New York State Education Department

GUIDELINES FOR MEDICATION MANAGEMENT

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School Medica

Introduction

Students may need to take medication(s) during school hours in order to attend school, participate fully in the education program, and maintain an optimal state of health. This guidance applies to medications ***medically*** necessary for the student to take while in school or at school sponsored events; it does not apply to medications that may be taken at another time of day. In order to ensure that students can take medications consistent with these goals, both public and non-public schools should develop and implement written medic

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Elements of a School Medication Adr[redacted]on Program

Protocols

Medication protocols developed by the med[redacted] in collaboration [redacted]hool nurse (RN) should specify the steps school[redacted] are to take in im[redacted] the medication administration program, and h[redacted]ntly such protoc[redacted] be reviewed. Medication protocols should be sp[redacted]nsure consistency [redacted] the school or district. Protocols should address the[redacted]reas:

- Delivery of medications to school
- Medication orders, including verbal
- Medication administration
- Specify the time frame around whic[redacted]ibed medication ca[redacted] administered. Best practice is gener[redacted]ered to be 30-60 m[redacted]e or after the prescribed time.
- Medication storage
- Documentation
- Non-patient specific orders
- Stock medications, including albute[redacted]rine auto-injectors, opioid antagonists, and/or potassiur[redacted]pplicable
- Medication errors
- Transportation and/or school spons[redacted]
- Training of unlicensed personnel; a[redacted]
- Medication disposal

This document addresses each area listed abo[redacted]ers and provides in[redacted]hat can assist in medication protocol development.

Staffing

Licensed Heal

LPN heading, Board for Nursing FAQ)

All medications administered at school by licensed school health professionals or taken by a student at school who is able to self-administer their own medication must have a licensed medical healthcare provider order. This is necessary for both prescription and non-prescription medications, with the exception of sunscreen pursuant to Education Law §907, and alcohol based hand sanitizers (see NYSED's Hand Sanitizer Memo). The healthcare provider writing

(formerly known as self-dir

medical director and be instructed h[illegible]o obtain he[illegible]m school personnel as needed.

- Be instructed to carry the properly labeled medicati[illegible] their person or to store it in their locker to ensure no other s[illegible]ts can ac[illegible] it. It is recommended that the student only carry the numbe[illegible]doses and re[illegible] equipment required for that day to decrease the possibility[illegible] medication [illegible]s becoming misplaced. This is particularly important for need[illegible] and syringe[illegible]ications in pill form, and controlled substances - although th[illegible]ed for stu[illegible] to carry a controlled medication should be extremely rare.

eliminate any liability for the licensed health professional.

Albuterol

Schools may choose to have stock albuterol for use by students to ensure the medication is available when the student needs it if their own prescribed albuterol runs out before the parent/guardian can provide a replacement. In order for a student to use the stock medication they must have:

- Patient specific order from their healthcare provider for albuterol that also authorizes the use of the school's stock albuterol; and
- Written parent/guardian consent for the stock albuterol to be administered to or taken by their child.

Since albuterol is a prescription medication, only a physician, nurse practitioner, or physician assistant will be able to obtain it. Schools will need to reimburse a healt00912 7W* nBT/F

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Parents/Guardians Responsibilities

Medications, Orders, Consents, and Supplies

The parent guardian must provide the school with:

- a written healthcare provider order;
- written parent/guardian consent and
- the medication(s) and any needed supplies or equipment for administration (e.g., syringes and needles, spacers, etc.).

Parents/guardians should contact the school to see what, if any, supplies may already be available at school (e.g., alcohol pads, needle disposal containers, air compressor machine for nebulized medications, etc.)

For nebulized medications, the parent/guardian must provide the medication along with a supply of nebulizer cups, mouth pieces or face masks, and related tubing. If an air compressor machine is not available at school for use with the nebulizer and tubing, the parent/guardian will need to provide one for use at school.

The parent/guardian will need to contact the pharmacy and provide medication refills to the school as needed.

The parent/guardian should keep school health personnel informed about updates and chTf1 0 0 1 500.62 468.07 Tm0 g0 G[a)]TJETQq0.00000912 00150 g0 nebulizer and tub

Transporting Medication to School

The parent/guardian is responsible to have the medication delivered directly to the school in a properly labeled original container by an adult. Medications should not be transported daily to and from school, with limited exceptions.

In some

Given student schedules and compliance with coming to the health office in a timely fashion, best i

student. Such medications should not be stored in the health office unless the health office is within a very short distance from the student's location at a

as severe hypoglycemia. Each student with diabetes is unique and must have an individualized detailed written diabetes management plan to assist personnel in meeting their needs while at school. A diabetes medical management plan (DMMP) is defined as:

> « a care plan developed by a duly authorized healthcare provider, school health personnel, and the parent or person in parental relation that specifies in detail how the student is to manage diabetes at school including, but not limited to, detailed information for treatment of hypoglycemia and hyperglycemia by school personnel if the student becomes unable to do so independently, blood glucose range, and insulin coverage scale or correction factor orders for use by a licensed health profession

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measuring the glucose level of

Schools

Glucagon Administration

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under the direction of an RN or other appropriate licensed health professional may administer epinephrine to a student with a patient specific order. RNs may administer epinephrine under two distinct types of orders:

1. To a person with a **patient specific** 0.48 Tc 0.12 Tw [(o)-2(r)-2(d)-2(e)-2(r)] TJ ET Q 12 q 0.0000912 0 0 612 792 reW* nBT/F
2. An RN may administer epinephrine to anyone who appears to suffer from

0.07 anaphylaxis)]TJETQ12q0.0000912 0 612 792 reW* nBT/F2 12 Tf1 0 0 1 132.69 693.34 Tm0 g5G

Note: For students with healthcare provider orders, every effort should be made to ensure the unlicensed personnel trained by an RN, NP, PA or physician is available to administer the student's own epinephrine auto-injector to the student.

Opioid O

Disposal

(ii) name of patient;

(iii) name of prescribing practitioner;

(iv) quantity administered;

(v) balance on hand after each administration; and

(vi) signature of administering nurse.

Discrepancies should be reported to the parent/guardian and administration immediately. Administration, school nursing personnel, and the medical director should review reports of missing medications and take steps to adjust protocols to prevent future occurrences.

Records Retention

NYS Education Law governs local governments, which includes public schools and BOCES, that are required to retain student records in the ED-1 Schedule on the Retention and Disposition Schedule for New York Local Government Records | New York State Archives (nysed.gov). Student medication orders and parent/guardian consents are to be kept for one year after the end of the school year if the information is transcribed into the CHR on either an MAR or narrative. Medication orders and parent/guardian consents not transcribed, along with the MAR and narrative need to be kept in the cumulative health record by the school until the student reaches age 27. Electronic health records should be maintained for the same time period as paper records.

Medication Errors

4. Complete a written report of the medication error detailing student's name, specific statement of the medication error, results of the school nurse assessment, who was notified, and what remedial action was taken.

School nursing personnel, and the medical director should review reports of medication errors and take necessary steps to adjust protocols to lessen the likelihood of a future medication error. A sample Medication Incident Reporting Form is available on the NYSCSH website under Samples|Forms ±Medication Forms, Letters, Notifications.

Medication Storage

Schools taking possession of medications are responsible to ensure the medication is available to the student it is prescribed for, while preventing access to medications by other students. Schools are not required to but are strongly encouraged to utilize best practice double lock systems similar to those required in other health settings. Such systems include:

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(b) when not in use, anchored to a floor or wall device or maintained in another secure location;
(c) locked drawer system; and
(d) independent locking device.

(ii) Access to medication carts shall be limited to an identified individual at all times.

Emergency Medications

As noted earlier, storage of student specific emergency medications should be in a location that ensures the medication is administered in the time frame prescribed.

Schools that have chosen to stock emergency medications allowed by state laws (epinephrine auto-injectors and opioid antagonists), should store these medications in a manner specified in the laws, and regulations governing their use. Both epinephrine auto-injectors used by trained unlicensed personnel pursuant to Education Law §921a, and opioid antagonists pursuant to Education law §922 should be stored in a secure location that is readily accessible to trained personnel. AED cabinets which need to be checked at the same frequency as those medications are to be inventoried, are centrally located, and can be secured with plastic break away locks are recommended to be used.

Note: Someone experiencing anaphylaxis or opioid overdose needs immediate medical attention and emergency response intervention. Call 911 and activate your schoo ¶ emergency response system, which for public schools must include obtaining the AED, and follow emergency response protocols (CPR/Rescue Breaths/AED).

Disposal of Medications

Schools take temporary, incidental possession of medications from the parent/guardian for medication to

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Special Circumstances

Field Trips and Other School Sponsored Events

Preparation of Medication

School health personnel should remind teachers and administrators that both school health personnel and parents/guardians must be notified well in advance of any field trips so that there is enough time f

and safety needs.

If a licensed health professional is not available to attend the trip to meet the health needs of a student or students, and the parent(s

emergency services.

A building emergency plan should also address means for use of an opioid antagonist (naloxone) or epinephrine auto-injector