, nondrying soap and warm water.
- Instruct student to apply small amount of cream to tips of gloved fingers.
- Instruct student to apply medicine to designated part of body.
- Contact the school nurse if you have questions or concerns.
- Discard gloves and have student wash their hands.
- Document the self-administration of the medication.

V: CONTRAINDICATIONS TO MEDICATION ADMINISTRATION

If any contraindication is identified, the unlicensed personnel should withhold medication and contact the school nurse.

Illness

Medications should not be provided to a student who is vomiting or has vomited. If the school personnel suspects the child has an acute illness, the school nurse should be notified.

Discrepancies in Medication

If there is any discrepancy related to any of the 'rights' of medication administration, the individual assisting with medication should refuse to provide the medication until clarification is received. Contact the school nurse to obtain clarification, and, as necessary, to notify the parent/guardian immediately that no medication will be given. If a new medication is prescribed or dosage changed the school nurse should be notified before medication is given.

Adverse Reactions

If the student is exhibiting any of the side effects of the medication, the medication should not be administered and the school nurse should be notified.

VI. Medical Emergencies and Emergency Protocols

A medical emergency is defined as a sudden urgent unforeseen occurrence requiring immediate action in order to prevent disability or death. Epinephrine, glucagon and diazepam should only be given by the designated school personnel when the student has an existing diagnosis, a prescription from a legally authorized medical provider, written parental consent, and the school nurse is unavailable. **Call 911 and notify the school nurse immediately when emergency medications are given.**

Emergency procedures covering on-campus and off-campus occurrences should be established. An emergency action plan, including EMS transport authorization signed by the parent/guardian, is advised for students with known life-threatening conditions diagnosed by a physician (e.g. anaphylactic reaction, asthma, cardiac disorders, diabetes, seizures, hemophilia).

Establishing an information system for properly monitoring emergencies in terms of notifying the parent/guardian, EMS, the registered school nurse, and the physician is advised. School specific policies and procedures should be completed and reviewed at least annually in an effort to revise policies and procedures in order to reduce unnecessary risk.

Emergency procedures should also include preparation for routine bus transportation, field trips, and unforeseen events (e.g. inclement weather, lockdown, and evacuation of school).

These students should be identified to ensure appropriate action will be taken in case of an emergency during activities on-or-off campus. Such plans and procedures should be incorporated in each school's crisis management or safety plan.

EMS should be called for any student requiring emergency procedures. The decision to transport to a medical facility or to provide other emergency care will be made at the time of EMS arrival by EMS personnel in collaboration with the EMS medical control (physician), the school principal, the school nurse and the parent, if available. Identify someone to notify parents and the principal at the

same time EMS is called and/or the student receives any emergency medication (EpiPen, glucagon, diazepam).

In all cases where feasible and the attending physician so advises, the student should be trained by his/her physician and/or the school nurse to give his/her own emergency injection or medication (e.g. EpiPen, Glucagon or Diastat) with school personnel acting as back up for the procedure.

Injectables, intravenous, rectal, and vaginal medications should be administered by a licensed nurse. *For certain emergent circumstances in the school setting, a licensed nurse may train the designated school personnel to give prescribed medications via the injectable or rectal route only for emergency intervention in the school nurse's absence.* If the medication is required by health care provider's order and prescribed for a medical emergency that a specific student may experience the trained designated school personnel may administer the emergency medication.

Common Emergency/Rescue Medications

Epinephrine for anaphylaxis.

Glucagon for hypoglycemia.

Diastat for seizures.

Anaphylaxis: Epinephrine

See Section II. Allergies/Allergic Reactions for information on signs and symptoms of Anaphylaxis.

Epinephrine administration is emergency treatment for anaphylaxis. This is supplied in single use automatic injection device often referred to as an Epi-Pen. The student should have received previous training and instructions on how to self-administer the injection in the mid-upper thigh. If symptoms of anaphylaxis are present, the designated personnel should have student administer the epinephrine auto injector immediately then activate emergency procedures. However, if the student is unable to self-administer the injection, staff should administer per manufacturer's instructions. **Do not delay administration of Epinephrine during anaphylactic reactions.**

Severe Hypoglycemia: Glucagon

See Section II. Diabetes for signs and symptoms of low blood sugar.

Hypoglycemia is a fall or decrease in blood glucose levels. Symptoms of hypoglycemia may occur suddenly and vary considerable from person to person.

Mild hypoglycemia causes sweating, tremor, tachycardia, palpitation, nervousness, and hunger. Moderate hypoglycemia may cause the inability to concentrate, headache, lightheadedness, confusion, memory lapses, numbness of the lips and tongue, slurred speech, impaired coordination, emotion changes, irrational combative behavior, double vision, and drowsiness.

Severe hypoglycemia may include disoriented behavior, seizures, difficulty arousing from sleep, or loss of consciousness.

Glucagon increases blood glucose concentration and is used in the treatment of severe hypoglycemia. To prevent severe hypoglycemia, students, family members, and school personnel should be informed of the symptoms of mild and moderate hypoglycemia and how to treat it appropriately.

Administration of Glucagon

Glucagon: emergency treatment of hypoglycemia. Injectable glucagon is supplied as a vial of sterile glucagon powder and a syringe of sterile diluent. The student should have received previous training and instructions on how to self-administer the injection. If the student is unable to self-administer the injection (unconscious, unable to swallow, inability to follow instruction), and school nurse is unavailable, it may be reconstituted by the designated school personnel and administered. An unconscious student will usually awaken within 15 to 20 minutes following a glucagon injection. The designated school personnel should activate emergency procedures and notify the school nurse immediately. Do not delay administration of glucagon during severe hypoglycemic episodes.

The registered school nurse may instruct the designated school personnel on how to reconstitute and administer glucagon for severe hypoglycemia per the prescribing information ONLY in preparation for an emergency administration and per acceptable standards of nursing practice.

Common Side Effects of Glucagon

Nausea, vomiting, diarrhea

Intractable Seizures: Diastat

See Section II. Seizures for information on seizure activity. Follow the student's health care provider order regarding when to administer Diastat.

Diastat (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of patients with intractable seizures while on stable regimens of seizure medications. Before Diastat is administered the prescribing information and administration instructions should be thoroughly read, understood and reviewed with a legally authorized medical provider as needed. Diastat should not be given until the prescribed dose is visible, verified, and the green "ready" band is visible. *Diastat should not be administered if the designated school personnel is not comfortable with how to use it.* The delegated school personnel must be able to:

- Demonstrate he/she is comfortable and satisfied that he/she is able to give Diastat.
- Understand the description of the medical provider's exact conditions on when to treat with Diastat.
- Identify how and for what length of time to monitor the student after giving Diastat.
- Identify how soon seizures should stop or decrease in frequency after giving Diastat.
- Identify how to know what to do if the seizure does not stop or there is a change in the student's breathing, behavior or condition that is alarming.
- Activate and follow emergency procedures by notifying the registered school nurse or medical provider when unsure about treatment or for activation of Emergency Procedures notification.

Administration of Diastat

- Verify the identity of the student.
- Read the health care provider's order and pharmacy label or package insert. Follow instructions carefully.
- Wash your hands and apply gloves to both hands.
- Place student on their side where they can't fall.
- Obtain medicine (note: seal pin will be attached to the cap).
- Push up with thumb and pull to remove cap from syringe. Be sure seal pin is removed with the cap.
- Lubricate rectal tip with lubricating jelly.
- Turn student on side facing you and bend upper leg forward to expose rectum (carefully remove garment enough to access rectum) and separate buttocks to expose rectum.
- Gently insert syringe tip into rectum. The rim should be snug against rectal opening.
- SLOWLY count to 3 while gently pushing plunger in until it stops.
- SLOWLY count to 3 before removing syringe from rectum.
- SLOWLY count to 3 while holding buttocks together to prevent leakage.
- Once the Diastat is administered keep the student on their side facing you, note time given and continue to observe (ALWAYS activate 911 when an emergency medication is given).
- Once administered, discard Diastat as directed on label.
- Discard gloves and wash your hands.
- Document Diastat administration.

Unusual Occurrences

An unusual occurrence is described as any change to the routine of self-administration of medications. These may include alterations in the type, dosage, route or time administered. As soon as an unusual occurrence is recognized, the school personnel should initiate the following steps:

Call the school nurse and/or administrator. Closely supervise and observe the student in the health room, office, or other designated place. Do not leave the student alone.

Identify the alteration in dose, time, route and name of the medication taken by the student.

If any of the following are present: **Notify the School Nurse.**

After talking with the School Nurse, if it is determined to be necessary, call 911. If there is no School Nurse available, call 911.

Difficulty with breathing.

Slurred speech.

Change in skin color.

Sick at stomach or vomiting.

Swelling around eyes, face, and/or throat.

Dizziness.

Abdominal pain.

Skin rash.

Any other unusual complaints or observations.

Change in mental alertness.

Contact the Mississippi Poison Control Center at 1-800-222-1222 and provide the following information: **IF THE FOLLOWING INFORMATION IS UNAVAILABLE CALL 911.**

1. Medication name, dose, and time taken.
2. Age and approximate height and weight of student.
3. Name(s), dose(s), and time of last dose of other known medication taken by the student.
4. Follow the instructions provided by the Poison Control Center.

Notify student's parent/guardian, and physician.

Submit a completed Unusual Occurrence Report within 24 hours to the registered school nurse and document the following:

- Student's name.
- Parent's/guardian's name and telephone number.
- Specific statement regarding the event.
- Persons notified and time of notification.
- Poison Control Center instruction or physician's instructions.
- Actions taken.
- Condition and outcome of student (e.g. transported to hospital, sent home with parent).

The school nurse should file a copy of the Unusual Occurrence Report in the student's health record.

When an omission of medication is first recognized, the designated school personnel assisting with medication should immediately initiate the following steps:

- Identify the student who missed the dose of medication.
- Notify the school nurse and/or administrator. The school nurse should use his/her professional judgment to determine whether the remainder of the dose should be omitted, given, or whether physician contact is appropriate.
- Contact the parent/guardian.
- Document all circumstances and actions taken on the student's health record and other reports.

VI: DOCUMENTATION

Assisting students with medication requires the following:

Parent/Guardian Authorization

The parent/guardian must sign the consent form at the beginning of the school year before any medication is given at school authorizing school personnel to assist students with medication in the event of the nurse's absence. If the medication order is changed (e.g. dosage change) during the school year, an additional signed order is necessary. The school nurse or other school authority must review and approve the authorization prior to the assistance with self-administration of medication.

Health Care Provider's Order

The health care provider's signed order is required at the beginning of each school year before any medication can be given at school. If the medication order is changed during the school year (e.g. change in dosage), an updated health care provider's order is necessary. The signed order includes:

- a. Name of student.
- b. Name of medication with dosage and route (e.g. oral, topical).
- c. Frequency and time medication is to be given.
- d. Date of the order.
- e. The discontinuation date, if applicable.
- f. Any known drug allergies or reactions.

(The prescription label can be considered as the written medical order.)

Nonprescription medications, when provided, should be given following the same policies and procedures as followed for prescription medications.

The school nurse (or school administrator if School Nurse unavailable) must confirm the order for every medication prior to the initial assistance with self-administration.

Prescription Bottle

For prescription medications, the current pharmacy-labeled container is required which includes the student's name, prescriber's name, name of medication, strength, dosage, time interval, route, and date of drug's discontinuation when applicable. When the medication to be provided is a nonprescription medication, an original container of the drug identifying the medication and the entire manufacturer's labeling plus the student's name (written legibly on the container) should be supplied by the parent/guardian. Unlicensed school personnel should not administer over the counter meds for students on an as needed basis.

Medication Administration Record

The medication administration record allows for tracking of medications that are given in the school setting. It also allows the recording of comments or problems related to assisting with medication. The record should contain the student's name, name of medication with dosage, date and time to be given, and the date to stop the medication. Medication records should be signed with the full signature of the school nurse and/or the unlicensed school personnel who will be assisting students with medication. If the same person gives the medication more than once, he/she may initial the record subsequent to signing a full signature. The school district should develop a Medication Administration Record or use an appropriate electronic health record. An individual record should be kept for all students requiring medication. All medication records should be filed at the end of the school year as part of the student's confidential health record and in accord with local policy. It is suggested that each School District develop specific guidelines to address the storage, restricted access, confidentiality, and transfer of such records as appropriate. Copies of the signed order for medication should also be filed and documented with the student's school health record.

Unusual Occurrence Log

The school nurse is responsible for development of an occurrence log that should be completed in the event of an unusual occurrence (wrong medication, wrong dosage). A copy of this log should be kept with the child's health record. This log should include:

- a. Student's name.
- b. Parent's/guardian's name and telephone number.
- c. Specific statement regarding the medication error.
- d. Persons notified and time of notification.
- e. Poison Control Center instruction or physician's instructions.
- f. Actions taken.
- g. Condition and outcome of student (e.g., transported to hospital, sent home with parent).

VII: DISTRICT OR SCHOOL-SPECIFIC ISSUES

The school superintendent or principal will designate the school personnel to assist students in the self-administration of medications. The school nurse will teach those unlicensed designated school personnel regarding district/school policies, guidelines, and expectations. Topics for consideration include:

- Record-keeping: Medication Administration Record, Medication Error Record and Log, Parental Consent and Health Care Provider's Order
- Storage of medications
- Communication (school nurse, principal)
- Student identification
- Over the counter medications
- Prescribed medications
- Controlled substances
- Student self-administration of medications
- Child/Health Conditions at School
- Dealing with off campus trips (field trips, athletics, band)
- Emergency Procedures (anaphylactic reactions, adverse reactions, medication errors)

October, 2019.

The Medication Safety at School: Assisted Self Administration Guidelines will be reviewed and updated as needed.

A link to this document can be found in the Mississippi School Nurse Procedures and Standards of Care Manual and at mdek12.org, Office of Healthy Schools.