

Issaquah School District #411

Orientation Check Sheet for Administration of Medication Non-Medical School Staff

Building: _____ Staff Member: _____

School Year: _____ Date of Orientation: _____

Prior to administration of any medication

- Parent/legal guardian section filled out on Authorization for Administration of Oral Medications form.
- Permission box signed on High School Medication form.
- Physician/Health Care Provider section filled out on Authorization for Administration of Oral Medications form. Faxed orders acceptable.
- The parent/guardian may administer the medication at school if above requirements are not met.

Medication Supply

- Medications are to be delivered and picked up at school by an adult.
- Medications must be in the original labeled container with the student's name, current date, dosage, time to be given, and expiration date of medication.
- Parent may provide up to a month supply of medication.
- Medications are to be kept locked with the exception of Epi-Pens, insulin and rescue inhalers.
- All controlled substances such as Ritalin, Adderall, Concerta...must be counted and signed when received at school by school district employee and parent and recorded on the Record of Medication Administration form.

Medication Administration

- Administer medication to one student at a time.
- Read label from container.
- Refer to Licensed Health Care Provider's orders and Record of Medication Administration form to check orders before administering medication.
- Ask the student to state his/her name.
- Read the label again and pour dosage into cap of medication bottle or liquid into measuring devise, do not handle medication.
- Administer medication and make sure it is swallowed.
- Put away medication reading label once again.
- Initial and record time given on Record of Medication Administration form.
- Write full name followed by initials on signature sheet in the front of the medication notebook.
- Procedure for students coming to the HR at the appropriate time was discussed
- Medications must be administered within 30 minutes of time ordered.
- Medications can only be administered at the time ordered, a physician's order is necessary for missed morning doses of ADHD/ADD medications.

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Non-Medical School Staff**

Medication carried and self administered by a student

- Medication carried and self-administered by a student must be requested by the Licensed Health Care Provider and the Parent/Guardian.
- All medications which are to be self-administered and carried by the student must be approved by the school nurse. The school nurse will give the principal a list of all students who are allowed to carry and self-administer medications.
- High School students may be allowed to carry and self-administer prescription and over the counter medication when requested by parent/guardian, LHCP and approved by school nurse and principal.

Additional Considerations

- Field trip medication was discussed.
- 72 hour medications were discussed.
- Early dismissal procedure was discussed.
- Procedure for medication dropped on the floor was discussed.
- Maintain a log of students receiving medication in the front of the medication book noting daily, as needed, and 72 hour meds.
- Procedure for missed dose of medication, wrong dose or wrong medication or student refusal to take medication was discussed. Procedure must include parent and school nurse contact and documentation. LHCP may need to be notified and an Incident Form may need to be filed.
- Eye, nose or ear drops, ointments or suppositories cannot be administered by non-licensed school employees. If able, students may self administer these medications when requested by a Licensed Health Care Provider and parent and approved by school nurse.
- Medication may only be discontinued by oral or written parent request.
- All medication records must be archived for 8 years.

Administration of Epi-Pen injectable

- Demonstration given.
- Procedure practiced.
- Following administration of prescribed Epi-Pen, 911 is called and parent is contacted.
- Epi-Pen training form completed.

I have been trained in and understand the proper method of administering medication.

Signature of staff member: _____ *Date:* _____

Signature of trainer: _____ *Date:* _____