Medication Administration

Medical advances enable students with special health care needs or chronic conditions to attend class with their peers. Some children with medical conditions require medication administration during school hours. Public education agencies must meet health care related needs that are necessary for access to education as described by the Individuals with Disabilities in Education Act (IDEA). Local school district policies should address administration of both prescription and nonprescription medications and protocols for administering medication. Local policies and procedures should be reviewed periodically for necessary revisions. It is the responsibility of the school staff to ensure that medications are administered correctly according to state laws, local written policies and procedures, and professional standards. Compliance with these sources assures a safe process and limits error.

Need for Medication Administration in Schools

- Implementation of the IDEA, and amendments since enactment, has led to an increased number of children whose health conditions require medication to be given while at school.
- Students with chronic conditions may be dependent on routine medications which enable them to participate more fully in all aspects of school activities and to minimize their absences.
- Students may require the administration of controlled substances during the school day to maximize their classroom performance. Common examples are medications used for ADHD, sickle cell, and certain mental health related conditions.
- Some students with infections and communicable diseases are able to resume school attendance based on continuation of their medication regimen.

Related Legislative Requirements and Standards

- All medications administered by school personnel during school hours must be prescribed by a licensed health care provider (G.S. 115C-375.1).
- All medications administered at school must have a written request/authorization signed by the parent or legal guardian (G.S. 115C-375.1).
- G.S. 115C-375.2 permits students with asthma and/or those who are at risk for anaphylactic allergic reactions, to possess and self-administer medication on school property within certain parameters.
- All medications should be administered according to the standard of the six “rights” as described in this chapter.
- G.S. 115C 375.2A requires local boards of education to provide a supply of emergency epinephrine delivery systems on school property for use by trained school personnel to provide medical aid to people suffering from an anaphylactic reaction during the school day and at school-sponsored events on school property.

Responsibilities Related to Medications in Schools

School Personnel and Medication Administration

Unlicensed assistive personnel (UAP) may assist students with medication administration. These include any designated and trained school staff. A program of careful instruction, with ongoing technical assistance and supervision from the school nurse, is essential. School personnel should be knowledgeable of state laws, local policies, guidelines, and record keeping. Current information on storage and handling, common routes of administration, and the six "rights" for safety while giving medication are also needed. On-going communication with parents/guardians is an essential part of safe medication administration.

In directing school staff who are responsible for medication administration, consideration should be given to the following:

- delegation, training, and supervision of school employees
- confidentiality
- written authorizations from physicians and parents
- student self-medication (limited to those listed in NC General Statutes)
- proper labeling of medication
- safe storage and handling of medication, including process for accepting medications in school
- the Rights of Medication Administration
- record keeping, including documentation of medication administration, side effects and/or reactions and reporting of administration variances (errors)
- safe disposal of unused/discontinued medications
- safety methods in assisting students with their medications
- field trips
- medication access during school evacuation and disaster situations
- off-label medications and investigational drugs
- complementary and alternative medications
- psychotropic medications and controlled substances

School policies and procedures should also outline what action to take if mistakes or variances occur when giving medications. It is recommended that any variance be documented and reported. UAP should be told that variance reporting will not be used punitively; it will be used to ensure the best outcome for the child. Honesty and prompt reporting are always in the best interest of the student and the employee. Examples of variances include:

- missing a dose of medication
- giving duplicate doses of a medication
- giving a medication to the wrong child
- giving the wrong medication or the wrong dose
- giving the medication at the wrong time

- giving the medication by the wrong route
- failing to correctly document administration

All "rights" of medication administration listed below must be upheld in the school setting when giving medication:

- **Right student** – Some schools attach a photo of the child to their record or use the student's photo ID. Always double-check by asking the student's name.
- **Right medication** – Always compare the label on the bottle with the medication request/authorization form that is signed by the health care provider.
- **Right dosage** – Always double-check the dosage on the pharmacy label with the dosage on the medication authorization form.
- **Right time** – Check the medication log for the time the dose is to be given – up to 30 minutes before or after the prescribed time is acceptable.
- **Right route** – Check the medication log and pharmacy label to verify the route of administration. For example, by mouth, drop in the eye or ear. Double- and triple- check if any uncertainty is present.
- **Right documentation** – Immediately document in writing that medication has been given.

Parent or Legal Guardian Responsibilities

- Limit medication requests to be given during the school day to those necessary in order to maintain the child at school. Students should not receive the first dose of a newly prescribed routine medication at school due to unknown response.
- Complete a written, parental request/authorization form for school personnel to administer medication at school, as required. Separate parent request/permission forms must be completed for each medication to be given at school. Some schools have included this parental request on the medication authorization form completed by the prescribing physician.
- Provide a written medication request/authorization form, signed by a health care provider that is licensed to prescribe medications, which includes the following:

    - name and birthdate of child
    - name of medication
    - date of order
    - dosage
    - route of medication administration and how the medicine is to be given at school
    - time of administration with special requirements or instructions, if any
    - duration of order
    - possible side effects/adverse reactions of the medication
    - name and contact information for the health care provider

- Provide each medication in a separate pharmacy-labeled container that includes the child's name, the name of the medication, the exact dose to be given, time/frequency the medication is to be given, route of administration, the number of doses in the container, and the expiration date of the medication. If the same medication needs to be given at home

and at school, the parent should request two labeled containers from the pharmacist.

- Prescribed over-the-counter medications administered at school should be provided in their original packaging, labeled with the student's name.
- Provide the school with new, labeled containers when dosage or medication changes are prescribed.
- Maintain communication with the school staff regarding any changes in the medical treatment and child's needs at school.
- Deliver the medication to the school. If delivery of the medication to the school presents an undue hardship for the parent or guardian, arrangements should be made with the principal for another way to secure the medication. These might include authorizing the bus driver to transport the medication or requesting other designated school personnel to arrange for pickup.
- If school personnel are involved in transporting medications, written agreements with the parent or guardian should specify that these personnel are acting as agents of the school and of the specific child. The amount of medication provided for transport should be noted and then verified when the medication is logged in at the school.
- Retrieve all unused medications from school when medications are discontinued, and/or at the end of the school year, according to local written guidelines.
- Parents may choose to administer medication to their child at school following local guidelines.

Local School Administration Responsibilities

- Develop a district-wide written policy and associated procedures for medication administration and audit process that are to be implemented in all schools within the system. It is recommended that the policy and procedures be jointly developed by a committee of physicians, nurses, parents, school staff and others who have a need to support and implement these procedures at school.
- Provide proper storage space in each school to ensure that medications are secure, yet readily accessible to staff and students. Security for medications must be planned on an individual basis. Stock epinephrine delivery systems cannot be locked. Rescue inhalers and individually ordered epinephrine delivery systems, including auto-injectors and nasal sprays, should be readily accessible. Controlled substances or other medications at high risk for diversion should be locked with access limited to the school nurse, school staff person designated to administer medication, and the principal or their designee.
- Assure protection of controlled medications from diversion. Security requirements are more restrictive for schedule I and II substances. The Drug Enforcement Agency Title 21 Code of Federal regulations 21CFR 1301.72 requires storage of Schedule I and Schedule II medications within a locked cabinet within a room that has a door that also locks. They must be stored under a double-locking mechanism.
- Designate staff who will be trained to provide care for students with diabetes including administration of ordered medications.
- Provide refrigerated storage for medications as needed using a lock box if necessary. Medications are to be kept separate from food. Appropriate temperature ranges for the medications, as directed on the label, must be maintained, and monitored.
- Designate one or more people in each school the responsibility of the security and

administration of the medications. A back-up person will be needed when the designated person is absent.

- Assure the maintenance of records for all medications administered by school personnel. All written parent and doctor authorizations and medication logs and records should be retained on file at school for as long as the child is enrolled in the school system and consistent with the NC LEA Record Retention and Disposition Schedule.
- Provide parents communication and instruction regarding school policy on medication administration. Parent handbooks, websites and newsletters are good vehicles for this as well as individual letters and forms as needed.
- Develop a procedure for disposition of medications not retrieved by parents after a medication has been discontinued, the student has transferred, or the school year has concluded. Resource links for more information on safe drug disposal include:
    - U.S. Food and Drug Administration: Where and how to dispose of unused medications
    - U.S. Food and Drug Administration: Disposal of unused medicines: What you should know
    - N.C. Department of Insurance, Safe Kids North Carolina: Operation Medicine Drop Programs

School Nurse Responsibilities

In many school districts, the school nurse serves more than one school. It is unrealistic, and in most cases impossible, for the school nurse to administer all medications to students. Therefore, they must be prepared to delegate and train unlicensed assistive personnel (UAP) to administer medications, following NC Board of Nursing (NCBON) regulations and guidelines, state regulations, and school policies. Considering student needs, nurse to student ratio, and other relevant information, the school nurse provides input to the principal in the designation of medication administration staff. A limited number of staff should be identified to ensure consistency in medication administration and reduce the potential for error.

Responsibilities of the school nurse include:

- Participate in the development and annual evaluation of written school policy and procedures for medication administration.
- Coordinate the medication process in each school according to adopted policy.
- Provide training for school staff who are assigned the responsibility for administering and safely securing medications at school.
- Regularly audit the completed forms and procedures for quality, accuracy, safety, and compliance with written guidelines. Address audit variances and recommend changes to policy/procedure, if identified.
- Serve as a consultant to principals, school staff, and parents regarding medications. In the school setting, the registered nurse is often the sole source of medically accurate information regarding pharmaceuticals.
- Review medication orders for appropriate usage, dose, route of administration, and side effects that may be expected.
- Regularly assess the effectiveness of student medication plans and communicate findings to parents and physicians.
- Assure access to emergency medications for all students and aid for students that need

assistance.

Special Circumstances and Medication Administration

Building Evacuation

Schools may experience the need to evacuate for a variety of reasons. It is important that emergency medications be available to students at all times. As a result, access should be addressed in the school emergency response plan for evacuation and/or lockdown.

In the case of building evacuation, emergency medications should be removed from the building by the school's designated staff member. If policy permits individual classroom teachers to store emergency medication in the classroom, they should remove those medications from the building upon vacating. Evacuation drills should include the removal of emergency medications for practice and in case they are needed during the drill.

School medication providers should be assigned a known location during a school evacuation that allows staff and students to access emergency medications. It is the responsibility of the medication provider to ensure that the student has access to their emergency medication.

Confidentiality and safe storage of medications during an emergency should be maintained. This may be facilitated using a portable, lockable storage container that is readily available. Each medication given during such emergencies should be documented in accordance with policy. If the medication log is not available during evacuation, document the administration of medication in a temporary manner that can be retained and add that document to the medication administration log upon return to the building.

Standing Orders

Standing orders are highly discouraged in the school setting. The NCBON provides basic guidance through a position statement on Standing Orders that details the parameters that must exist. Standing orders also bring the expectation that a provider has a relationship with a patient and is available to contact should questions arise. Considerations include:

- All medications administered in the school setting must be prescribed and authorized as described in G.S. 115C-375.1.
- NCBON guidelines limit standing orders to specific types of situations with detailed parameters that are consistent with the scope of nursing practice. Those parameters are difficult to meet in the school setting. According to Resha and Taliaferro (2017), "Despite the interest and perceived benefits of standing orders for OTC medication, the legal risk may outweigh the benefits of such orders" (p. 388).
- Standing orders are written for implementation by a nurse. School nurses are not always available.
- Students present with symptoms that may be indicative of both common and serious medical issues that are sometimes not easy to differentiate. When providing medication under a standing order that is not specific to an individual student, the nurse is accountable

for decisions that may be viewed as "practicing medicine without a license."

Self-Medication Procedures

Safety in the school setting dictates that students do not routinely carry medication at school. There are a **limited** number of health conditions which may require a student to self-carry and self-administer medication. These include asthma (inhalers), diabetes (insulin or source of glucose), and severe anaphylactic allergies (emergency epinephrine). G.S. 115C-375.2 addresses the possession and self-administration of asthma and anaphylaxis medications during the school day, at school-sponsored activities, and while in transit to or from school-sponsored events. The requirements for diabetes medication and management are outlined in the 2015 ADA Position Statement referenced by G.S. 115C-12(31).

Ready access to medication, an objective of a student's medical management plan, is often a component of progression to independence. Parents should be informed that students who self-carry must have been determined to have sufficient maturity to be independent in the management of their medication with no oversight from school staff. Maturity involves more than correct knowledge and skill. It includes understanding when symptoms require more intervention and support. When an assessment of a student determines that there is insufficient knowledge or maturity to independently manage a self-carry medication, arrangements can be made to keep the student medications in close proximity to the student for ready access and staff support. The American Lung Association provides resources to assist school personnel and parents in determining if students are ready to self-carry asthma medication.

When medications such as asthma inhalers, diabetes medications, and medications to treat anaphylaxis will be self-administered, an appropriate individualized health care plan will be completed by the school nurse with input from the parent. The medication authorization form completed by the physician and signed by the parent must indicate that the student will possess and self-administer their own medication. The school nurse will assess students for their knowledge, maturity, and competence in self-administering the prescribed medications. The student will agree to keep their medicine secure from other students and completion of a self-carry contract between the student and the school should be initiated.

Students may self-administer such medications if the following criteria are met:

A written request shall be required annually from **both**:

1. A licensed health care provider, that includes:
    a. Verification of the student's diagnosis that permits self-carry and self-administration of medication and that the student has been determined to be competent.
    b. Verification that the medication has been prescribed for use during the school day, school activities and/or in transit.
    c. A written treatment plan and written emergency protocol formulated by the health care practitioner who prescribed the medicine.
2. The student's parent or guardian, that includes:
    a. Written authorization for school personnel allowing the student to possess and self-

administer the medication. The authorization should include a signed statement acknowledging that the local school administrative unit and its employees and agents are not liable for an injury arising from a student's possession and self-administration, as required by law.

b. Parent/guardian signature, telephone number and date.
c. The parent must provide back-up medication to the school that will be kept in a location where a student has immediate access in the event that the student does not have the required medication.

The self-carry request is reviewed by the school nurse, who assesses the students' knowledge and provides health counseling to include:

- Student demonstration of the necessary skill level required to use the prescribed medication and any device necessary for its administration.
- Student knowledge of health conditions, medications, triggers, and precautions.
- Role play of procedure to be used when necessary and how to obtain help when needed.

Field Trips

Federal laws protect all students' rights to participate in all school activities, including field trips under Section 504 of the Rehabilitation Act of 1973, Title II of the American Disabilities Act of 1990, and IDEIA reauthorization of 2004. It is discrimination and a violation of student rights if a student is denied the opportunity to participate in a field trip due to a medical condition. When a medication authorization exists for any student during school hours, it is the responsibility of the school administrator or their designee to ensure that medications are given to students, as ordered, while at school. In most public schools, the school nurse is this designee and has oversight of the medication process. This includes any off-campus school activity such as field trips.

Early planning for field trips enhances safety of the student during the activity. Guidance provided from the NCBON in its revised 2021 position statement, *Assisting Clients with Self-Administration of Medication* states, "The unlicensed assistive personnel may not perform pre-filling and labeling of medication holders or syringes." Guidance from the NC Board of Pharmacy originally provided in 2007 was reaffirmed in 2026 which instructs parents to obtain a second labeled, child-resistant prescription vial for each medication when possible. The NC Board of Pharmacy also directs that school nurses may "repackage a day's worth" of medication for a field trip.

Guidelines for medication administration during field trips include:

- **Prior to the field trip,** a process for medication administration should be developed. This may involve sending the original medication container used at school or repackaging one day's worth of medication. Parents should be instructed to request an extra pharmacy labeled, child-resistant vial for field trip use. If repackaging, the school nurse should remove the number of doses needed for the field trip from the original pharmacy-labeled container and place it in the appropriately labeled container or package. Ensure that the label includes the student's name, name of medication, time to receive the medication, and any instructions. The school nurse should provide a list of all students on the field trip that

will need medication and the name of the adult that is trained to give the medications for that field trip. Staff who will be administering medications should receive the standard district medication training. The telephone number of the school nurse should be provided.

- **On the day of the field trip** the trained medication administrator will pick up all medications, copies of medication authorization/documentation forms for each medication, emergency action plans and blank variance report forms. All medication and forms should be protected and secured in a locked box or a wearable backpack to ensure medication and forms are never left unattended. The medication administrator will be accountable for all student-labeled medication containers, unused emergency medications, and student information sheets.
- **Upon returning to school after the field trip** the designated field trip medication administrator will return all student-labeled medication containers, unused emergency medications, and student information sheets to the school nurse or the daily medication staff member. The field trip administrator will assure documentation of all medications administered and completion of variance forms according to district policy. The school medication staff member should check the field trip list to ensure that all student medications are accounted for and documented.

Additional information related to care on field trips is available in Section C, Chapter 7.

Auditing the Medication Administration Program

Medication program audits are an important component in the assurance of safe and accurate administration of medication to students in schools. The North Carolina Annual School Health Report surveys have long provided a definition for medication audit and outcome: "A medication audit is a scheduled, periodic review of medication documentation, completed forms and procedures for quality, accuracy, safety, and compliance with written guidelines. Discrepancies and evidence of noncompliance with guidelines and policy are to be addressed with the school principal and staff to assure correction (corrective action plan)."

School nurses should schedule medication audits in a manner that fits the size of the medication administration program in the school and reflects recent history regarding medication variances. That schedule may be weekly, monthly, or quarterly as fits the determined need. Medication administration policies should direct the expectation for medication audits. School nursing staff should develop district-wide procedures that describe a uniform process implemented by all school nurses. Medication policies should also address medication variances and how they are to be reported.

At the start of the school year, school nurses are encouraged to review medication records frequently in order to quickly identify variances and to work toward rectifying those before time elapses. School nurses are responsible for providing quality improvement through the medication audit process since they are in the unique position of identifying medication errors, remediating those errors and creating a culture of safety in the school setting (McClanahan et al., 2019). Medication variances (errors) happen when one or more of the six rights of medication administration are breached. During annual medication administration training, the school nurse should define a medication variance and stress the importance of reporting variances during the

medication administration process.
Medication variances should not be used to reproach or reprimand the medication administrator; but, to identify and rectify the reasons that a student may not be receiving necessary medication as prescribed. Good audit practices can help to ensure a safe and accurate medication program in each district school and to identify issues of possible risk.

Resources for Medication Administration at School

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