



## **MEDICATION ADMINISTRATION PROCEDURE (HEA-P002)**

Clarksville-Montgomery County School System

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### **1.0 SCOPE:**

- 1.1 This procedure outlines the process for students taking a medication, either over the counter or prescription medication during school hours.

The online version of this policy is official.  
Therefore, all printed versions of this  
document are unofficial copies.

### **2.0 RESPONSIBILITY:**

- 2.1 School Nurse
- 2.2 Volunteer Employee
- 2.3 Principal
- 2.4 District Registered Nurse
- 2.5 Safety and Health Manager

### **3.0 APPROVAL AUTHORITY:**

- 3.1 Safety and Health Director

### **4.0 DEFINITIONS:**

- 4.1 Volunteer Employee: A school employee who volunteers to be trained by a licensed nurse to assist students to self-administer medications.
- 4.2 Over The Counter (OTC) Medication: Any therapeutic products that can be purchased without a provider prescription for the purposes of treatment of an ailment.
- 4.3 Prescription Medication: Any product that is prescribed by a licensed health care provider for the purposes of treatment of an ailment or condition. Herbal medications will be treated the same as prescription medications.
- 4.4 Self-administration (as defined by T.C.A. § 49-5-415):
  - 4.4.1 A student who is competent to administer the medication with assistance,
  - 4.4.2 The student's condition for which the medication is prescribed is stable,
  - 4.4.3 The administration of the medication is properly documented, and
  - 4.4.4 Guidelines consistent with the TN Dept. of Health and Department of Education and that are approved by the TN Board of Nursing are followed by the school personnel that assist students with self-administration.

### **5.0 PROCEDURE:**

- 5.1 Parent/guardian gives written consent that allows the student to self-administer or school employees to assist the student with self-administration of medication by completing Authorization for Medications to be Taken at School form. Refer to [HEA-F062](#).



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- 5.2 Written orders from a licensed healthcare provider must be provided for prescription medications, detailing the name of the medication, dosage, and time to be given at school. Only a parent authorization is required for OTC medications. Refer to [HEA-F062](#).
- 5.3 Parent/guardian must bring OTC medication to the school in the manufacturer's original unopened labeled container showing ingredients, dosing directions and dosing schedule.
- 5.4 Parent/guardian must bring prescription medication to the school in the original pharmacy-labeled container. The container shall display:
  - 5.4.1 Student's name
  - 5.4.2 Prescription number
  - 5.4.3 Medication name, dosage, and time of administration
  - 5.4.4 Administration route and other directions
  - 5.4.5 Licensed Healthcare Provider's name
  - 5.4.6 Pharmacy name, address, and phone number
- 5.5 If the medication is brought to the school without the proper authorization, containing the wrong label or with any information that does not match the prescribing orders, including wrong medication, wrong dose, or is expired, the medication is to be sent back with the parent to be corrected. Refer to [HEA-F040](#) and [HEA-F089](#).
- 5.6 If pills need to be cut or split that are not scored, parent/guardian shall split or cut medication prior to bringing it to school. If medication has not been cut or split, the parent can cut or split the pills in the nurse clinic. The school nurse will not cut or split pills unless it is scored.
- 5.7 Parent/guardian and school nurse will verify amount supplied to school. A Medication Count will be kept for all prescription medications. Refer to [HEA-F081](#).
- 5.8 If nursing personnel is not in the building, the volunteer employees that have been appropriately trained may assist the student to self-administer his/her medication.
- 5.9 All prescription medications should be given within sixty minutes of the specified time frame written by the licensed medical provider. Refer to [HEA-F062](#) and prescription medication label.
- 5.10 The medication is given according to the written orders from healthcare provider, or according to the OTC manufacturer's recommendations.
- 5.11 The school nurse or volunteer employee must visually observe:
  - 5.11.1 The ingestion,



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5.11.2 Injection,

5.11.3 Application, or

5.11.4 Inhalation of the student's medication.

5.12 All medications taken at school are documented on the Student Medication Record. The school nurse administering or the volunteer employee assisting the student to self-administer the medication is the individual responsible for documenting that the medication was taken. The Student Medication Record (Refer to [HEA-F024](#)) is kept at the school and easily retrievable.

5.12.1 Medication Administration documentation includes:

5.12.1.1 Name of medication,

5.12.1.2 Date,

5.12.1.3 Time,

5.12.1.4 Dosage,

5.12.1.5 Route, and

5.12.1.6 Signature of individual administering or assisting the student in self-administration.

5.13 If a medication error occurs (wrong medication, wrong time, wrong dosage, wrong route), prompt parental (and healthcare provider if necessary) and supervisor notification should occur. The District RN should be immediately notified via telephone. A Medication Incident Report form should be completed immediately and faxed to the District RN. (HEA-F080)

### **6.0 ASSOCIATED DOCUMENTS:**

6.1 TN Dept. of Education [www.state.tn.us/education](http://www.state.tn.us/education)

6.2 TN Dept. of Health [www.state.tn.us/health/](http://www.state.tn.us/health/)

6.3 T.C.A. § 49-5-415

6.4 Medication Administration Policy [HEA-A011](#)

6.5 Student Medication Record [HEA-F024](#)

6.6 Parent/Guardian Notification-Medication [HEA-F040](#)

6.7 Authorization for Medications to be Taken at School [HEA-F062](#)

6.8 Medication Count [HEA-F081](#)

6.9 Medication Expiration Notice [HEA-F089](#)



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6.10 Medication Incident Report [HEA-F080](#)

6.11 Training Records

### **7.0 RECORD RETENTION TABLE:**

<b><u>Identification</u></b>	<b><u>Storage</u></b>	<b><u>Retention</u></b>	<b><u>Disposition</u></b>	<b><u>Protection</u></b>
Authorization for Medications to be Taken at School	School Office	Current year & one fiscal year	Shred	Secured Office
Student Medication Record	School Office	Current year & one fiscal year	Shred	Secured Office
Parent/Guardian Notification-Medication	School Office	Current year & one fiscal year	Shred	Secured Office
Medication Count	School Office	Current year & one fiscal year	Shred	Secured Office
Medication Expiration Notice	School Office	Current year & one fiscal year	Shred	Secured Office
Training Records	Nurse Supervisor Office	Current year & one fiscal year	Shred	Secured Office

### **8.0 REVISION HISTORY:**

<b><u>Date:</u></b>	<b><u>Rev.</u></b>	<b><u>Description of Revision:</u></b>
3/12/07		Initial Release
1/29/09	A	Update 2.0 & 3.0, add last sentence to 5.1, delete 5.7, add 6.3 & renumber, update retention information, update flowchart
3/1/10	B	Add prescription medication to definitions, add 5.2, 5.4, 5.5, 5.6, 5.7, 5.8, and 5.10.2 to procedure, reword 5.11, add associated documents, revise retention table.
2/10/11	C	Reviewed, no change in procedure
3/28/12	D	Add 5.6 "that are not scored"
9/13/12	E	Update Responsibility 2.4 change Nurse Supervisor to District Registered Nurse, add 2.5 School Safety and Health Manager.
6/24/14	F	Added 5.9: "All prescription medications should be given within thirty minutes of the specified time frame..."; added 5.13: "If a medication error occurs..."; added 6.10: Medication Error Report; updated logo, hyperlinks and flowchart
12/13/16		Updated department information.



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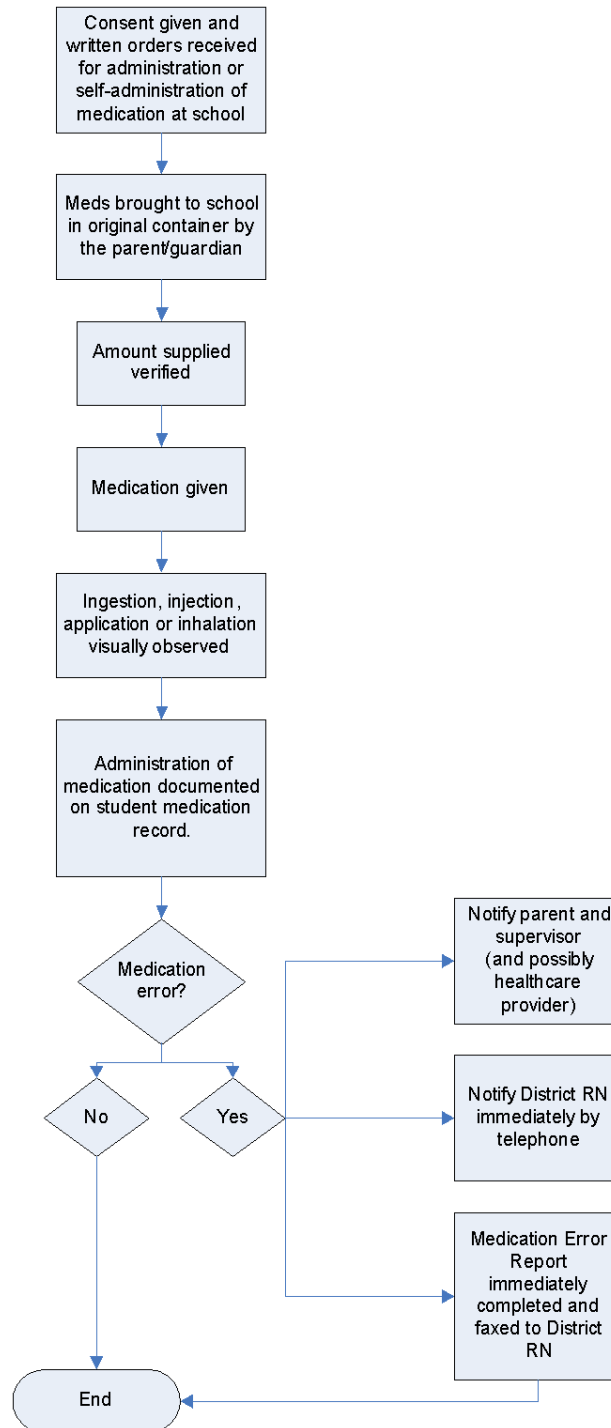
6/7/18	G	4.1, changed "RN" to "licensed nurse". Changed "error" to "incident" throughout.
1/28/19	H	5.9, replaced thirty minutes with sixty minutes.

### **9.0 FLOWCHART:**

9.1 A flowchart detailing this process can be found on the next page.

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\*\*\*End of Procedure\*\*\*