



# DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT

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**JON J.P. FERNANDEZ**  
Superintendent of Education

## Standard Operating Procedures

**SOP#: 1200-006**

**SUBJECT:** Medication Administration

**EFFECTIVE DATE:** ASAP

**INQUIRIES:** Student Support Services Division

**I. REFERENCES:** Board Policy 421

**II. APPLICABILITY:** All Schools within the Department of Education

**III. PURPOSE:** Serve as guidance regarding the receipt, administration and accountability of medication administration at school and school sponsored activities

### IV. PROCEDURES

#### **A. PRESCRIBED MEDICATION REQUIREMENTS**

1. School Health Counselors (SHC) or designated DOE personnel will only administer **prescribed** medications to students on campus or at school sponsored activities.
2. Medication administration management in the school setting requires written orders from an appropriately **Licensed Health Care Provider** for prescribed medication to be administered.
3. An authorization to administer prescription medication signed and dated annually (more frequent with medication changes) by both the student's licensed health care provider and

parent/guardian. Student would require a DOE Medication Consent form on file.

4. This authorization form – **DOE Medication Consent** should be approved by the Superintendent

5. The parent/guardian should provide the school with a **pharmacy – labeled container** or original manufacturer's/ providers container that holds the appropriate medication to be administered in the school setting.

6. Any medication administered at school should be made available to the SHC in a pharmacy- labeled container that provide the following information:

- Name of Student
- Name of Medication
- Drug strength and prescribed dosage
- Route of administration
- Time schedule of administration
- Name of prescribing health care professional & contact information
- Possible Side Effects

7. In addition procedures, approved by the Superintendent, will be in place for the receipt, administration, and accountability for all medications that are regulated by the Federal Narcotics Act and local law. See Standard Operating Procedure (SOP) 1200 – 005

8. In the absence of a SHC where insulin administration is needed, prearrangements will be made by the SHC with neighboring schools (SHC) to assist in the diabetic treatment plan.

## **B. STUDENT SELF- ADMINISTRATION:**

1. Special considerations for students may be allowed to assume responsibility for carrying and administering their own prescribed medications (**excluding controlled substances**) on campus and at school sponsored activities.

2. Providing that the student self-administration is **approved in writing** by the prescribing health care provider and the parent/ guardian.

3. Medication self-administration instructions should be provided to the school by guardian/parent or health care provider, followed by the SHCs written assessment to evaluate the student's ability to perform safe and accurate self-administration in the

student's treatment plan.

4. **Self-Administer Agreement form** have to be signed by the parent/guardian and student
5. Only a **one day supply** of medication will be carried by a student at any given time in the original prescription labeled container.

#### **B. OVER THE COUNTER MEDICATION:**

1. SHC may administer over-the-counter medication to students which were **prescribed** by their licensed physician or health care provider.

#### **C. ERROR REPORTING:**

1. A medication incident report form should be used to report medication errors and must be filled out every time a medication error occurs. Errors could include the following:

- ❖ Wrong student
- ❖ Wrong medication
- ❖ Wrong dose
- ❖ Wrong route
- ❖ Wrong time

2. All medication incident reports should be shared between the SHC, the parent/guardian, and other appropriate school and health care personnel

3. Medication error reports should be submitted to the Community Health & Nursing Services Administrator (CH&NSA) for quality assurance asap before the end of that day.

#### **D. STORAGE OF MEDICATION:**

1. Routine medication should be stored in a **locked cabinet** in a secured area; in a cool, dark place, unless otherwise indicated. An exception is self -administered medication that students have permission to keep in their possession.

2. All Controlled Substances require special attention that is will always be **stored in a double locked narcotic cabinet** that is equipped with two separate locks and keys.

3. Some medications, such as antibiotic elixirs, may require refrigeration. The **fridge should be in a secure area** which is not accessible to unauthorized individuals. The temperature should be checked daily when school is in session and should be maintained between 36 – 46 degrees Fahrenheit. Food should not be kept in the same fridge as medications.

#### **E. TRANSPORTING MEDICATION:**

1. It remains the **parent/guardian's responsibility** to transport medication to and from school.
2. Medication transportation for emergency evacuations during a school day is the responsibility of the SHC and/or Administrator.

#### **F. UNUSED MEDICATION DISPOSAL:**

1. Parents/guardians should be informed that it is their **responsibility** to **retrieve** any unused medication if the student is withdrawn from the school and/ or at the end of the school year.
2. **Written communication** should be sent to the parents/guardians prior to the end of the school year with a notification that unused medication must be retrieved by a specified date. The same communication should occur to any student that withdraws during the school year.
3. Any medications not picked up by the designated date should be **disposed** of by the SHC in the presence of another school employee. Environmental considerations should be kept in mind when disposing of unused medication. Guidelines for safe disposal could be found at :  
<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>
4. The SHC and employee should document the name of the medication and the amount disposed of along with the name of the student for which it was prescribed. Both individuals should sign the document.
5. Unused medication should **NOT** be **released** to the student regardless of age, even with parental/guardian consent.

#### **G. MEDICATION ADMINISTRATION BY NON- NURSES:**

1. Delegation by Registered Nurses/ SHCs is defined by the American Nurses Association (ANA) as “transferring the responsibility of performing a nursing activity to another person while retaining accountability for the outcome” (ANA/NCSBN, 2006; National Association of State School Nurse Consultants [NASSNC], 2010).
2. Prior to medication administration, a student’s assessment is completed by the SHC. The assessment will guide the SHC in determining if the task can be delegated and what level of training and supervision is required for safe delegation for this specific student and assignment.
3. Medication administration is the responsibility of the SHC. The nursing task can **ONLY** be delegated after an initial assessment was performed by the SHC.
4. The six rights of medication administration include the following:

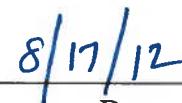
- ❖ Right student
- ❖ Right medication
- ❖ Right dosage
- ❖ Right time
- ❖ Right route
- ❖ Right documentation

5. The six rights should be **triple** checked each and every time medication is administered:

- ❖ First, when taking medication out of the storage are
- ❖ Second, prior to administering medication to the student
- ❖ Third, when returning medication to the storage are



Jon J.P. Fernandez  
Superintendent of Education



Date

### Appendices List:

- Appendix A: DOE Medication Consent form
- Appendix B: Medication Log
- Appendix C: Board Policy 421 (March 02, 2006)
- Appendix D: Letter from Interim Superintendent on Controlled Substances (October 02, 2011)
- Appendix E: SOP 1200-005

### References:

- National Association of School Nurses (NASN) position statement on Medication Administration in the School setting

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smid/824/ArticleID/86/Default.aspx>

- American Academy of Pediatrics (AAP) Policy Statement – Guidance for the Administration of Medication in School, 2009

<http://aapublications.org/cgi/content/abstract/pediatric;124/4/1244>

Descriptor Term:	Descriptor Code:	Issued Date:
PREScription AND OVER THE COUNTER MEDICATION	421	03/02/06
	Rescind:	Issued:

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### **Board Policy**

#### **Prescription Medication**

Schools health counselors or designated personnel will administer only those medications to their students and employees which these students are required to receive while they are on campus or at school activities. Criteria developed by the Guam Public School System regarding the administration of medication are to be filed at the office of the school health counselor. In addition procedures, approved by the Superintendent, will be in place for the receipt, administration, and accountability for all medications that are regulated by the Federal Narcotics Act and local law.

#### **Over the Counter Medication**

School Health Counselors or designated personnel may administer over-the-counter medication to students and employees which are prescribed in, and in accordance with, medication protocols approved by the Guam Public School System, and the Department of Public Health and Social Services, providing all minors' parents/guardians have submitted annual written consent.

#### **Self Medication**

Students/employees may possess medication on campus and at school activities for self-medication with the permission of the school authorities and the consent of their parents.

All procedures and protocols will be reviewed and, where appropriate, updated annually.

ADOPTED: Board of Education 10/28/96  
AMENDED: 03/02/06



TALING M. TAITANO  
Interim Superintendent of Education

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October 2, 2011

TO: School Principals  
FROM: Interim Superintendent  
SUBECT: Controlled Substances Standard Operating Procedures

Buenas! Attached is the Standard Operating Procedure (1200-005) governing Controlled Substances. The procedures outlined in this document govern the receipt, administration, and accountability of medications regulated by the Federal Narcotics Act. Please ensure this document is reviewed by school personnel and implemented accordingly.

Should you have any questions or need further clarification, please contact Mr. Christopher Anderson, Administrator, Student Support Services Division. Thank you for your time and attention with this matter.

*Taling M. Taitano*  
TALING M. TAITANO  
*cc*

### ATTACHMENT

CC:  
Acting Deputy Superintendent, ESCLL  
Acting Deputy Superintendent, CII  
Assistant Superintendent, SPED  
Head Start Administrator  
Administrator, Student Support Services



## Medication Consent Form

SY: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

I give my permission to the School Health Counselor (SHC) or designee to give my child the medication(s) **prescribed** by the doctor. (Because the School Health Counselor is not always available to give the prescribed medication, the school administrator or designee may occasionally be the administrator of the medication.) Also give permission to the SHC to contact the prescribed physician for any medical concerns.

**Physician and Parent can authorize if the student is allowed to self-administer medication.**

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Parent/Guardian Print	Parent/Guardian Signature	Contact Numbers
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### THIS PART TO BE COMPLETED BY PHYSICIAN

It is necessary that the student named above receive the medication(s) listed below during school hours:

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_  
(Name/dose/frequency/time/side effects)

Medication: \_\_\_\_\_  
(Name/dose/frequency/time/side effects)

Medication: \_\_\_\_\_  
(Name/dose/frequency/time/side effects)

Special Instructions/Self Administration

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Re-evaluation date: \_\_\_\_\_

Date: \_\_\_\_\_ Physician/Clinic/Contact Info: \_\_\_\_\_

**Note: Medication sent to school must be in original container labeled for school use.  
Medication sent in any other container or wrapper will not be administered at school.**

**DEPARTMENT OF EDUCATION**  
**MEDICATION ADMINISTRATION LOG**

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

Room #: \_\_\_\_\_

Grade: \_\_\_\_\_

Medication/Dosage: \_\_\_\_\_

Administration Time: \_\_\_\_\_

Comments: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Parent/Guardian: \_\_\_\_\_

Initials Signature Person Administering \_\_\_\_\_

Phone: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
School: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Teacher: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Physician: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**MEDICATION COUNT LOG**

Date	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Count Received	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Discontinued Meds: \_\_\_\_\_

Parent/Guardian Received Meds Back: \_\_\_\_\_

Date: \_\_\_\_\_