



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

# *Guidelines for Medication Administration in Schools*

**2022**

# GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOLS

2022

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# REVISION LOG

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Section	Page	Description of Revision	Revision Date
4	12	<i>HB 1085 related changes to RCW 28A.210.260</i>	<i>2/2022</i>
7	20	<i>Expired medications</i>	<i>2/2022</i>
7	23	<i>Disposal of medications</i>	<i>2/2022</i>
9	31	<i>Clarifying information added for stock epinephrine</i>	<i>8/2021</i>
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17	50	<i>Amended FAQ on sunscreen</i>	<i>8/2021</i>
17	51	<i>Amended FAQ on administration of stock naloxone</i>	<i>8/2021</i>
17	51	<i>Added FAQ on delegation</i>	<i>8/2021</i>

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# INTRODUCTION

The purpose of these guidelines is to review the provisions of Washington state medication statutes detailed in Revised Code of Washington (RCW):

- [RCW 28A.210.260](#): *Public and private schools—Administration of medication,*
- [RCW 28A.210.270](#): *Immunity from liability—Discontinuance, and*
- [RCW 28A.210.275](#): *Administration of medications by employees not licensed.*

These guidelines provide recommendations for the safe administration of medication in Washington state public and private schools. It is designed to be used by registered nurses (RNs), licensed practical nurses (LPNs), school administrators, and unlicensed assistive personnel (UAP) to administer medications to students in compliance with state and federal statutes. The document provides general recommendations for medication management in schools, as well as links to helpful resources and sample forms and tools.

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## Disclaimers

- Recommendations made in these guidelines should never be substituted for legal counsel in any particular situation.
- Sometimes the law is silent or may be unclear; in these instances, it is recommended that district administrators consult with district legal counsel and/or a risk management consultant.

- When addressing situations or questions, consider district policies and procedures that should reflect current state and federal statutes as well as district practice.
- The provision of forms and documents in the appendices are samples only and are not endorsed by OSPI or any Educational Service District (ESD).
- New statutes or treatment options may emerge after the publication of these guidelines that supersede the information contained therein. School Nurses are professionally responsible for knowledge and adherence to current law and standards of practice.

## Clarifications

- The terms physician, licensed healthcare professional, licensed healthcare provider, and health care practitioner will be referred to as LHP to describe Washington state healthcare providers or professionals with prescriptive authority.
- The term unlicensed assistive personnel (UAP) will be used to describe unlicensed school staff.



# WASHINGTON STATE MEDICATION STATUTES

## **(RCW 28A.210.260 and 270)**

These medication statutes authorize public school districts and private schools to implement policies and procedures whereby school staff may administer medications to students at school and school-sponsored events. Certain specific conditions must be in place. The laws provide that when the conditions specified in statute and written instructions from a licensed health professional (LHP) prescribing within the scope of their prescriptive authority are substantially complied with, then the employee, the school district or school, and the members of the governing board shall not be liable in any criminal action or for civil damages as a result of the administration of the medication.

RCW 28A.210.260 makes no distinction between prescription and non-prescription medication. The Office of Superintendent of Public Instruction (OSPI) has interpreted the statute to include over the counter (OTC) medications. For the administration of any medication, prescription or OTC, the school is required to obtain a “written, current, and unexpired request” from a LHP prescribing within the scope of their prescriptive authority for the administration of that medication (RCW 28A.210.260). OSPI Bulletin No. 34-01 *The Administration of Medications in Schools* (2001).

The following is an outline of the statutory conditions.

## **Public and Private Schools—Administration of Medication—Conditions**

### **RCW 28A.210.260**

#### **General Provisions**

Public school districts and private schools conducting kindergarten through twelfth grade may provide for the administration of oral medication, topical medication, eye drops, ear drops, or nasal spray of any nature to students who are in the custody of the school district or school at the time of administration but are not required to do so. Each school board shall seek advice from at least one licensed physician or registered nurse in developing policies.

School board policies shall address:

1. Designation of employees who may administer oral medications, topical medications, eye drops, ear drops, or nasal spray to students.
2. Acquisition of medication requests and instructions (authorization) from parent or legal guardian.
3. Acquisition of medication requests and instructions from licensed health care providers (LHP), prescribing within the scope of their prescriptive authority.
4. The identification of the medication to be administered.

5. The means of safekeeping medications with special attention given to the safeguarding of legend drugs as defined in RCW 69.41.
6. The means of maintaining a record of the administration of such medication.

The board of directors shall designate a professional person licensed pursuant to RCW 18.71 or RCW 18.79 as it applies to registered nurses and advanced registered nurse practitioners, to delegate to, train, and supervise the designated school district personnel in proper medication procedures.

The public school district or private school is in receipt of a written, current, and unexpired request (authorization) and instructions to administer the medication from:

- A parent or legal guardian.
- A licensed health care provider (LHP), prescribing within the scope of their prescriptive authority for administration of the medication, as there exists a valid health reason which makes administration of such medication advisable during the hours when school is in session or the hours in which the student is under the supervision of school officials.
- Written, current and unexpired instructions from such licensed health professional prescribing within the scope of their prescriptive authority regarding the administration of prescribed medication to students who require medication for more than fifteen consecutive workdays.

*\*\*Note: The statute requires an LHP medication request (authorization) regardless of how long the medication is to be administered and requires additional instructions regarding the administration of the medication from the LHP if the medication is required for more than 15 consecutive workdays.*

- A. The medication is administered by an employee designated by or pursuant to the school board policies and in substantial compliance with the prescription and instructions of an LHP prescribing within the scope of their prescriptive authority.
  - The medication is first examined by the employee administering it to determine in their judgment that it appears to be in the original container and to be properly labeled.
  - The board of directors shall allow school personnel, who have received appropriate training and volunteered for such training, to administer a nasal spray that is a legend drug or controlled substance as delegated by the school nurse.
- B. The board of directors shall designate a professional person licensed under RCW 18.71, 18.57, or 18.79 as it applies to RNs or ARNPs, to consult and coordinate with the student's parents and LHP, and train and supervise the appropriate school staff in proper procedures for care for students with epilepsy to ensure a safe, therapeutic learning environment. Training may also be provided by an epilepsy educator who is nationally certified.
- C. A "parent-designated adult" (PDA) means a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in epileptic seizure care selected by the parents, and who provides care for the child consistent with the individual health plan. Training may also be provided by a national organization that offers training for school nurses for managing students with seizures and seizure training for school personnel starting in the 2022–23 school year. See also RCW 28A.210.355 Students with Epilepsy or other Seizure Disorders and RCW 28A.210.330

Students with Diabetes.

- To be eligible to be a PDA, a school employee, not licensed under RCW 18.79 must file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a PDA.
- If the non-licensed school employee chooses not to file a letter, the employee shall not be subject to any employer reprisal or disciplinary action for refusing to file a letter.
- PDAs who are not school employees must show evidence of comparable training.
- The PDA must also receive additional training for the care the parents have authorized the PDA to provide.
- The professional person (RN/ARNP) is not responsible for the supervision of the PDA for those procedures that are authorized by the parents.

**Note:** Specific laws allow Parent Designated Adults for diabetes and epilepsy or seizure disorders only.

## Public and Private Schools—Administration of Medication—Immunity from Liability—Discontinuance, Procedure

**RCW 28A.210.270**

### General Provisions

- A. A school district employee not licensed under chapter RCW 18.79 who is asked to administer medications or perform nursing services not previously recognized in law, shall at the time he or she is asked to administer the medication or perform the nursing service, file without coercion, by the employer, a voluntary written, current, and unexpired letter of intent, stating the employee's willingness to administer the new medication or nursing service. It is understood that the letter of intent will expire if the conditions of acceptance are substantially changed. If a school employee who is not licensed under chapter RCW 18.79 chooses not to file a letter under this section, the employee is not subject to any employer reprisal or disciplinary action for refusing to file a letter.
- B. In the event a school employee provides the medication or service to a student in substantial compliance with (a) rules adopted by the Washington State Nursing Care Quality Assurance Commission, and the instructions of a registered nurse or advanced registered nurse practitioner issued under such rules, and (b) written policies of the school district, then the employee, the employee's school district or school of employment, and the members of the governing board and chief administrator thereof are not liable in any criminal action or for civil damages in their individual, marital, governmental, corporate, or other capacity as a result of providing the medication or service.
- C. The board of directors shall designate a professional person licensed under chapter RCW 18.71 or RCW 18.79 as it applies to registered nurses and advanced registered nurse practitioners to consult and coordinate with the student's parent/guardian and health care

provider, and train and supervise the appropriate school district personnel in proper procedures to ensure a safe, therapeutic learning environment. School employees must receive the training provided under this subsection before they are authorized to deliver the service or medication. Such training must be provided, where necessary, on an ongoing basis to ensure that the proper procedures are not forgotten because the services or medication are delivered infrequently.

## WASHINGTON STATE NURSING PRACTICE: ARNP, RN, AND LPN

In Washington, nurses working in schools may be either an Advanced Registered Nurse Practitioner (ARNP), registered nurse (RN), or a licensed practical nurse (LPN) as defined in RCW 18.79.

Per WAC 246-840, there is a difference in the educational preparation and scope of practice between the ARNP, RN and LPN as summarized below:

- **Advanced Registered Nurse Practitioner (ARNP):** It is within the scope of practice of the ARNP to provide primary healthcare services to students in accordance with WAC 246-840-300. The ARNP may also perform acts within the scope of registered nursing practice.
- **Registered Nurse (RN) Practice:** According to WAC 246-840-705, the RN, using specialized knowledge, can perform the activities of administration, delegation, supervision, and evaluation of nursing practice. The RN functions in an independent role when utilizing the nursing process. The RN functions in an interdependent role when executing a medical regimen under the direction of an LHP.
- **Licensed Practical Nurse (LPN) Practice:** RCW 18.79.270 identifies activities within an LPN's scope of practice. LPNs may perform nursing care and carry out medical regimens, including administering medications by any route under the direction of a licensed physician and surgeon, osteopathic physician and surgeon, dentist, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner, or midwife acting under the scope of their license or at the direction and under the supervision of a registered nurse. The LPN must have the training, knowledge, skill, and ability to perform the activity competently. An LPN recognizes and meets basic student needs in routine nursing situations that are relatively free of complexity involving stable and predictable student conditions. LPNs also function in more complex nursing care situations, and in these cases an LPN would function as an assistant to the RN. LPNs can participate with the RN in revising the care plan and deliver the care according to the plan. LPNs may not delegate nursing tasks to unlicensed staff in the school setting. LPNs are not licensed for independent nursing practice; therefore, may not practice without supervision of nursing care provided to students by at least an RN.

Supervision of the LPN by the RN does not necessarily mean an LHP or RN has to be on the premises. WAC 246-840-010 defines supervision as:

- Provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity
- Periodic inspection of the act of accomplishing the task or activity

- The authority to require corrective action

LPNs are fully licensed health professionals and are accountable and responsible for their own actions and do not “work under” the RN’s license or through the delegation process.

## REGISTERED NURSE DELEGATION IN THE SCHOOL SETTING

### Provisions of the Nursing Care Delegation Statute and Regulations

RCW 18.79.260 addresses the activities for delegation of registered nursing tasks.

WAC 246-840-010 describes delegation as:

*“Delegation means the... registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The ... registered nurse delegating the tasks retains the responsibility and accountability for the nursing care of the client. The ... registered nurse delegating the task supervises the performance of the unlicensed person.*

- (a) *Nursing acts delegated by the ...registered nurse shall:
 
  - (i) *Be within the area of responsibility of the ...registered nurse delegating the act.*
  - (ii) *Be such that, in the opinion of the ...registered nurse, it can be properly and safely performed by the unlicensed person without jeopardizing the patient welfare.*
  - (iii) *Be acts that a reasonable and prudent ...registered nurse would find are within the scope of sound nursing judgment.**
- (b) *Nursing acts delegated by the ...registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed ...registered nurse, except in an emergency situation.*
- (c) *When delegating a nursing act to an unlicensed person it is the registered nurse who shall:
 
  - (i) *Make an assessment of the patient's nursing care need before delegating the task;*
  - (ii) *Instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place...*
  - (iii) *Recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.”**

### Delegation Recommendations from Nursing Care Quality Assurance Commission (NCQAC)

The principles and process of delegation are defined in RCW 18.79.260. Delegation in the school setting is further described in the [DOH NCQAC Advisory Opinion, Registered Nurse Delegation in School Settings Number NCAO 4.0](#) as summarized below.

# Principles of Delegation

A RN delegating in a school setting:

- Takes responsibility and is accountable for providing nursing care.
- Directs the care and determines whether delegation is appropriate.
- Delegates specific tasks but not the nursing process.
- Uses nursing judgment concerning a student's condition, the competence of the UAP, and the degree of supervision required prior to delegation.
- Delegates only those tasks where the UAP has the knowledge, skill, and ability to perform the task safely.
- Communicates and verifies comprehension and acceptance of delegation and responsibility.
- Provides opportunities for the UAP to ask questions and clarify expectations.
- Uses critical thinking and professional judgment when following the *Five Rights of Delegation*:
  - Right task - task is appropriate to be delegated.
  - Right circumstances-appropriate setting and necessary resources.
  - Right person-right task for the right student.
  - Right directions and communication.
  - Right supervision and evaluation.
- Establishes systems to assess, monitor, verify, and communicate ongoing competency requirements in areas related to delegation.

## Delegation Process

1. Use the School Registered Nurse Delegation Decision Tree (see appendix) to determine whether delegation of a nursing task is appropriate.
2. Perform nursing assessment of the student's health care needs; consider available resources and unique factors that could make outcomes of the delegated task unpredictable, such as whether:
  - There is a nurse available or able to provide care on a regular basis.
  - The student's health care needs are stable, uncomplicated, routine, and predictable.
  - The environment is conducive to delegation.
  - The student is unable to provide self-care.
  - The task does not require use of nursing judgment.
3. Develop a plan to provide periodic re-training and re-demonstration of competency.

4. Perform periodic inspection and evaluation and take corrective action as needed.
5. Delegate only in accordance with the RN's education, training, knowledge, skills and experience (seek consultation from another RN if necessary).
6. Assess the UAP's willingness and potential ability to perform the task for the individual student:
  - Consider psychomotor and cognitive skills required to perform the nursing task.
  - Verify that the UAP is willing to perform the task in the absence of direct or immediate nurse supervision and has signed the letter of intent if applicable. \*NOTE: The above statement relates to RCW 28A.210.275. In addition, RCW 28A.210.255 directs that any employee of a public school district or private school that performs health services, such as catheterization, must have a job description that lists all of the health services that the employee may be required to perform for students. This would also include medication administration.
  - Analyze the complexity of the nursing task to determine required or additional training needed by the UAP to competently accomplish the task.
  - Assess the level of interaction required, considering language or cultural diversity, that may affect communication or the ability to accomplish the task to be delegated, as well as methods to facilitate the interaction.
7. Provide or verify training and competency assessment for the UAP (consider using standardized training modules and assessment processes).
8. Provide clear and specific instructions to the UAP including when and how to contact the RN delegating the care or back-up RN.
9. Implement and evaluate delegation:
  - Supervise and evaluate the UAP's performance on a periodic basis (the method and frequency of supervision and evaluation is at the discretion of the RN delegating the care).
10. Document the delegation process and adherence according to school or school district policies.
11. Notify district administration if it is not safe to delegate a particular nursing task and of the potential need for the district to provide nursing services rather than providing the care through delegation to a UAP.

## Documenting Delegation

The delegating RN should document the delegation process regardless of the documentation system used including:

- Instructions for the task should be specific and broken into individual components.
- Document specific steps for the delegated task (consider a system where the RN and UAP initial each step).

- Document dates, training, and competency assessment including RN and UAP signatures

## Rescinding Delegation

RNs delegating care retain the authority to rescind delegation when the following occur:

- A significant change or decline in the student's health status that would make delegation unsafe.
- The UAP lacks sufficient training, knowledge, skills, or ability to perform a task safely and competently, or is unwilling.
- A determination that the specific task requires nursing judgment.
- There is a change in school nurse or UAP assignment.
- The RN is no longer employed by the school.
- The RN is no longer under contract (for example during summer school).
- Student transfers to a different school or district.

In such cases the delegating RN should initiate and participate in developing an alternative plan to ensure continuity. Rescission of delegation and actions should be documented.

## Transferring Delegation

Delegation authority cannot be transferred from one RN to another. If the delegating RN is no longer assigned to a student or group of students, the RN assuming authority must undertake new delegation to the UAP.

## RN Delegation Considerations

The RN may need to clarify the process of nursing delegation to school administrators.

- RNs cannot be coerced into delegation. The nurse practice act, RCW 18.79.260 stipulates that: "No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the Nursing Care Quality Assurance Commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegations may compromise patient safety."
- The RN **cannot** delegate:
  - To volunteers, parents/guardians, or non-school employees during school or during school sponsored events.
  - Acts requiring substantial skill.
  - Piercing or severing of tissues (except for emergency use of epinephrine injections).
  - Acts requiring nursing judgment.
  - Injections (except for epinephrine for anaphylaxis).



- Sterile procedures.
- Central line maintenance.
- Nasogastric (NG) tube procedures as per RCW 18.79.260.
- Rectal Medication as per RCW 28A.210.260.
- UAPs are responsible to comply with the nursing plan, obtain guidance as needed, and report changes to the RN. If a UAP does not follow the plan or direction, the RN may need to provide further training and supervision. If safety is compromised, delegation may need to be rescinded.
- The RN may be held accountable for standards of practice related to delegation and may be subject to disciplinary action per RCW 18.79.260 and WAC 246-840-700:
  - Delegating nursing care function or responsibilities to a person the nurse knows or has reason to believe lacks the ability or knowledge to perform the function or responsibility.
  - Delegating to unlicensed persons those functions or responsibilities the nurse knows are to be performed only by licensed persons.
  - Failure to supervise those to whom nursing activities have been delegated; or
  - The supervision must be adequate to prevent an unreasonable risk of harm to clients.

## School District Considerations

Responsibility for appropriate registered nurse delegation ultimately rests with the school district to ensure safe nursing care is provided to students. This would include availability of a licensed nurse to administer medications and treatments that cannot be delegated by law or per the registered nurse's professional judgment.

RCW 28A.210.260 states: The Board of Directors shall designate a professional person licensed pursuant to RCW 18.71 or RCW 18.79 as it applies to registered nurses and advanced registered nurse practitioners, to delegate to, train, and supervise the designated school district personnel in proper medication procedures.

RCW 18.79.030 requires a license for nursing practice:

*"It is unlawful for a person to practice or to offer to practice as a registered nurse in this state unless that person has been licensed under this chapter. A person who holds a license to practice as a registered nurse in this state may use the titles "registered nurse" and "nurse" and the abbreviation "R.N." No other person may assume those titles or use the abbreviation or any other words, letters, signs, or figures to indicate that the person using them is a registered nurse."*

WAC 181-87-070 addresses unprofessional practice as described by the Professional Educator Standards Board:

*"Any act performed without good cause that materially contributes to one of the*

*following unauthorized professional practices is an act of unprofessional practice...The assignment or delegation in a school setting of any responsibility within the scope of the authorized practice of nursing, physical therapy, or occupational therapy to a person not licensed to practice such profession, unless such assignment or delegation is otherwise authorized by law including the rules of the appropriate licensing board."*

## **School Delegation: School Decision Tree**

The DOH NCQAC Advisory Opinion includes the school nurse delegation decision tree tool. This tool may be useful for school nurses in determining if and when to delegate. Registered Nurse Delegation in School Settings: Kindergarten-Twelve (K-12) Grades, Public and Private Schools – Nurse Delegation Tree Tool [NCQAC Advisory Opinion NCAO 15.01 \(wa.gov\)](#).

# **TRAINING OF UNLICENSED ASSISTIVE PERSONNEL IN THE ADMINISTRATION OF MEDICATION**

The delegating RN is responsible for ongoing training, competency, evaluations, and supervision of the UAP with appropriate documentation of the entire training process.

Medication statutes require that all UAPs designated by district policy to administer medications, are to be delegated to, trained, and supervised by a professional person licensed pursuant to chapter 18.71 RCW or chapter 18.79 RCW, as it applies to RNs or ARNPs.

Prior to the beginning of a new school year, district administration or building principals, in consultation with the RN, identify in writing at least two staff persons per building to administer medications for the coming school year. These individuals shall receive training in the following prior to administering medications to students:

- A. *Washington state statutes and school board policies and procedures governing the administration of medications.*
- B. *Medication administration procedures, including description of when not to administer a medication.*
- C. *Procedures to follow in the event of a medication error, including missed or delayed doses.*
- D. *Required charting.*
- E. *When to contact the supervising nurse.*
- F. *Confidentiality issues regarding the administration of medications and student health information.*

The supervising RN will evaluate the UAP's skill, document the completion of the training, and determine the degree of supervision necessary and provide that supervision.

For the district to receive the immunity from liability based upon substantial compliance with the

statutes, the UAP must be delegated to, trained, and supervised by a RN, ARNP, or physician (MD).

Please see the [Washington State School Staff Health Training Guide](#).

**For additional resources, see Section XVIII References**

## ROUTES OF MEDICATION ADMINISTRATION

The Washington state medication statute RCW 28A.210.260 addresses oral medication, topical medication, eye drops, ear drops and nasal spray. Medications administered by other routes (rectal, nasogastric tube, injection etc.) are not covered under this statute and are regulated by the law relating to nursing care, RCW 18.79.260. The appendices include skills checklists for each of the following routes of medication administration.

### Oral Medication (by mouth, gastrostomy tube, inhaled)

**Oral medications** (by mouth) include solid forms such as tablets or capsules, and liquid forms such as syrups/elixirs and suspensions. Oral medication should not be altered (i.e. cut, crushed or sprinkled on food) without an LHP's order.

**Enteral medication** (by gastrostomy tube) is considered an oral medication as it is administered directly into the digestive tract. An RN may delegate medication given via gastrostomy tube following delegation procedures.

**Inhaled Medication** is considered an oral medication whether or not the medication is given by mask or with a spacer that covers the mouth or mouth and nose. It can come in the form of a multi dose inhaler or nebulizer treatment. Intranasal medication is not included in this description.

### Nasal Spray

Nasal spray delivers medication as a spray directly into the external nares (nostrils). It may be a powder or liquid spray.

### Topical Medication

Topical medication is applied locally to skin or mucous membranes and is absorbed directly through the skin into the blood stream. It can come in the form of a lotion, ointment, patch, cream or paste.

### Eye Drops

Eye drops are medications that are instilled in the eye and are absorbed quickly due to the membrane's vascularity.

### Ear Drops

Ear drops are medications that are instilled directly into the outer ear canal.

## Injection

The only injection that RNs may delegate to UAP in the school setting is epinephrine per RCW 18.79.240(1) (b) and (2) (b) and district policy and procedure.

# NURSING PRACTICE AND BOARD OF PHARMACY RECOMMENDATIONS

## Licensed Healthcare Providers (LHP) Who May Prescribe and Administer Medications

A nurse administers medications, treatments, tests and other nursing care RCW 18.79.260(2) at or under the general direction of an LHP including: licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner (ARNP), or midwife acting within the scope of their license. All prescriptions must be for a valid legitimate medical purpose and there must be a valid doctor-patient relationship. Prescriptions must be written within the practitioner's scope of practice RCW 69.41.030 and RCW 69.50.101 (ee) (3).

## Out of State Prescriptions

RCW 69.41.030 reads: *Sale, delivery, or possession of legend drugs without prescription or order prohibited-Exceptions-Penalty.*

Prescriptions written for legend drugs, including controlled substances, by the following prescribers licensed in any state of the United States may be dispensed by a Washington pharmacist/pharmacy: physicians licensed to practice medicine and surgery, physicians licensed to practice osteopathic medicine and surgery, dentists licensed to practice dentistry, podiatric physicians and surgeons licensed to practice podiatric medicine and surgery, licensed advanced registered nurse practitioners, licensed physician assistants, and licensed osteopathic physician assistants.

Prescriptions written for legend drugs, not including controlled substances may also be dispensed by a Washington pharmacist/pharmacy if written by any of the above practitioners, licensed to practice in British Columbia. [Who Can Prescribe and Administer Prescriptions - Washington State Department of Health](#)

## Receipt of Medication

- Medications that the parent/guardian and the LHP authorize to be administered should be brought to school by the parent/guardian of the student or by another designated adult. There may be an exception made for medications that are self-administered by students such as epinephrine auto-injectors or asthma inhalers if this is supported by district policy and/or procedure.

- All medications must be in properly labeled medication containers with name of the medication, student name, date, quantity, and strength per dosage unit, LHP name, frequency of administration, and other instructions for giving medications.
- Written and signed parent/guardian and LHP authorization requests are required for all medications to be administered by school staff. For medications given more than 15 days, more specific LHP instructions are required in addition to those listed above.
- All medication should be counted by school staff and the parent/guardian or designated adult who brought it to school. The number of pills, tablets, capsules, or amount of liquid, etc., should be recorded on the medication administration record or districts may choose to document on a separate form designed specifically for this purpose.
- If a tablet must be divided to obtain the correct dose, the pharmacist should be asked to divide the tablet when filling the prescription. If this is impractical, there are specialized devices to assist with cutting the tablets. Districts should follow their policy/procedure regarding school staff cutting the tablets.
- Parent/guardian may request the pharmacist prepare a school container for medication and a container for home. It is also helpful to request an additional (3<sup>rd</sup>) bottle to be used for field trips.

## Inventory of Medication

Routine counting of medications should occur based on the district's policy and procedure. [Controlled substances-scheduled drugs](#) (e.g. cough syrup with codeine or Ritalin) should be counted weekly and recorded. On the weekly medication counts, the nurse or designee needs to have a witness to the actual count of the medications. It may be helpful for the district to purchase pill counting trays.

It is recommended that no more than a twenty-day supply of controlled substances-Schedule II-V, be brought to the school at any one time.

Theft or suspected theft is to be documented and reported to the supervising nurse, the school administrator and may also be reportable to local law enforcement.

## Storage and Security of Medication

- Medications should be stored in locked, substantially constructed cabinets or drawers, with access limited to those who will need access when medications are received or to administer medications. \*NOTE: Emergency medications must be readily available.
- Examples of substantially constructed cabinets:
  1. Commercially manufactured safes.
  2. Commercially manufactured drug security units made of heavy gage metal that are attachable to a wall or floor with single or double-locking mechanism.
  3. Non-commercially made cabinets made of metal, solid wood 0.5" thick, or plywood 0.75" thick with non-exposed hinges or non-removable hinge pins if hinges are exposed.

4. A metal filing cabinet with a metal bar capable of being locked into position, blocking the opening of the drawers. It should be secured to the floor/wall or weighted sufficiently to prevent theft of the entire cabinet.
- The number of keys to the locked storage is recommended to be no more than two keys. The keys should be specific to that cupboard/drawer and not unlock any other area in the school.
  - It is recommended that Schedule II – V controlled substances be placed in the school safe during school holidays, weekends, summer, etc.
  - The district's policy/procedure should address theft of medications and describe the reporting process. Districts may want to discuss with local law enforcement to determine if or when the loss of controlled substances should be reported.

## **Medication Administration Responsibilities**

It is the school's responsibility to ensure that medications are administered as authorized by the parent/guardian and LHP.

## **Student not Reporting for Medication**

When students do not appear at the scheduled time for their medication, school personnel remain responsible for timely administration of the dose and should have a plan for handling "no show" students.

## **Student Refusal of Medication**

If a student refuses a medication, the RN and the parent/guardian will be notified as soon as possible and documented on the medication administration record as a "refused" medication. The documentation assures the student has been offered the medication as ordered and proves staff followed school district policy in administration/documentation. As best practice and according to the student's developmental level, the student should understand why the medication is being administered and should be made aware of any common side effects. He/she should also be able to verbalize understanding that these medications are considered a part of treatment. The RN needs to communicate and address student refusal of medication with parent/guardian and their LHP.

## **Early Dismissal and Medication Administration**

Procedures should be in place to address early school dismissal before a regularly administered medication is to be given.

## **Changes in the Student's Medication Order**

Whenever there is a change in the medication order, a new medication request form is created. The UAP must contact the RN immediately if a change in a medication order is received or guidance is needed.

If there is a dosage change, only a licensed nurse can take the verbal/phone/fax order from the LHP or the LHP's support staff. The verbal order must be followed by the written order within a reasonable period of time. Faxed orders are considered written orders, but the licensed nurse must be confident that they came from the ordering LHP. The medication container with the previous prescription label may be used for up to 10 school days to give parent/guardian time to get a bottle with a current order as long as the nurse has a current order and directs the UAP to use the available container with clear instructions so that the correct dose is administered.

All new medication orders need to be reviewed and approved by the RN, necessary forms for documentation prepared, and training and delegation completed, prior to school staff administering the first dose.

## Expired Medications

Drugs that fail to meet the compendial standards are considered adulterated drugs. This includes expired medications. If a medication is expired, it may fail to meet the compendial drug standard, which may impact the quality of the medication. In 1979, the U.S. Food and Drug Administration (FDA) began requiring an expiration date on prescription and over-the-counter medicines. The expiration date is a critical part of deciding if the product is safe to use and will work as intended. Schools should not accept medications that are expired unless there has been a notification from the FDA with an exception for that medication at that time. See RCW 69.04.420 Drugs—Adulteration for failure to comply with compendium standard and RCW 69.04.430 Drugs—Adulteration for lack of represented purity or quality.

## Documentation

Documentation is very important when medication is given at school. Standards of nursing documentation need to be followed whether you are using paper or an electronic documentation system. A medication request form and medication administration record (MAR) or "medication log" must be kept for each student. The medication request form and medication administration record contain the student's name, the prescribed medication, the dosage, the route the medication is to be given, the time the medication is scheduled to be given, and any student allergies.

Compare the information on the medication container label with the information on the medication request and medication administration record. This information must match. The medication should not be given if the information does not match, or the medication label is missing, or the label cannot be read.

When and how to document:

- Immediately after giving the medication; not before.
- Only document medication that you administer.
- Record initials, date, and exact time of medication administered in the designated box on the medication administration record (MAR).
- Write your initials next to your name one time on the MAR so that you can be identified.

- When initialing on the medication administration record be sure not to circle your initials unless there was an issue that needs to be further addressed such as a missed dose. Circled initials usually indicate that there was some sort of problem.
- Be sure to document when a medication is missed due to an absence or a field trip or if the student refuses to take the medication.
- Note unusual behaviors/occurrences that were observed after student received medication.
- Use black or blue ink, never pencil.

## Other documentation considerations:

- If a charting error occurs, draw a single line through the mistaken entry, initial and date error, and explain on the back of the MAR (never use white-out, erase, or scratch it out).
- If the medication cannot be given, falls to the floor, or the student refuses a medication, initial the appropriate box, provide an explanation on the back of the MAR and notify the appropriate person as outlined in your school procedures.
- If medication is discontinued write "discontinued," on the page as close to the date as possible and initial it. Ask parent/guardian to pick up any remaining medication.
- The registered nurse is responsible for the transcription of medication administration information onto the MAR. When creating a new MAR, it is important to transcribe from the current LHP orders, and not from the old or previous MAR.
- When documenting the administration of PRN (as needed) medication, record the time given and the dosage, if applicable.
- The medication administration record may also be used to make notes about any unusual circumstance related to the student receiving the medication, including contact with LHP and/or parent/guardian.

## Record Retention Requirements

The medication administration record is a part of the student's file and provides legal documentation for those who administer medications to students. Records may include but are not limited to medication/treatment authorization form, MAR, and medication administration incident report form. These records should be retained for 8 years after last entry/dose or matter is resolved, whichever is later; then destroyed.

If the district uses a separate medication inventory and/or disposal form, retain for 1 year after medication is returned/destroyed/delivered to outside agencies; then destroy.

For more information about record retention, see [the June 2020 Public Schools Records Retention Schedule](#) which covers student health records for pre-kindergarten through grade 12.

## Confidentiality and Privacy

All information regarding a student's health status and their medication is confidential, and without parent/guardian (or student if applicable), permission cannot usually be discussed by UAP



administering medication with anyone except the delegating nurse. Students are entitled to privacy during the administration of their medication.

Per RCW 70.02.050, a healthcare provider may disclose health care information—except for information and records related to sexually transmitted diseases—about a patient without the patient’s authorization to the extent a recipient needs to know the information, if the disclosure is to a person who the provider reasonably believes is providing health care to the patient.

Confidentiality is a very important legal concept in the school setting. [The Family Educational Rights and Privacy Act \(FERPA\)](#) is a federal law that protects the privacy interests of students and their educational records. FERPA applies to any educational agency that receives funds from the United States Department of Education (USDOE). Health records (including medication documents) maintained by school employees for pre-kindergarten through grade twelve students are considered education records and therefore protected by FERPA.

The Health Information Portability and Accountability Act (HIPAA) of 1996 Privacy Rule requires covered entities to protect individuals’ health records and other identifiable health information. When schools provide health care to students in the normal course of business, it is also known as a “health care provider”. The HIPAA Privacy Rule allows covered health care provider to disclose protected health information about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student’s parent. See [Joint Guidance on the Application of FERPA and HIPAA to Student Health Records | Protecting Student Privacy \(ed.gov\)](#)

## Discontinuing Medication

*As stated in RCW 28A.210.270 (2), “The administration of oral medication, topical medication, eye drops, ear drops, or nasal spray to any student pursuant to RCW 28A.210.260 may be discontinued by a public school district or private school and the school district or school, its employees, its chief administrator, and members of its governing board shall not be liable in any criminal action or for civil damages in their governmental or corporate or individual or marital or other capacities as a result of the discontinuance of such administration: PROVIDED, That the chief administrator of the public school district or private school, or their designee, has first provided actual notice orally or in writing in advance of the date of discontinuance to a parent or legal guardian of the student or other person having legal control over the student.”*

Before a medication is discontinued, districts need to be aware that under the federal civil rights legislation, administration of medication in school may be a related service that must be provided if the student qualifies for 504 accommodations. There must be a valid reason that does not compromise the health of the student to discontinue medication administration. See [U.S. Department of Human and Health Office of Civil Rights Fact Sheet: Your Rights Under Section 504 of the Rehabilitation Act](#).

If a parent/guardian chooses to discontinue a medication at any time, it is recommended that the request be in writing. If the medication is for a life-threatening health condition, RCW 28A.210.320, requires that the medication or treatment be in place for the student to attend school. Discontinuation of the medication may put the student at risk. The RN in this instance should discuss the request to discontinue the medication not only with the parent/guardian but also with the LHP. District policy may require written documentation of LHP and parent/guardian permission

to discontinue the medication. If the medication/treatment is not for a life-threatening condition, it is still prudent practice for the RN to notify the LHP that the parent/guardian has requested the medication/treatment be discontinued.

## Disposal of Medication

At least two weeks prior to the end of the school year, or when a medication is discontinued, parent/guardian of students with leftover medication should be notified in writing and provided the opportunity to pick up any unused medication.

If parent/guardian does not pick up the medication by the date specified, the medication should be counted by two school district staff and properly disposed. Documentation should include the name of the medication, the amount of medication to be disposed, the date and signatures of two staff members (recommend one staff be the school nurse) witnessing the disposal.

FDA disposal considerations:

- Follow any specific disposal instructions on the prescription label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless otherwise directed by FDA disposal guidance.
- Sharps and medical waste disposal guidelines may vary from county to county. For further guidance, contact the district facilities manager or your local health jurisdiction, pharmacy, waste management, police, or fire station. Some districts contract with a waste disposal company.
- Take advantage of community drug take-back programs that allow the public to bring unused medications to a central location for proper disposal. Call your city or county government's household trash and recycling service to see if a take-back program is available in your community.
- Take the medication out of the original container and mix with an undesirable substance, such as used (wet) coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash. Put medication in a sealable bag or other container to prevent the medication from leaking or breaking out of a garbage bag.
- Depending on the type of product and where you live, inhalers and aerosol products may be thrown into the trash or recyclables or may be considered hazardous waste and require special handling. Read the handling instructions on the label, as some inhalers should not be punctured or thrown into a fire or incinerator.
- Prefilled syringes: the medication in the syringe may be disposed of as indicated above. If there is a needle on the empty syringe it should be placed in a sharps container (Note: do not remove needle from syringe or attempt to re-cap). Expired or used epinephrine auto-injectors are considered hazardous medical waste and need to be disposed of safely. The auto injectors should be left in their original plastic container and put into a sharps or bio-hazard container for disposal.
- When in doubt about proper disposal, consult with the pharmacist.
- Before discarding a medication container, scratch out all identifying information on the

prescription label to make it unreadable. This will help protect the students' identity and the privacy of their personal health information.

## Medication Error

The correct medications must be administered to the correct student at the correct time (within 30 minutes before or after the prescribed dose is ordered) in the correct dosage, by the correct route, with accurate documentation. Deviation from this standard may constitute a medication error. A dose that is missed (omitted) for whatever reason may also be considered a medication error. All medication errors must be documented and reported to the nurse who provides supervision for the UAP giving the medications for the school under RCW 28A.210.260 and 28A.210.270.

Analysis of the reports will be completed at least annually to determine any systems modifications that are necessary. This analysis will be reported to the school building administrator and forwarded to the district administration with recommendations.

Recommended medication error procedures:

- All errors must be documented and reported to the supervising nurse for the school within 24 hours. Serious errors must be reported immediately to the supervising nurse.
- The supervising nurse, using clinical judgment, will determine the level of severity of the medication error.
- If the error is committed by a licensed provider, and there is injury to the student, or causes the student to be seen by emergency services, the incident must be reported by the supervising nurse to:
  - LHP
  - Parent/guardian
  - School administrator
  - *The Washington State Nursing Care Quality Assurance Commission, [WAC 246-840-730](tel:206-840-730) PO Box 47864, Olympia, WA 98504-7864, (360) 236-4700.*
- If the error is committed by a UAP and there is injury to the student, or causes the student to be seen by emergency services, the incident must be reported by the supervising nurse to:
  - LHP
  - Parent/guardian
  - School administrator
  - The Washington State Department of Health, Unlicensed Practice Unit (360-236-4718). There may be administrative actions or fines.
- All actions taken as a result of the medication error are to be accurately documented.
- Medication administration incident reports will be maintained for eight years after the incident.
- The supervising nurse should assess the actions taken in response to medication errors. The

completed reports will be used by the supervising nurse to:

- Determine trends and patterns in medication errors.
- Assist in identification of educational and resource needs of licensed and unlicensed staff (e.g. UAPs).
- Record circumstances contributing to the error and actions taken as a result of the error.

\*NOTE: Refusing medication is not considered a medication error and the refusal should be documented on the Medication Administration Record as a "refused" medication and reported to the supervising RN and parent/guardian as soon as it is possible.

The above information came from the ["Guidance from Washington State Nursing Care Quality Assurance Commission Policy Statement Oral Medication Error Reporting in Schools", May 2001 per NWESD 189"](#). This document is archived by the Nursing Care Quality Assurance Commission and is not available on their website.

## **STUDENT SELF-ADMINISTRATION OF MEDICATION**

Self-administration of medication in schools refers to situations in which students carry their own medication and administer that medication to themselves. There are instances in which an LHP and parent/guardian may request that a student be permitted to carry their own medication and/or to self-administer the medication. Student self-administration of medication is not within the purview of RCW 28A.210.260 *Public and private schools - Administration of Medication-Conditions*. However, there are other specific situations in which students may be allowed to self-carry and administer medication.

### **Asthma, Anaphylaxis and Diabetes Medication**

RCW 28A.210.370 and RCW 28A.210.330 include language for self-administration of medication for students with asthma, anaphylaxis, and diabetes.

Considerations:

- All districts are required to adopt policies and procedures and must grant permission for students to self-carry medications under specific circumstances as outlined in the statutes.
- An LHP has provided a written medication authorization signed by the parent/guardian for granting permission for self-administration of the medication during school and school sponsored events, including transportation.
- Student has been instructed in the correct and responsible use of the medication.
- The student has demonstrated to the LHP or designee and the RN at the school, the skill level necessary to use the medication and any device necessary to administer the medication as prescribed.
- The LHP formulates a written treatment plan for medication/treatment use by the student.

- The student’s parent/guardian has completed and submitted to the school any additional written documentation the school requires.
- If a backup medication is supplied by the parent/guardian, it must be kept in a location where the student has immediate access in the event of a medical emergency. The student should also have easy access to any related supplies or equipment provided by the parent/guardian.

## Other Medication

Student self-administration of medication other than those for asthma, anaphylaxis, and diabetes does not fall within the purview of RCW 28A.210.260. Given no statutory or regulatory guidance on this issue, school districts may want to consider an adaptation to district policy and procedure that would address student self-administration of additional medication. It is recommended that the RN be involved in the development of all district policies on medication administration.

Possible considerations:

- Define the circumstance that self-administration would be permitted.
- Approval process for self-administration.
- Developmental/grade level of student.
- Type of medication-prescription versus over the counter.

# ASTHMA MEDICATION

## Summary of Provisions

RCW 28A.210.370 *Students with Asthma* states:

- All school districts shall adopt policies regarding asthma rescue procedures for each school within the district.
- All school districts must require that each public elementary school and secondary school grant to any student in the school, authorization for the self-administration of medication to treat that student's asthma or anaphylaxis, if:
  - A health care practitioner prescribed the medication for use by the student during school hours and instructed the student in the correct and responsible use of the medication.
  - The student has demonstrated to the health care practitioner, or the practitioner's designee, and a professional registered nurse at the school, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed.
  - The health care practitioner formulates a written treatment plan for managing asthma episodes of the student and for medication use by the student during school hours. The student's parent/guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan.

- Students must be allowed to self-carry and self-administer their asthma medication:
  - While in school.
  - While at a school-sponsored activity, such as a sporting event.
  - In transit to or from school or school-sponsored activities.
- An authorization for asthma medication.
  - Must be effective only for the same school and school year for which it is granted.
  - Must be renewed by the parent/guardian each subsequent school year.
- School districts must require that backup medication, if provided by a student's parent/guardian, be kept at a student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.
- School districts must require that information be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

## Special Considerations

- Students with health conditions may qualify for Section 504 accommodations. This needs to be considered in the development of the student's Individualized Health Plan (IHP). Follow district policy and procedure for this process.
- It is important for a UAP to always follow the student's IHP including the LHP treatment orders. If there is ever a question about the appropriate action a UAP should take when administering medication, he or she should contact the registered nurse immediately for clarification and guidance, however, for the safety of the student, initial treatment should never be delayed.
- Students with both asthma and anaphylaxis have complex medication and treatment plans. The RN is responsible for working with the LHP to create a very clear, integrated emergency care plan to ensure that both conditions are managed appropriately in the school setting, i.e., the possible use of epinephrine to treat severe respiratory symptoms.

## Summary of NCQAC Advisory Opinion - Asthma Management in School Settings

- The RN may delegate the administration of a varying dose of inhaled asthma medication (i.e., 1 – 2 puffs) after clarifying with the LHP the circumstances for which the dose should be administered. \*NOTE: The RN is responsible for providing clear, written instructions to the UAP regarding administration of a varying dose.
- The UAP who has been trained and is supervised by the registered nurse may verify readings on the peak flow meter and assist the student to identify emergent and urgent situations and to follow the instructions on their IHP. The registered nurse may not delegate nursing assessment or the nursing process (clinical decision making) to an unlicensed individual.
- The RN may delegate to a UAP the mixing of liquid medications in a nebulizer chamber for

administration via oral inhalation following training and the provision of ongoing supervision.

See [Nursing Care Quality Assurance Commission-Request for Advisory Opinion from the American Lung Association, Asthma Management in School Settings Committee \(2000\)](#)

For additional resources about the care of asthma and treatment modalities, see [AMES Manual- Asthma Management in Educational Settings](#).

# ANAPHYLAXIS MEDICATION

## Summary of Provisions

RCW 28A.210.380—*Anaphylaxis—Policy—Guidelines* describe the requirements for care provided to students with life-threatening anaphylaxis.

RCW 28A.210.383—*Epinephrine auto injectors*.

- School districts and non-public schools may maintain at a school in a designated location a supply of epinephrine auto injectors based on the number of students enrolled in the school. The epinephrine prescription must be accompanied by a standing order for the administration of school supplied, undesignated epinephrine auto injectors.
- When a student has a prescription for an epinephrine auto injector on file, the nurse and/or designated trained school personnel may utilize the school supply of epinephrine auto injectors to treat symptoms of anaphylaxis when the student's medication is not available.
- When a student does not have a prior diagnosis and prescription for an auto injector on file, only the nurse may utilize the school supply of epinephrine auto injectors to treat symptoms of anaphylaxis.

RCW 28A.210.370 *Students with asthma*, provides additional guidelines for students with anaphylaxis. Anaphylaxis is considered a life-threatening health condition and requires special considerations.

- All school districts must require that each public elementary school and secondary school grant to any student in the school authorization for the self-administration of medication to treat that student's anaphylaxis/asthma, if:
  - A LHP prescribed the medication for use by the student during school hours and instructed the student in the correct and responsible use of the medication;
  - The student has demonstrated to the LHP and a professional registered nurse at the school, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed;
  - The LHP formulates a written treatment plan for managing asthma episodes of the student and for medication use by the student during school hours; and
  - The student's parent/guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan.

- Students must be allowed to self-carry and self-administer their anaphylaxis/asthma medication:
  - While in school
  - While at a school-sponsored activity, such as a sporting event
  - In transit to or from school or school-sponsored activities
- An authorization for anaphylaxis/asthma medication:
  - Must be effective only for the same school and school year for which it is granted
  - Must be renewed by the parent/guardian each subsequent school year
- School districts must require that backup medication, if provided by a student's parent/guardian, be kept at a student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.
- School districts must require that information be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

RCW 28A.210.320—*Children with life-threatening health conditions*: For the attendance of students with life-threatening health conditions, medication and treatment orders, necessary medication(s) and nursing care plan(s) must be in place prior to the first day of school. This requirement does not apply to homeless students under the McKinney-Vento Act. School nurses will need to make special efforts to ensure that necessary nursing plans, LHP orders, and medications and/or treatments are in place for homeless students.

## Special Considerations

This is taken from [Guidelines for Care of Students with Anaphylaxis \(OSPI, March 2009\)](#).

- Some parent/guardians and/or LHPs have requested first giving an antihistamine for certain symptoms, then “waiting and watching” (assessing student symptoms for progression of anaphylaxis) and giving epinephrine if additional certain symptoms occur. Deaths have occurred in schools because of delays in appropriate treatment. Washington State NCQAC addresses delegating nursing assessment and/or judgment.
- Recommended practice for treating student anaphylaxis during school or school-sponsored events:
  - Epinephrine is to be given immediately and the EMS (911) system activated if a student known to have anaphylaxis has an exposure or a suspected exposure to an allergen.
  - If an LHP orders the administration of an antihistamine and/or epinephrine, the RN may use the School Registered Nurse Delegation Decision Tree (see appendix) to follow RCW 18.79.260 to determine if a non-licensed staff member may carry out the IHP.
  - Address the unique circumstances for each student while retaining adherence to the scope of nursing practice.



- It is the parent/guardian’s responsibility to keep school staff informed of changes in the child’s condition or changes in LHP orders. Prior to the student attending school, upon returning to school after an absence related to the diagnosis, and any time there are changes in the student’s treatment plan, parent/guardian should notify the RN.
- Parent/guardian should provide all medications and supplies. \*NOTE: District policy may address the use of automatic epinephrine injectors vs. the use of a syringe.
- Although the epinephrine auto injector device is designed for self-administration, the student may be too young or too ill to self-administer the epinephrine. Therefore, it is necessary to train those school employees who will be monitoring the student in the use of the device.
- Epinephrine auto injectors must be kept between 59- and 86-degrees Fahrenheit. Districts will need to take this into consideration during temperature extremes, on field trips, etc.
- Students with anaphylaxis may qualify for Section 504 accommodations. This should be considered in the development of the student’s IHP. Follow district policy and procedure for this process.

## Standing Orders for Stock Epinephrine

A school supply of undesignated epinephrine autoinjectors (stock epinephrine) is an option in Washington State schools but is not mandated. Any district considering this option must be aware of the specific actions required by RCW 28A.210.383 Epinephrine auto injectors (Epi pens) – School supply – Use. The statute addresses the conditions under which districts or schools may stock undesignated supplies of epinephrine and are addressed in the WSSDA Anaphylaxis Prevention model [Policy #3420](#) and [Procedure #3420P](#) (2018). See the 2021 [Guidelines for Care of Students with Anaphylaxis](#), SECTION 5, for more information.

The Washington State NCQAC provides the following recommendations in its [Advisory Opinion – Standing Orders and Verbal Orders](#):

- Schools may allow RNs to follow standing orders, using stock inventory, to give epinephrine for potentially life-threatening allergic reactions (RCW 28A. 210.383). The law does not allow delegation to a UAP to give epinephrine without a student-specific prescription.
- Nursing leadership should be involved in developing and approving standing orders.
- School districts may have policies and procedures to implement standing orders and verbal orders.
- Standing orders should be reviewed and revised as needed, or annually.
- Changes to standing orders should be communicated as soon as possible to nursing staff and these should be reviewed by nursing staff as changes occur.

## PARENT DESIGNATED ADULT (PDA) FOR DIABETES AND SEIZURES

The school district is ultimately responsible for providing nursing care to students at school and

school sponsored events. In addition, RCW 28A.210.260, RCW 28A.210.355, and RCW 28A.210.330 allow parents of students with epilepsy or diabetes to select a “parent designated adult” to provide parent-directed nursing care in school.

A “parent designated adult” (PDA) means a volunteer who may be a school district employee, who receives additional training from a health care professional or expert in epileptic seizure or diabetes care selected by the parent/guardians, who provides care for the child consistent with the individual health plan.

Per Washington State law, these are the only two situations (diabetes and seizures) that allow a PDA to administer medication and treatments to students in the school setting. In both cases the RN does not delegate, train or supervise the PDA in the activities designated by the parent/guardian. They do, however, work together to follow the student’s IHP.

To be eligible to be a parent designated adult, a school district employee not licensed under chapter 18.79 RCW shall file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent designated adult. If a school employee chooses not to file a letter under this section, the employee shall not be subject to any employer reprisal or disciplinary action for refusing to file a letter.

Registered nurses do not delegate or supervise parent designated tasks, including injections. Parent/guardians are responsible to determine, direct, and supervise such care. However, the RN is ultimately responsible for the student’s overall plan of care.

For additional resources see:

- [PDF Guidelines for Care of Students with Diabetes OSPI and Washington State Department of Health. \(2018\).](#)
- [PDF on Curriculum Standards for Developing Curricula to Train Parent Designated Adults \(PDAs\) Working with Students with Diabetes \(2009\).](#)

## DIABETES MEDICATION

### Summary of Provisions

*RCW 28A.210.330-350: Students with diabetes—Individual health plans—*Designation of professional to consult and coordinate with the parents and health care provider - training and supervision of school district personnel, addresses comprehensive care for students with diabetes in school. The RN is ultimately accountable for the quality of the healthcare provided during the school day to students with diabetes. The RN has the responsibility of consulting and coordinating with the student’s parent/guardian and the LHP to establish a safe, therapeutic learning environment. Schools are responsible for ensuring that there is an IHP and emergency care plan (ECP) for every student with diabetes even those who are independent in their care.

- An LHP order is needed for the monitoring and treatment of diabetes at school.
- Students must be allowed to carry on their persons the necessary supplies and equipment (including medication) to perform diabetic monitoring and treatment at all school and school-sponsored events.

- The law also allows for a “parent designated adult” (PDA) to administer medication and perform diabetic tasks determined by the parent/guardian and consistent with the individual health plan.

## Parent Designated Adult (PDA)

The school district is ultimately responsible for providing nursing care to students at school and school sponsored events. In addition, RCW 28A.210.330 allows parents of students with diabetes to select a “parent designated adult” to provide parent-directed nursing care in school.

- A PDA is a volunteer who may be a school district employee who receives additional training from a healthcare professional or expert in diabetes care, selected by the parent/guardian and who provides care for the student consistent with the IHP.
- To be eligible to be a PDA, a school district employee, not licensed under [RCW 18.79](#) must file, without coercion by the employer, a voluntary written, current, unexpired letter of intent stating the employee’s willingness to be a PDA.
- If the school district employee chooses not to be a PDA, the employee shall not be subject to any employer reprisal or disciplinary action.
- PDA training may be provided by a diabetes educator who is nationally certified.
- PDAs who are not school employees must show evidence of comparable training.
- The school’s RN is not responsible for the supervision of the PDA for those procedures that are authorized by the parent/guardian; however, the RN is still responsible for the overall plan of care.

## Special Considerations from Guidelines for the Care of Students with Diabetes, 2018

- The LHP, parent/guardian, and RN make the decision regarding the student’s ability to provide diabetic care independently.
- Students who are independent in their own diabetic care also require LHP medication and treatment orders.
- Adjustments in the daily dosage of insulin can be made in consultation with the parent/guardian as long as the parent/guardian’s recommendations are within a range ordered on the LHPs written sliding scale. The LHP must clearly state that the parent/guardian may be consulted for daily dosage adjustments.
- Parent/guardians may not order treatments or changes to the treatment plan independently because they are not authorized prescribers.
- The RN, guided by [RCW 18.79](#) and [WAC 246-840](#), determines what diabetes tasks can be delegated to a UAP.
- After delegation, training, and with ongoing supervision, the UAP can follow the IHP; verify the number on an insulin pen, insulin pump, or glucometer.

- The student, parent/guardian/family, licensed staff, and parent designated adult can perform any tasks related to diabetic care.
- Students with diabetes may qualify for Section 504 accommodations. This needs to be considered in the development of the student's IHP. Follow district policy and procedure for this process.
- Registered nurses may delegate intranasal glucagon but may not delegate the administration of injectable glucagon to UAPs per RCW 28A.210.260.

## SEIZURE MEDICATIONS

Students with seizures may require emergency medications at school for the management of repeated or prolonged seizures. The student's LHP will determine if emergency rescue medication is necessary at school. Students receiving medication for the control of their seizures should have a written IHP/ECP with instructions for how to manage the student's seizures during school hours and school sponsored events.

### Summary of Provisions

Requirements for the care of students with seizures are addressed in RCW 28A.210.355 Students with epilepsy or other seizure disorders.

Effective for the 2022–2023 school year, 28A.210.355 requires school districts to adopt policies which address:

- Parent requests and instructions.
- Orders from a Licensed Health Care Provider.
- Storage of equipment and medications provided by parents.
- Policy exceptions necessary to accommodate the needs of students with epilepsy or seizure disorders.
- Development and distribution of an individualized health plan and emergency care plan for students with epilepsy and seizure disorders, to be updated annually.
- Parent-designated adults: legal documents and training.

This section also allows training for school personnel to be provided by a national epilepsy organization that offers seizure training and education for school nurses.

RCW 28A.210.260 *Public and Private School Administration of Medication* addresses:

- The RN may delegate medications for the treatment of seizures via the following routes: oral, topical, eye drops, ear drops or nasal spray. This law does not allow for the delegation of rectal medication.
- A nasal spray that is a legend drug or a controlled substance may be administered by a trained school employee or parent designated adult (PDA) who is not a school nurse.
- The board of directors shall allow school employees, who have received appropriate training

and volunteered for such training, to administer a nasal spray that is a legend drug or a controlled substance.

Regardless of who administers an emergency seizure medication, emergency medical assistance should be summoned except in instances when the administration of the nasal spray occurs routinely as documented in emergency care plan signed by parent or guardian and LHP.

The board of directors shall designate a professional person, licensed, pursuant to RCW 18.71 or RCW 18.79 as it applies to registered nurses (RN) and advanced registered nurse practitioners (ARNP), to delegate to, train, and supervise the designated UAP in proper medication procedures. PDAs must receive additional training per RCW 28A.210.260.

RCW 28A.210.320 *Children with Life-Threatening Health Conditions*:

- This law adds a condition of attendance for students with life-threatening conditions. Treatment and medication orders and nursing care plans requiring medical services must be in place prior to the first day of school.

## Parent Designated Adult (PDA)

The school district is ultimately responsible for providing nursing care to students at school and school sponsored events. In addition, RCW 28A.210.355 allows parents of students with epilepsy to select a “parent designated adult” to provide parent-directed nursing care in school.

- PDA is a volunteer who may be a school district employee selected by the parent/guardian, and who:
  - receives additional training from a healthcare professional, expert in epileptic seizure care, or national organization that offers training for school nurses for managing students with seizures and seizure training for school personnel,
  - who provides care for the student consistent with the IHP.
- To be eligible to be a PDA, a school district employee, not licensed under RCW 18.79 must file, without coercion by the employer, a voluntary written, current, unexpired letter of intent stating the employee’s willingness to be a PDA.
- If the school district employee chooses not to be a PDA, the employee shall not be subject to any employer reprisal or disciplinary action.
- PDA training may be provided by an epilepsy educator who is nationally certified. Required training may also be provided by a national organization that offers training for school nurses for managing students with seizures and seizure training for school personnel. PDAs who are not school employees must show evidence of comparable training.
- The school’s RN is not responsible for the supervision of the PDA for those procedures that are authorized by the parent/guardian; however, the RN is still responsible for the overall plan of care.

## Special Considerations

- A Vagal Nerve Stimulator is not a medication. It is considered a treatment that is used for

the management of seizures and can be delegated to UAP by the RN.

- Students with seizures may qualify for Section 504 accommodations. This needs to be considered in the development of the student's IHP. Follow district policy and procedure for this process.
- For additional resources about the care of seizures and treatment modalities, see NCQAC documents:
  - [Seizure Disorder Management: Nursing Care Coordination \(PDF\)](#)
  - [Registered Nurse Delegation in School Settings: Kindergarten-Twelve \(K-12\) Grades, Public and Private Schools](#)

*\*NOTE: When considering delegation of emergency seizure medication as taken from RCW 18.79.260, "No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the Nursing Care Quality Assurance Commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegations may compromise patient safety."*

## ADDITIONAL GUIDELINES

### Medication versus Non-Medication

Parents/guardians sometimes request that school staff administer alternative or non-traditional substances to their child while at school or school sponsored events. Questions may arise as to whether a given substance constitutes a medication.

According to Webster's 3rd New International Dictionary, "a medication is a substance used in therapy or to cure disease or relieve pain". Not all substances are medications. Vitamins, for example could be used to cure disease or relieve pain, or they might be used as simply a nutritional supplement. They could be considered a medication if taken for the former purpose but not the latter.

According to Federal Drug Administration (FDA), the term "drug" means articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; and articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals.

Schools lack the necessary expertise to determine the purpose for which a particular substance is taken. Fortunately, the law requiring a written LHPs request appears to shift the responsibility for making the determination to the LHP. If the substance is considered a medication by the LHP, there will need to be a LHP and parent/guardian request per RCW 28A.210.260.

The administration of any medication must follow all applicable statutes, regulations, standards of practice, and district policies and procedures. District policies and procedures should address the administration of non-traditional substances, as some are experimental, unlabeled, administered at doses in excess of manufacturer guidelines, or not approved by the FDA for safety or effectiveness. The RN should refer to the School Registered Nurse Delegation Decision Tree (*see appendix*) to

determine whether delegation of an alternative or non-traditional substance is appropriate.

Examples of some alternative and non-traditional substances are provided below.

- Vitamins/Supplements
- Herbal or Homeopathic preparations
- FDA non-approved drugs
- Sunscreen
- Lip balm
- Cough drops
- Enzymes
- Probiotics
- Nicorette Gum
- Petroleum jelly
- Chloraseptic spray
- Caffeine
- Sting relief
- Eye wash
- Placebo and research meds
- Essential oils
- Aromatherapy

For additional resources:

[Food and Drug Administration - Complementary and Alternative Medicine Products and their Regulation](#)

[Food and Drug Administration - Is it a Cosmetic, a Drug or Both?](#)

## Oxygen

Oxygen is sometimes ordered by an LHP for students with respiratory conditions. In RCW 18.64.011, the definition excludes oxygen as a medication, however, a LHP order/prescription is required for it to be administered at school.

It is the responsibility of the RN to determine if delegation of oxygen to UAP is appropriate based on a nursing assessment, LHP orders, and stability of the student's health condition. To help in the decision, the RN may use the NCQAC's School Registered Nurse Delegation Decision Tree (*see appendix*).

The LHP may prescribe a varying dose of oxygen flow rate (liters per minute). RNs may delegate the administration of a varying dose after clarifying with the LHP the circumstances for which dose

should be administered. \*NOTE: The RN is responsible for providing clear, written instructions to the UAP regarding administration of a varying dose of oxygen.

The use and storage of oxygen in schools requires careful training, preparation and planning by the RN prior to implementation.

## Medical Marijuana (Cannabis)

RCW 28A.210.325: Medical use of marijuana-infused products allows parents to administer medically authorized marijuana-infused products to their child in the school setting within certain parameters. School districts must permit students who meet the requirements of RCW 69.51A.220 to consume marijuana-infused products for medical purposes on schools grounds, aboard a school bus, or while attending a school-sponsored event. The Board of Directors shall adopt a policy to authorize parents or guardians to administer marijuana-infused products for medical purposes upon request of a parent or guardian. Policy must, at minimum, include:

- Authorization of administration by a parent or guardian to a student for medical purposes pursuant to RCW 69.51A.220.
- Establish protocols for verifying the student is authorized to use marijuana for medical purposes.
- Expressly authorize parents or guardians who have been authorized to use marijuana for medical purposes to administer marijuana-infused products to the student while the student is on school grounds.
- Identify locations on school grounds where marijuana-infused products may be administered.
- Prohibit the administration of medical marijuana to a student by smoking or other methods involving inhalation while the student is on school grounds, aboard a school bus, or attending a school-sponsored event.
- While this law is permissive, marijuana remains a Schedule I (illegal) substance under federal law, potentially jeopardizing federal funding for agencies or school districts that accommodate it.

The Nursing Care Quality Assurance Commission Advisory Opinion (NCAO 17) Administration of Cannabis/Marijuana Products in School Settings: Kindergarten-Twelve (K-12) Grades, Public and Private Schools states that administration and delegation of marijuana-infused products are not within the scope of RN or LPN practice. It is within the RN and LPN scope of practice to administer FDA approved prescription cannabis/marijuana derived products in schools. Only parents or guardians are authorized to administer marijuana-infused products.

Per the Administration of Cannabis/Marijuana Products in School Settings: Kindergarten-Twelve (K-12) Grades, Public and Private Schools Advisory Opinion:

“The commission determines:

- It is not within the nursing scope of practice to administer or delegate to assistive personnel to administer or give authorized medical marijuana/cannabis products or marijuana-infused products.



- It is not within the nursing scope of practice to provide storage and handling of authorized medical marijuana/cannabis products or marijuana-infused products.
- It is not within the scope of practice of a nurse or of assistive personnel to act as a parent designated adult to administer authorized medical marijuana/cannabis products or marijuana-infused products.
- The laws and rules do not prohibit a nurse from validating medical marijuana authorizations.
- The nurse must communicate changes in a student’s condition to members of the health care team.
- The nurse must document assessments, observations, care given, and response to care. The commission recommends keeping a record of when parents give authorized medical marijuana-infused products to their child.
- It is expected the nurse will give emergency care and first aid as necessary.”

Additional resources regarding marijuana in schools:

- [OSPI Bulletin NO. 052-19 Medical Marijuana Administration to Students](#)
- [Minor patient access to medicinal marijuana within a school setting INFORMATION FOR PUBLIC SCHOOL OFFICIALS – Valid Recognition \(Attachment 1 to BO52-19\)](#)
- [Washington State Department of Health Website: Medical and Recreational Marijuana](#)

## Opioid-Related Overdose Reversal Medication

Per RCW 28A.210.390, for the purpose of assisting a person at risk of experiencing an opioid-related overdose, a high school may obtain and maintain opioid overdose reversal medication through a standing order prescribed and dispensed in accordance with RCW 69.41.095.

This law requires school districts with 2000 students or more to obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools effective in the 2020–21 school year. A statewide standing order for naloxone that “shall be considered a naloxone prescription for an eligible person or entity. This standing order authorizes any eligible person or entity in the state of Washington to possess, store, deliver, distribute or administer naloxone.”

RCW 28A.210.395 required the Office of the Superintendent of Public Instruction to develop opioid-related overdose policy guidelines and training requirements for public schools and school districts. The guidelines must include information about:

- The identification of opioid-related overdose symptoms.
- How to obtain and maintain opioid overdose reversal medication on school property issued through a standing order.
- How to obtain opioid overdose reversal medication through donation sources.
- The distribution and administration of opioid overdose reversal medication by designated trained school personnel.

- Free online training resources that meet the training requirements in this section.
- Sample standing orders for opioid overdose reversal medication.

[The Nursing Care Quality Assurance Commission Advisory Opinion NCAO 8.10 Prevention and Treatment of Opioid-Related Overdoses](#) states:

“The RCW 28A.210.260 allows the school RN to delegate administration of an intranasal opioid antagonist if the school RN is not on the premises. The law does not allow delegation to UAP in schools of opioid antagonists by injection. UAP may administer an intranasal or injectable opioid antagonist prescribed to a student without delegation or administer intranasal or injectable opioid antagonist as a bystander. RCW 28A.210.390 requires Class I high schools with more than 2,000 students to have stock Naloxone and designated staff to administer the drug. RCW 28A.210.390 and RCW 28A.210.395 define the requirements for schools related to the prevention of opioid overdoses.”

Resources:

- [Model policy and Procedure from the Washington State School Directors Association](#)
- [Naloxone Instructions: Washington State Department of Health](#)
- [Stopoverdose.org | Helping individuals and communities in Washington State respond to prevent opioid overdose.](#)

## Medication Orders for Students of Military Families

The Interstate Compact on Educational Opportunity for Military Children, RCW 28A.705, aims to provide consistency as much as possible with other states relative to school policies and procedures while honoring the existing laws that govern public education in our state. Medication orders should not be a barrier to timely enrollment of children of military families. RCW 69.41.030 allows orders to be accepted from qualified prescribers from any state within the United States.

For additional information about qualified prescribers see [Who Can Prescribe and Administer Prescriptions](#) from Washington State Department of Health.

## Medication Orders for Students Experiencing Homelessness

The McKinney-Vento Act requires schools to enroll homeless children and youth immediately, even if they lack the normally required documents. The federal McKinney-Vento Act supersedes Washington State law RCW 28A.210.320 *Children with Life-Threatening Health Conditions*.

There is no exception in the McKinney-Vento Act for students with medical conditions; a district cannot delay enrollment.

The McKinney-Vento Act requires that unaccompanied youth be enrolled in school immediately, even without a parent/guardian. The RN should work with the district McKinney-Vento Act liaison to ensure that the student’s health care needs are addressed as soon as possible.

For additional information contact your district McKinney-Vento liaison and/or the OSPI Homeless

## **FIELD TRIPS, SCHOOL SPONSORED EVENTS AND SUMMER SCHOOL**

Standards for safe medication administration do not change when students participate in field trips, school sponsored events, or summer school. This includes appropriate training, delegation, and supervision of the UAP by a RN. The goal of school districts should be to facilitate all students' participation in all school activities. It is especially important to plan ahead for any student with a chronic or life-threatening health condition who may participate in an overnight field trip. The student may need medication that they normally takes only at home. All of the requirements of the medication statutes RCW 28A.210.260 and RCW 28A.210.270 and school district policies and procedures must be met.

If a student requires medication to be administered during a field trip, school sponsored event or summer school, procedures must be in place to assure safe administration: The student must have a completed medication authorization form on file with the LHP and parent/guardian signature. A copy of the form should accompany the student on any field trip.

- Ensure the student's medication authorization form includes dates for summer school when applicable.
- For field trips or school sponsored events that extend beyond regular school hours, the parent/guardian is responsible to obtain a medication authorization form with specific instructions for the extended hours. If the medication is to be administered during the regular school day, the current medication authorization form on file should be followed.
- RNs cannot delegate medication administration to volunteers, parent/guardians, or non-school employees during school or during school sponsored events. This includes licensed nurses who are not district employees.
- Parent/guardians who accompany children to any school sponsored event may administer medication to their own child but not to any other children.
- UAP who will be administering medications must be trained, delegated to, and supervised in medication administration by the RN.
- RN or designee should prepare field trip packet including medications, medication authorization forms, medication administration record (med log), and IHPs when applicable, and give them to the delegated UAP who will be administering the medications.
- The medication to be administered by the UAP must be kept in the original container with the student's name on the container and carried in a fanny pack or locked box with limited but immediate access for emergency medications.
- Medication that needs to be refrigerated must be kept in a small cooler with ice packs if a refrigerator is not available. \*NOTE: Be aware of temperature extremes that may affect medications. For example, epinephrine auto-injectors must be kept between 59- and 86-degrees Fahrenheit and so it is inadvisable to store them in a locked box in a car trunk or on a bus during hot weather without a cooling pack.

- Documentation should be completed on the student medication administration record as soon as the medication is administered per district policy and procedure.
- If a student is capable of self-administration per school district policy and procedure, a plan of action should be developed by the RN to assist in meeting the needs of the student.
- If the student does not already self-administer medication at school, the student will require training and support by parent/guardian and the RN before assuming this responsibility on a field trip, school sponsored event, or summer school. This student may require additional adult supervision to ensure their safety.
- Upon return from a field trip, any unused medication must be returned to the RN or designee and documentation completed in accordance with the school district's procedure.
- The RN or designee and the UAP should sign and date a log sheet that documents the return of the medication and any problems that might have occurred with the medication administration on the field trip such as a dropped medication, missed dose, or student refusal.

Section 504 may apply to the administration of medication to a student with a qualifying disability, including their participation in field trips, school sponsored events, and summer school. If the student is receiving health services during regular school hours, then the district must provide health services for the student on field trips, school sponsored events, and summer school. Appropriate accommodations may include:

- Assigning a licensed nurse to provide care for the student.
- RN delegation of care to a UAP, following appropriate delegation procedures.
- Though they cannot be required to do so, parents/guardians may be asked to accompany the student and attend to the student's health care needs.
- If neither of these options are possible or the student should not go on the field trip or school sponsored event because of the unstable/fragile nature of their condition and/or the distance from the emergency care that might be required, the school may provide a comparable learning experience at school or in an alternate, safe location.

See also: [Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools](#)

For additional information regarding Section 504 contact:

Your district 504 officer or team

OSPI Office of Equity and Civil Rights (360) 725-6162 or [Equity and Civil Rights at OSPI](#).

OSPI Health Services (360) 725-6040 or Section 504 website: [Section 504 & Students with Disabilities at OSPI](#).

## Field Trips Out of State and Out of Country

School districts should have policies and procedures for out of state and country trips. If these do not exist, the school RN should work with district administration and legal counsel to address how the medication/treatment needs of students will be addressed. Washington State is not a member

of a nursing licensure compact. Therefore, a Washington State registered, or licensed practical nursing license is not valid in other states or countries. The nurse must contact the boards of nursing in the appropriate state for guidance and permission to practice (including delegation to school staff) in that state or determine if the state grants visiting privileges. The nurse may be required to obtain licensure in another state to be able to administer medication/treatments to students or to be able to delegate administration of medication/treatments to school staff if delegation is permissible in that state. For trips outside the country, the school nurse must contact the visiting country for guidance and permission. It is best to get guidance in writing and have these documents readily available.

## DISASTER PLANNING

When districts plan for potential disaster situations, student medication needs must be addressed. Safety is the goal. Considerations should include, but are not limited to:

- Development of disaster preparedness plans to accommodate a minimum of 72 hours without access to care.
- Having at least a three-day supply of medications on hand for students who take medications during the school day.
- The RN or designee contacts parent/guardian to identify medications that students take only at home and to whom the missing of three days of medications could pose a serious health risk for the student or others. The parent/guardian should be asked to provide a three-day supply of these medications and the necessary parent/guardian and LHP requests and instructions. In some instances, by working with the student's LHP and parent/guardian, the need for the medication can be attenuated or delayed. For instance, insulin dosage may be altered based on food intake and activity level to require less insulin. Some medications may have a longer half-life permitting students to miss a number of doses without serious consequences. These situations must be clarified by the RN to ensure that those students needing medication receive the amount they need in situations where medications cannot be readily obtained without prior planning.
- Having medications securely and properly stored according to prescription container directions, e.g., refrigerated and monitored for expiration dates. It may be necessary to periodically rotate the school's disaster medications for an individual student to ensure there are no expired medications at school.
- Ensuring each student's IHP contains specific, detailed instructions and diagrams which could be easily understood by UAPs who could assist the student if a nurse was unavailable during a disaster.

### Additional resources

- [Guidelines for the Care of Students with Diabetes](#)
- [2018 Guidelines for Care of Students with Anaphylaxis \(2009\)](#)

# FREQUENTLY ASKED QUESTIONS

- 1. Can a district accept and/or administer an expired medication?** No, in 1979, the U.S. Food and Drug Administration (FDA) began requiring an expiration date on prescription and over-the-counter medicines. The expiration date is a critical part of deciding if the product is safe to use and will work as intended. Therefore, schools should not accept medications that are expired unless there has been a notification from the FDA with an exception for that medication at that time.
- 2. How do you correctly dispose of expired medication in a school setting?** Refer to your district's policy/procedure or guidelines for medication disposal. Regulations vary by county. Consult your facilities department, local pharmacy, or waste management. There are often local community programs that will "take back" some medications. See also, State and Federal guidance below:
  - [\*Disposal of Unused Medicines: What You Should Know \(US F.D.A\)\*](#)
  - [\*How to Dispose of Unused Medicines \(US F.D.A\)\*](#)
  - [\*Take Back Your Meds \(takebackyourmeds.org\)\*](#)
  - [\*What You Can and Cannot Take Back \(US F.D.A\)\*](#)
  - [\*DOH Safe Medication Return Program \(Washington State DOH\)\*](#)
  - [\*How to Dispose of Medicines Properly \(E.P.A.\)\*](#)
- 3. Can a school RN or LPN accept a Licensed Healthcare Provider's (LHP) verbal telephone order?** Yes, it is within the scope of practice of a licensed nurse to take a verbal/phone/fax order from the LHP. The verbal order must be followed by the written order in a reasonable period of time. Refer to the [\*Nursing Care Quality Assurance Commission Standing Orders and Verbal Orders Advisory Opinion, 2014\*](#) for further guidance.
- 4. What process does a district follow if there has been a medication theft?** Theft or suspected theft is to be documented and reported to the supervising nurse and building administrator. Theft or suspected theft may also be reportable to local law enforcement.
- 5. Can medications be mixed with food such as applesauce or pudding for students who have difficulty swallowing?** Yes, only if you are not altering the form or dose by doing so. Cutting, crushing, or sprinkling of the medication are examples of altering the form of an oral medication. If the form of a medication must be changed, the prescribing LHP should indicate this on the medication authorization form and pharmacy label. The following resource may be helpful in providing additional guidance: [\*Oral Dosage Forms That Should Not Be Crushed from the Institute For Safe Medication Practices \(ismp.org\)\*](#)
- 6. Can the school registered nurse delegate the reading of numbers on an insulin pump?** Yes, with training, delegation, and supervision from the school nurse, UAPs may verify the number shown on the screen of the insulin pump but, non-licensed school personnel, other than one who is a PDA, may not assist with the pump settings. [\*Guidelines for the Care of Students with Diabetes 2018\*](#)
- 7. Can a school RN delegate naturopathic medications or remedies?** Yes, the Nurse Practice Act requires nurses to execute the medical regimen as prescribed by health professionals. Naturopathic physicians are listed as a health professional that that may direct nursing care. The registered nurse may delegate tasks of nursing care to other

- individuals when the registered nurse determines that it is in the best interest of the patient. [Who Can Prescribe and Administer Prescriptions in Washington State – DOH](#)
8. **Is a Vagal Nerve Stimulator (VNS) considered a treatment and can the school RN delegate?** Yes, VNS is a treatment. UAPs may, as delegated by the RN, activate devices such as vagal nerve stimulators, if their use is part of the IHP for the care and safety of the student. [NCQAC Registered Nurses Coordinating Seizure Management 2005](#)
  9. **Who can administer glucagon to a student in a school setting?** A licensed nurse (RN, ARNP or LPN), PDA, or parent/guardian/family may administer injectable glucagon. The administration of injectable Glucagon cannot be delegated to unlicensed school staff. Intranasal glucagon, a nasal spray, may be delegated to unlicensed school staff. [Guidelines for the Care of Students with Diabetes](#)
  10. **Can a school district accept a LHP order for the administration of medical marijuana (cannabis) in school?** No. The Nursing Care Quality Assurance Commission Advisory Opinion (NCAO 17) [Administration of Cannabis/Marijuana Products in School Settings: Kindergarten-Twelve \(K-12\) Grades, Public and Private Schools](#) states that administration and delegation of marijuana-infused products are not within the scope of RN or LPN practice. It is within the RN and LPN scope of practice to administer FDA approved prescription cannabis/marijuana derived products in schools. Only parents or guardians are authorized to administer marijuana-infused products. See section on Medical Marijuana, p. 34.
  11. **Are patches considered topical medication?** Yes. Patches are adhesive backed systems that provide a continuous release of medication through the skin. RCW 28A.210.260\_
  12. **Can schools in WA State use stock medications other than epinephrine?** The only legal references to the use of stock medications in Washington State schools is for epinephrine auto-injectors RCW 28A.210.383 and Naloxone RCW 69.41.095, RCW 28A.210.390 and RCW 28A.210.395
  13. **How long does a district need to keep medication administration records?** Medication Administration daily logs and error report forms: retain for 8 years. Medication Inventory: Retain for 1 year after medications returned, destroyed, or delivered to law enforcement agency then destroy. [Public Schools \(K-12\) Records Retention Schedule](#)
  14. **Can the school registered nurse give out “RID” head lice shampoo to families for the treatment of head lice?** No, this could be considered diagnosing and dispensing medication which would constitute unlawful practice of medicine. (Attorney General Memorandum Dispensing “RID” for Head Lice – 1984; available upon request)
  15. **Can medications be administered intravenously at school? And by whom?** Yes, but this task is exclusively a licensed practitioner function, and the activity must be within the provider’s individual scope of practice (training, knowledge, skill and ability to perform the activity competently) RCW 18.79.
  16. **Can the registered nurse in a school setting delegate mixing liquid medications via a nebulizer chamber for administration via oral inhalation?** Yes, if the registered nurse has trained, delegated to, and is supervising the UAP to place medication in a nebulizer chamber, and if he/she has determined this is a safe procedure within an individual plan of care. [Nursing Care Quality Assurance](#)

*Commission-Request for Advisory Opinion from the American Lung Association, Asthma Management in School Settings Committee (2000)*

17. **May the registered nurse in a school setting delegate to unlicensed staff the administration of inhaled medication with a medication authorization that provides a varying dose of medication (i.e., one to two puffs)?** Yes, if such orders are clarified with the authorized prescriber by the registered nurse, this type of medication may be delegated. The registered nurse should contact the authorized provider to determine, for instance, under which circumstances one versus two puffs of an asthma medication should be administered. *Nursing Care Quality Assurance Commission-Request for Advisory Opinion from the American Lung Association, Asthma Management in School Settings Committee (2000)*
18. **Is sunscreen considered a medication?** Sunscreen is categorized as a medication because it is regulated by the Food and Drug Administration. However RCW 28A.210.260 specifically excludes topical sunscreen products from the medication statute. Per RCW 28A.210.278, Topical sunscreen products—Sun safety guidelines allows students, parents, and school personnel to possess and apply topical sunscreen products while on school property, at school related events or activities or at summer camps without a prescription or note from a licensed health care professional if the product is regulated by the US Food and Drug Administration (FDA) for over-the-counter use. Sunscreen must be supplied by parents or guardians for student use. School employees are not required to assist students in application of sunscreen products.
19. **When should medication be counted?** Medication should be counted upon the school's initial receipt of and periodically as noted in the district's medication policy and procedure; Controlled substances should be counted weekly as recommended by the Board of Pharmacy. Medication should be counted when discontinued, expired, at the end of the school year, or any time the medication is picked up by the parent/guardian.
20. **If a student appears to be having an allergic reaction, but I am uncertain if the student was truly exposed to any food containing the allergen, what should I do?** Follow the student's IHP. If ordered, treat the student immediately with epinephrine, call 911, and follow the IHP. When in doubt, treat the student. Students may have a delayed reaction. Fatalities occur because the epinephrine was administered too late.
21. **Can my child's epinephrine be stored in the classroom?** Yes. Students are entitled to have backup medication in a location to which the student has immediate access. The classroom may very well be an appropriate location to store epinephrine. RCW 28A.210.370
22. **Can a school RN accept an electronic/digital LHP signature for a medication order?** Yes, although there is nothing in the law or rule that explicitly mentions electronic health care orders, it is common practice to consider them valid orders. The electronic system used should have the required authentication information. If there are questions regarding the validity, the RN should authenticate by making a call to the provider just as if it were a paper order.
  - a. *EHR: Authentication of Entries, Audio Seminar/Webinar (2007)*
  - b. *PDF Signature Guidelines for Home Health & Hospice Medical Review*
  - c. *Is the Electronic Signature a Good Idea or a Bad Idea? (chron.com)*
23. **Does a student with a "life-threatening health condition", as defined by state law, automatically qualify as a disabled student under Section 504 for the purposes of**



**FAPE?** Yes. RCW 28A.210.320 defines “life-threatening health condition” as a health condition that puts a student in danger of death during the school day if a medication or treatment order and a nursing care plan are not in place. By definition, a student with a “life-threatening health condition” has a physical or mental impairment that substantially limits a major life activity and qualifies as a disabled student under Section 504 for purposes of FAPE. Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools

24. **Is the school district responsible for medication management for students participating in an outside agency educational or childcare program that is housed on school property, before, during or after the school day?** This is a complex and challenging question and there is not a clear answer. School administrators should discuss the specific situation with district legal counsel to determine district responsibilities.

25. **Can a licensed nurse (RN & LPN) practicing in a school setting respond to a student opioid overdose by administering an opioid antagonist (i.e., Naloxone)?**

Yes, the following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose pursuant to a prescription or a standing order issued in accordance with RCW 69.41.095: (i) A school nurse; (ii) a health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district; or (iii) designated trained school personnel.

26. **How do I know if a medication can be delegated in school?** Delegation is limited to specific routes of administration: topical medications, oral medications, eye drops, ear drops, and nasal spray medications, with a prescription from an authorized health care practitioner. With the exception of epinephrine autoinjectors and opioid overdose reversal medications, piercing of the skin cannot be delegated. There is no list of approved medications for delegation. See section IV REGISTERED NURSE DELEGATION IN THE SCHOOL SETTING for a description and principles of the delegation process.

# REFERENCES

## RCW/WAC

[RCW 28A.210.275](#) Administration of medications by employees not licensed under chapter 18.79  
RCW — Requirements — Immunity from liability.

[WAC 246-12](#) Administrative procedures and requirements for credentialed healthcare providers

[WAC 246-840-300](#) Advanced registered nurse practitioner (ARNP) scope of practice

[RCW 28A.210.380](#) Anaphylaxis — Policy guidelines — Procedures — Reports

[WAC 246-836-210](#) Authority to use, prescribe, dispense and order

[RCW 18.79](#) NURSING CARE

[RCW 28A.210.320](#) Children with life-threatening health conditions – Medications or treatment orders – Rules

[RCW 18.64.011\(11\)](#) Definitions. (11) "Drug" and "devices" do not include surgical or dental instruments or laboratory materials, gas and oxygen.....

[RCW 69.50.101](#) Definitions (Regarding controlled substances)

[RCW 70.02.050](#) Disclosure without patient's authorization — Need-to-know basis

[RCW 28A.210.383](#) Epinephrine auto injectors (EPI pens) — School supply — Use.

[WAC 246-840-705](#) Functions of a registered nurse and a licensed practical nurse

[RCW 4.24.300](#) Immunity from liability for certain types of medical care (Good Samaritan Law)

[RCW 69.41](#) Legend drugs – prescription drugs

[RCW 18.79.030](#) Licenses required — Titles.

[RCW 70.02.030](#) Patient Authorization of disclosure (Laws relating to confidentiality)

[WAC 246-840](#) Practical and Registered Nursing

[RCW 28A.210.255](#) Provision of health services in public and private schools — Employee job description.

[RCW 28A.210.260](#) Public and private schools — Administration of medication — Conditions.

[RCW 28A.210.270](#) Public and private schools — Administration of medication — Immunity from liability — Discontinuance, procedure.

[WAC 392-380](#) Public school pupils-immunization requirement and life-threatening health conditions

[RCW 18.79.260](#) Registered nurse – Activities allowed – Delegation of tasks

[RCW 18.130](#) Regulation of Health Professions – Uniform Disciplinary Act

[WAC 392-172-A-01155\(1\)](#) Related Services (Provision of school health and nursing services related to special education)

[RCW 69.41.030](#) Sale, delivery, or possession of legend drugs without prescription or order prohibited- Exception – Penalties

[WAC 392-380-045](#) School attendance conditioned upon presentation of proofs

[RCW 28A.210.370](#) Students with asthma

[RCW 28A.210.330-350](#) Students with diabetes — Individual health plans — Designation of professional to consult and coordinate with parent and health care provider — Training and supervision of school district personnel.

[WAC 181-87-070](#) Unauthorized professional practice.

## Websites

Camp Nursing (2011) [WA State NCQAC Advisory Opinion NCAO 2.0](#)

Curriculum Standards for Developing Curricula to Train PDA's Working with Students with Diabetes (June 2009) [StandardsforTrainingPDAs \(www.k12.wa.us\)](#)

Field Trips and Medication Administration (April 1980) [WA State NCQAC](#)

Guidelines for Care of Students with Anaphylaxis (March 2009) [Allergies and Anaphylaxis | OSPI \(www.k12.wa.us\)](#)

Guidelines for Care of Students with Diabetes (May 2005) [Diabetes Manual \(www.k12.wa.us\)](#)

[Guidelines for Implementation of School Employee Training on HIV/AIDS and other Blood borne Pathogens OSPI \(April 2011\)](#)

Intravenous Therapy by Licensed Practical Nurses Interpretive Statement [WA State NCQAC](#)

Registered Nurses (RN) Coordinating Seizure Management Interpretive Statement [WA State NCQAC](#)

Registered Nurse Delegation in School Settings (July 2019) [Registered Nurse Delegation in School Settings: Kindergarten-Twelve \(K-12\) Grades, Public and Private Schools \(wa.gov\)](#)

Registered Nurse Delegation in School Settings 4.0 (2014) [Archived](#)

Staff Model for the Delivery of School Health Services (April 2001) [Microsoft Word - Title Page-OSPI.DOC \(www.k12.wa.us\)](#)

Standing Orders and Verbal Orders (September 2014) [WA State NCQAC Advisory Opinion NCAO 6.0](#)

Washington State School Staff Health Training Guide (January 2015) See Medication Administration, page 12 [Staff Health Training Guide \(www.k12.wa.us\)](#)

[Who Can Prescribe and Administer Prescriptions in Washington State? \(August, 2014\)](#)

Section 504 & Students with Disabilities [Section 504 & Students with Disabilities | OSPI \(www.k12.wa.us\)](#)

Homeless Education – Resources for Educators [OSPI Homeless Education and Resources](#)

Interstate Compact on Educational Opportunities for Military Children (December 2008) [Interstate Compact for Military Children | OSPI \(www.k12.wa.us\)](#)

OSPI Equity and Civil Rights website and contact information for 504 guidance [Equity and Civil Rights | OSPI \(www.k12.wa.us\)](#)

Special Education – Laws and Regulations [OSPI Website - Special Education](#)

Staff Model for the Delivery of School Health Services (April 2001) [OSPI Staff Model for Delivery of School Health Services](#)

Americans with Disabilities Act 1990 [United States Department of Labor ADA](#)

Disposal of Unused Medicines: What you Should Know (February 2015) [US Food & Drug Administration](#)

Individuals with Disabilities Education Act of 1976 [US Department of Education IDEA](#)

Take Back your Meds [Washington State Coalition of 270 Organizations](#)

The Family Educational Rights and Privacy Act (FERPA) [20 U.S.C. § 1232g; 34 CFR Part 99](#)

Washington State Records Retention Schedule for School Districts and ESDs (Updated June 2020, see pp. 73-75 for health services) [Records Retention Schedule](#)

# APPENDICES

This section includes a variety of Sample Forms to assist in the implementation of your district's medication management system. You may choose to revise forms to meet the specific needs of your district and/or community. If you have questions about the content of any form, consult with your district's legal advisor.

## Links to Sample Forms

- [Administering Medication per Gastrostomy Button Bolus Method](#)
- [Authorization for Administration of Oxygen](#)
- [Discontinuation of Medication Administration at School](#)
- [Field Trip Medication Administration Skills Checklist](#)
- [Field Trip Medication Record](#)
- [Medical Authorization for Asthma Management at School](#)
- [Medication Administration Delegation](#)
- [Prescription for School Supplied Stock Epinephrine Auto-Injectors for School Use Pursuant to RCW 8A.210.383](#)
- [Sample Medication Administration Early Administration \(English and Spanish\)](#)
- [Sample Medication Administration Incident Report](#)
- [Sample Medication Administration Record](#)
- [Sample Medication Administration Record with Receipt and Count Logs](#)
- [Sample Medication Inventory Record](#)
- [Sample Parent Letter Leftover Medication](#)
- [Sample Permission to Administer Medication at School](#)
- [Sample Receipt for Medication](#)
- [Sample Student Skills Checklist for Self-Administration of Emergency Medication](#)
- [Sample Authorization to Administer Medication at School](#)
- [Severe Allergy Reaction 504 Plan & Medication Orders](#)
- [Standing Order for the Administration of School Supplied Stock Epinephrine Auto-Injectors](#)
- [Student Agreement to Self-Carry Self Administer Medication](#)

- [Topical Ointment Past Salve Cream Skills Checklist](#)
- [Transdermal Patch Skills Checklist](#)
- [Skills checklist for Intranasal Midazolam Administration](#)
- [Sample Spanish/English Discontinuing of Medication Administration](#)
- [Sample Emergency Medication Administration Record](#)
- [Rescinding Delegation RN](#)
- [Sample Oral \(Solid\) Medication Administration Skill Checklist](#)
- [Sample \(Liquid\) Medication Administration Skills Checklist](#)
- [Sample Nasal Spray Skills Checklist](#)
- [Sample Metered Dose Inhalers \(MDI\) Skills Checklist](#)
- [Sample Medication Supervision Documentation](#)
- [Sample Medication by Nebulizer Skills Checklist](#)
- [Medication Received Return Sign In Out Sample Sheet](#)
- [Medical Authorization for Asthma Management at School](#)
- [General Medication Administration Skills Checklist](#)
- [Eye Drops or Ointment Skills Checklist \(Sample\)](#)
- [EpiPen Skills Checklist Procedure](#)
- [Ear Drops Skills Checklist \(Sample\)](#)
- [Confidentiality of Student Health Information](#)

## **Sample Procedures and Policies**

- [Sample Medication Policies and Procedures WSSDA 3416](#)
- [Procedure Medication at School Policy 3416P WSSDA](#)
- [Sample Policy for Medication](#)

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