

Form JGCD-1

**SCHOOL NURSING/CLINIC PROCEDURES**

School nursing personnel provide monitoring, storage and administration of medication to students with medical conditions. They also train and supervise other personnel in the administration of medication.

The following Medication Rules have been developed to address the administration of medication (both prescription and over-the-counter) to students during regular school hours, at school-sponsored activities, and at after-school events. These procedures shall be communicated to parents/guardians, students, and all school staff as appropriate.

1. **TRANSPORTATION OF MEDICATION:**
   1. Controlled substances may not be transported to school or returned home by U.S. mail or other delivery service.
   2. A parent, guardian, or designated adult is responsible for transporting medication to and from school in the original container and completing appropriate School Clinic (clinic) forms except as provided in Section IV below.

* The parent/guardian and Trained Personnel (see Section XII, Definitions) will fill out Form JGCD-4 (Controlled Substances: Quantity Received) when controlled substances are brought to school in order to monitor these medications.
  1. School employees and/or bus drivers should not assume liability for transporting medication except during school sponsored activities, such as field trips.
* The Principal, with input from the School Nurse and the teacher sponsoring the field trip, will designate the school employee (Principal’s Designee) who will carry a locked container with the medication necessary for the field trip.
  1. A parent/guardian is responsible for transporting medications and completed authorization Forms to alternative learning sites, such as the Alternative Education Program.

1. **LABELING/IDENTIFICATION:**
   1. Medication sent in an unlabeled container will not be given.
   2. Prescription Medication:
      1. Shall be sent to school in the original pharmacy container labeled with the following information:
         1. Name of the student;
         2. Name and address of the pharmacy dispensing the medication;
         3. Name of the health care provider prescribing the medication (Legal Prescriber);
         4. Date the prescription is dispensed;
         5. Name of the medication, either brand or generic;
         6. Strength of the medication;
         7. Route of administration;
         8. Frequency of administration; and
         9. Instructions for use.
      2. The original container must be stored in the clinic except as provided in Section IV below.
      3. Expired prescription medication will not be administered.
      4. When the prescription is unclear or insufficiently specific (i.e., “use as directed”), the School Nurse is to send Form JGCD-14 (Sample Letter for Unclear or Insufficiently Specific Prescription) to the student’s parent/guardian indicating that the prescription is insufficient and asking for more specific orders, including the frequency and dosage. A copy of this letter is to be placed in the student’s clinic file.
   3. Over-the Counter (OTC) Medication:
      1. OTC Medication shall be sent to the school in the original manufacturer’s container. The manufacturer’s label must include:
         1. Name of the medication, either brand or generic;
         2. Strength of the medication;
         3. Instructions for use; and
         4. Name of the student, legibly written.
      2. Elementary and Middle School:
         1. The original container must be stored in the clinic;
         2. Expired OTC medication will not be administered.
      3. High School:

High school students may carry OTC medication on their persons.

* 1. All information from the medication’s label should be noted on the student’s

Form JGCD-3 (Medication Administration Record), including:

* + 1. The name and strength of the medication;
    2. The route of administration; and
    3. The time to be administered.

1. **MEDICATION STORAGE**

All medications required to be stored in the clinic should be kept in a locked cabinet within a secured area with access limited to authorized personnel at all times. Exceptions are:

* 1. Prescribed asthma medication;
  2. Prescribed epinephrine auto injectors;
  3. Prescribed diabetic medication;
  4. Prescribed emergency seizure medication;
  5. Elementary and Middle School Students:

The following are over-the-counter medications which elementary/middle school students may transport and carry with parent/guardian permission (Form JGCD-7 [Authorization to Carry Over-the-Counter Medication]):

* + 1. Elementary School Students:

Cough and throat lozenges.

* + 1. Middle School Students:
       1. Acetaminophen (generic) and its various brand names, i.e., Tylenol;
       2. Antacids;
       3. Aspirin;
       4. Cough and throat lozenges;
       5. Ibuprofen (generic) and its various brand names, i.e., Motrin, Advil;
       6. Midol; and
       7. Oral antihistamines.
    2. All other over-the-counter medications not listed must be stored in the clinic and administered by Trained Personnel. (See Section IV and Form JGCD-2 Authorization to Give Medication]). This includes nicotine replacement therapies, such as:
       1. Nicotine gum and candy;
       2. Nicotine lozenges;
       3. Nicotine patches;
       4. Nicotine inhalers;
       5. Nicotine nasal sprays
  1. High School Students:

High school students may transport and carry any over-the-counter medications.

1. **MEDICATION ADMINISTRATION DURING THE SCHOOL DAY**
   1. Written permission from the parent/guardian is required in order for Trained Personnel to administer each medication to the student (Form JGCD-2).
      1. Form JGCD-2 is available on-line (www.cobbk12.org) and at each school. The permission form includes:
         1. Student’s name;
         2. Name of medication;
         3. Dosage and route of administration;
         4. Time of administration;
         5. Parent/guardian signature.
      2. Completed Form JGCD-2 should be maintained on file in the clinic.
   2. General Provisions:
      1. Medications, including over-the-counter medications (i.e. Tylenol, Advil, antibiotic ointments, calamine lotion, cough drops, etc.) will not be supplied by the school or District employees.
      2. It is suggested that the first dose of a new medication should be administered at home prior to the child coming to school.
      3. Only medications that have a required dose or that may be required during school hours will be stored and administered.
      4. Changes in dosage or time of assistance with the administration of medication are only permitted with written authorization from:
         1. Over-the-counter: The parent/guardian;
         2. Prescription: Both the parent/guardian and the Legal Prescriber.
      5. Parents/guardians shall be notified when medication is running low.
   3. Prescription Medication:

A prescription from a Legal Prescriber is required for prescription medication. A health care provider can be any person, agency, department, or other entity that is legally authorized to provide health care services.

* + 1. The pharmacy label may be used as the health care provider’s written directions.
    2. Students who are new to the District and bring in prescription medications ordered by legal prescribers from states other than Georgia will be allowed thirty days to obtain new prescriptions from a health care provider licensed to prescribe medication in Georgia.
    3. Medication samples must have a written prescription or a Legal Prescriber’s written order or note bearing the student’s name.
  1. Over-the-Counter Medications (OTC):
     1. May not be administered in doses that exceed established amounts for age or weight as printed on the manufacturer’s label.
     2. OTC medications will only be given for a maximum of ten consecutive school days.
  + Continued consecutive administration of the OTC medication after ten days will require a Legal Prescriber’s written order.
    1. Switching to another variation of an OTC medication for treatment of the same symptom will not extend the ten-day limit.
  1. Administration of Medication:

Only Trained Personnel should provide medication administration or assistance with administration of medication. Exceptions exist (refer to Section VI) for prescribed asthma medication, epinephrine auto injectors, diabetic medication, emergency seizure medication and OTC medications which students are permitted to carry (Refer to Section III).

* + 1. Students should not be allowed to assist in the administration of any medication, whether prescription or OTC, to another student in the clinic under any circumstances, including:
       1. Unlocking the medication cabinet;
       2. Handing out a medication tray or individual medicine container;
       3. Marking in the medication log;
       4. Any similar handling of medication for other students, regardless of their age or ability.
    2. A student, with the approval of their Legal Prescriber and parent/guardian, may carry and self-administer the following prescription medications:
       1. Asthma medication;
       2. Diabetic medication:

The parent/guardian of each student with diabetes who seeks diabetes care while at school shall submit to the school a diabetes medical management plan which will be reviewed and implemented by the school. Upon written request of a student’s parent/guardian and if authorized by the student’s diabetes medical management plan, a student with diabetes shall be permitted to perform blood glucose checks, administer insulin though the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the monitoring and treatment of his or her diabetes in the classroom, in any area of the school or school grounds, and at any school related activity, and he or she shall be permitted to possess on his or her person at all times all necessary supplies and equipment to perform such monitoring and treatment functions.

* + - * 1. Form JGCD-10 (Authorization to Carry Prescription Medication) must be on file in the clinic and signed by:

The student’s Legal Prescriber who prescribed the medication;

The student;

The parent/guardian.

* + - * 1. Students with a diagnosis of diabetes may carry and self-administer glucose tablets, glucose gel, or other fast-acting sugars to assist with blood glucose regulation
      1. Epinephrine auto injector.
    1. Elementary/Middle School students may transport and carry certain specified OTC medications with parent/guardian permission. (See Section III and Form JGCD-7):
       1. All other OTC medications not listed in Section III should be stored in the clinic and administered by Trained Personnel.
       2. Form JGCD-7 should be on file in the clinic and signed by:
          1. The student;
          2. The parent/guardian; and
          3. The Trained Personnel.
       3. The student must carry a copy of the signed Form JGCD-7 with the OTC medication.
    2. Only nursing personnel are permitted to administer injectable medication, with the exception of epinephrine auto injector(s).
    3. All medication administered should be documented on Form JGCD-3 in addition to any electronic form that is made.
    4. Documentation should be done by the person who administered the medication and should include:
       1. The time of administration;
       2. The initials and complete name of the person administering the medication; and
       3. Any comments.
  1. Off-Label Medication:

Requests to administer off-label medication to students will be reviewed on a case by case basis and should follow all Rules for medication administration during the school day and be accompanied by:

* + 1. Adequate information to support the safe administration at school:
       1. Published reports of use in children for the indication of the legal prescriber names;
       2. Reports from the manufacturer;
       3. Reports from a reliable pharmacy or college of pharmacy;
       4. Current medical journals;
       5. Information from a pediatric medical or mental health facility.
    2. Medications should not be administered in doses that exceed established amounts for age or weight as documented in a standard reference, such as the Physician’s Desk Reference.
  1. Experimental Medication:

Requests to administer experimental medication to students will be reviewed on a case by case basis and should follow all Rules for medication administration during the school day and be accompanied by:

* + 1. Copy of the written protocol or study summary from the research organization;
    2. Copy of the detailed consent form signed by the parent/guardian which describes the study, including potential benefits and risks;
    3. The signs and symptoms of adverse reactions;
    4. The name and telephone number of the research team.
  1. Supplements:

Over-the-counter diet pills, vitamins, and dietary supplements, including but not limited to minerals, herbals, homeopathic medications, or any alternative medications non-FDA-approved, will not be given.

* 1. Enzymes:
     1. Enzymes will be administered during the school day upon receipt of a physician’s order specifying:
        1. Name of the student;
        2. Name of the Legal Prescriber;
        3. Date of the order;
        4. Name of the enzyme, either brand or generic;
        5. Strength of the enzyme;
        6. Route of administration;
        7. Frequency of administration; and
        8. Instructions for use.
     2. The order from the Legal Prescriber must be renewed annually.

1. **MEDICATION ADMINISTRATION OUTSIDE REGULAR SCHOOL HOURS and/or OFF CAMPUS** 
   1. All medications, whether prescription or OTC, should comply with all District Rules concerning medication, unless there is a specific exception noted in this Rule.
   2. After School Program (ASP):
      1. The Principal, with input from the School Nurse, and the After School Program Director, will determine by whom and how medication will be secured and administered.
      2. ASP should keep a separate Form JGCD-2 and a separate Form JGCD-3 for each student requiring medication during ASP.
      3. The parent/guardian shall supply the school with a separate labeled prescription bottle specifically for ASP.
      4. All medication is to be brought to ASP directly by a parent/guardian or a school staff member.
         1. Special exceptions exist for:
            1. Prescribed asthma medication;
            2. Prescribed epinephrine auto injectors;
            3. Prescribed diabetic medication;
            4. Prescribed emergency seizure medication; and
            5. Oral antihistamines.
         2. The ASP Director should:
            1. Be made aware that the student is allowed to carry and self-administer any of the above medication;
            2. Review the signed Form JGCD-10 or Form JGCD-7on file in the clinic.
      5. Only medications which have a required dose or that may be required during ASP hours should be stored and administered.
      6. The ASP Director should have a signed Form JGCD-2 on file if there is not a written parental/guardian consent form on file in the clinic.
   3. School Sponsored Activities, such as Field Trips:
      1. Restrictions:

The Office of the Secretary of State has advised the District that:

* + - 1. Only Registered Nurses (RNs) may serve in their professional role as a nurse when accompanying field trips traveling to a destination outside Cobb County; and
      2. RN’s accompanying trips traveling outside the State of Georgia must adhere to the laws governing nursing in the state(s) traveled through and to.
    1. The Principal, with input from the School Nurse, and the teacher sponsoring the field trip will designate the school employee (Principal’s Designee) who will:
       1. Administer medication during the field trip;
       2. Carry a locked container with the medication necessary for the field trip and return the container to the clinic immediately after the trip;
       3. Sign the medication log as to the medication given and the time of assistance with administration to the appropriate student(s); and
       4. Assure that the trip complies with the medical requirements included in Administrative Rule IFCB (Field Trips and Excursions).
    2. The teacher sponsoring the field trip should provide the following information to the School Nurse or other Trained Personnel at least five days in advance of the field trip:
       1. Names of students participating in the field trip;
       2. Date and time of the trip;
       3. The name of any student(s) the teacher is aware of who:
          1. Must take their medication with them;
          2. Requires a nurse to accompany her/him to assist with the administration of an injectable medication or, in the case of a diabetic student, whether the parent/guardian has opted to attend the field trip.
    3. The Trained Personnel should provide the following to the Principal’s Designee either the afternoon before or the morning of the field trip, based upon time of departure:
       1. Each medication in a separate, labeled prescription bottle containing only necessary doses for the field trip;
       2. The names of any student(s) allowed to carry and self-administer their own medication;
       3. Any additional student specific information that may be needed or special circumstances that may arise on the field trip.

1. **MEDICATION DISTRIBUTION PROHIBITIONS:**

Students may not share, sell, distribute, or possess with the intent to distribute any medication, whether prescription or OTC. Students allowing another person to use their medications:

* 1. Will be subject to the consequences specified in the District Codes of Conduct;
  2. May have the privilege of carrying their medication revoked.

1. **SPECIAL EXCEPTIONS for MEDICATIONS:**

All medications included in this Section must be ordered by a Legal Prescriber and provided to the school by the parent/guardian in the original pharmacy labeled container.

* 1. Documentation:

Required paperwork for each exception listed below must be completed by the parent/guardian:

* Have a completed Form JGCD-2 on file in the clinic
  1. Diabetic Medication:
     1. All insulin is considered injectable medication regardless of the delivery system, i.e. syringe or pump.
     2. An individual health care plan should be developed which:
        1. Outlines specific needs of the diabetic student;
        2. Is approved and signed by the Legal Prescriber provider;
        3. Is signed by the parent/guardian;
        4. Is reviewed by a Consulting Nurse or county-wide Special Education Nurse.
     3. It is recommended that additional insulin and diabetic supplies be kept in the clinic.
     4. Students may carry and self-administer their insulin if Form JGCD-10 is:
        1. Signed by the Legal Prescriber who prescribed the medication for the student;
        2. Signed by the parent/guardian;
        3. Signed by the student; and
        4. Maintained on file in the clinic.
  2. Epinephrine Auto Injector (i.e., Epipens)/Oral Antihistamines:
     1. An individual health care plan should be developed which:
        1. Outlines specific needs of the student with a severe allergy requiring epinephrine auto injector and/or oral antihistamines e.g., Benadryl;
        2. Is approved and signed by the Legal Prescriber;
        3. Is signed by the parent/guardian; and
        4. Is reviewed by a Consulting Nurse or county-wide Special Education Nurse.
     2. Students may carry and self-administer their epinephrine auto injector and/or oral antihistamines which should be carried in an identifiable container, i.e. fanny pack, accompanied by a completed Form JGCD-10 or Form JGCD-7, as appropriate:
        1. Signed by the Legal Prescriber who prescribed the medication for the student;
        2. Signed by the parent/guardian;
        3. Signed by the student; and
        4. Maintained on file in the clinic
     3. Upon parent/guardian request for younger students, the teacher may agree carry the epinephrine auto injector and/or oral antihistamines based on the individual health care plan of the student and the physical layout of the school building.
     4. It is recommended that a second epinephrine auto injector be kept in the clinic if the
     5. primary epinephrine auto injector is carried by the teacher or student.
  3. Asthma Medication:
     1. It is recommended that a second rescue inhaler be kept in the clinic if the primary rescue inhaler is carried by the student.
     2. Nebulizers with medication will be provided by the parent/guardian and will be kept in the clinic.
     3. Students may carry and self-administer their asthma medication if Form JGCD-10 is:
        1. Signed by the Legal Prescriber who prescribed the medication for the student;
        2. Signed by the parent/guardian;
        3. Signed by the student; and
        4. Maintained on file in the clinic.
* The original container will be kept in the clinic
  1. Emergency Seizure Medication including, but not limited to Diazepam, Diastat, Midazolam, and Versed:
     1. A completed Form JGCD-11 (Doctor’s Order for Emergency Seizure Medication) or a Physician’s Orders Form from Special Student Services must be signed by a physician and maintained on file in the clinic.
     2. An individual health care plan must be developed which:
        1. Outlines specific needs of the student with a seizure disorder;
        2. Is approved by the parent/guardian; and
        3. Is reviewed by a Consulting Nurse or county-wide Special Education Nurse.

1. **MEDICATION ADMINISTRATION FOR STUDENTS IN SPECIAL**

**EDUCATION:**

* 1. Medication administration for students that are not able to administer their own medication due to capacity, age, medical, or other disability-related reasons should adhere to the following:
     1. The Principal or designee should:
        1. Designate special education staff to administer medications to identified students;
        2. Designate additional personnel to be trained to assist with medication administration in the event of absence of the special education staff member;
        3. Notify designated personnel of the absence of the special education staff member.
     2. The county-wide Special Education Nurse should:
        1. Provide annual in-service training of special education staff and designated personnel who assist in medication administration;
        2. Provide appropriate supervision of Trained Personnel;
        3. Consult with the Principal and School Nurse if there are concerns regarding the selection of designated special education personnel for medication administration which may affect the physical health or safety of the identified student.
     3. Trained Personnel should:
        1. Administer medication in accordance with these Procedures and Administrative Rule JGCD-R (Medication).
        2. Maintain a current listing of students receiving medications that includes:
           1. The student’s name;
           2. The name and phone number of the licensed health care provider;
           3. The name, route, and dosage of the medication;
           4. The date initially prescribed or re-prescribed;
           5. The duration of the prescription; and
           6. Specific instructions for administration including possible side effects, adverse reactions, and/or contraindications.
        3. Provide information for a substitute teacher so that he/she may request designated Trained Personnel to assist with medication administration.
  2. All medications, whether prescription or over-the-counter, should, unless there is a specific exception included in this Rule, comply with all other District Rules concerning medication.

1. **MEDICATION DISPOSAL**
   1. Any unused portion of a medication should be destroyed if not personally collected by the parent/guardian:
      1. Within one week after:
         1. Expiration of the Legal Prescriber’s order; or
         2. Discontinuation of the medication.
      2. By the end of the last day of school prior to summer vacation.
   2. The school does not store medication or health care equipment over summer vacation. Procedures for pick-up or disposal are as follows:
      1. Parents/guardians will be sent the Form JGCD-5 (Disposal of Medication(s) Notification) two weeks before school ends.
      2. Parents/guardians must complete the form and return it to the Trained Personnel.
      3. All medication and health care equipment will be discarded on the last day of school if:
         1. The form is not returned to notify the Trained Personnel of the parent/guardian’s intent; or
         2. The parent/guardian does not pick up the medication as he/she indicated on the form.
   3. Trained Personnel should dispose of the medication and keep a record of all disposed medication on Form JGCD-6 (Medication Disposal Record).
      1. A second person is required to witness the Trained Personnel’s disposal of medication; and
      2. A log documenting the date, the student’s name, name and amount of the medication, and signature of the Trained Personnel and witness should be filed in the clinic.
   4. Controlled Medication Patch (Patch) Disposal:

The School Nurse should wear gloves during removal of any patch. Procedures for removal are as follows:

* + 1. The student should remove the patch by peeling it off slowly;
    2. The student should then hand the removed patch to the School Nurse;
    3. The School Nurse will fold the used patch so that the sticky side sticks to itself:
       1. Flush the used patch down the toilet, unless your school has a septic tank system, or dispose of it in a Biohazard Container;
       2. Gloves should be disposed of in a Biohazard Container and are not to be flushed down the toilet.
       3. The student and the School Nurse should wash their hands immediately after handling the patch.

1. **MEDICATION ERRORS**
   1. Failure to administer within thirty minutes of designated time:
      1. Notify parent/guardian; and
      2. Complete a Form JGCD-12 (Medication Error Report) within 24 hours.
   2. Errors in administration, including:
      1. Incorrect student;
      2. Incorrect medication;
      3. Incorrect dose;
      4. Incorrect route.
         1. Call the Georgia Poison Control Center (404-616-9000) for instructions. The Poison Control Center will determine if further action is needed. Be prepared to provide:
            1. The name and dose of the medication taken in error;
            2. The age and approximate weight of the student;
            3. The name, dose and time of last dose of any medication being taken by the student, if possible.
         2. Keep the student in the clinic. If student has returned to class, have an adult accompany the student back to the clinic.
         3. Immediately notify the Principal, Consulting Nurse, Area Assistant Superintendent, and parent/guardian.
         4. Assess the student’s current physical and mental status, observing for any adverse effects, such as:
            1. Stomach upset;
            2. Nausea/Vomiting;
            3. Dizziness;
            4. Headache;
            5. Rash/Itching;
            6. Changes in mental status;
            7. Pupil inequality;
            8. Other symptoms.
         5. Record all assessments and actions taken on Form JGCD-12.

* The Report should be completed within 24 hours and submitted to the Principal and Consulting Nurse.
  + - 1. Record on the student’s medication log/health record all circumstances and actions taken as well as the student’s current physical and mental status.

1. **MISSING CONTROLLED SUBSTANCES GUIDELINES:**
   1. Inventory Requirements:

School Nurses should conduct a periodic, at least weekly, inventory of the controlled substances stored in the clinic using Form JGCD-15 (Controlled Substances Inventory).

* 1. Procedures to Respond to Missing Controlled Substances:

Upon discovery of controlled substances missing from the clinic, the following sequence of actions should be performed:

* + 1. The School Nurse should contact the Principal and Consulting Nurse;
    2. The Consulting Nurse should report to the school and perform a full medication audit with the School Nurses within one school day using Form JGCD-15;
    3. The Consulting Nurse should give a verbal report to the Principal as soon as the audit is completed;
    4. The Principal/administrator or designee should immediately contact Public Safety if controlled substances are confirmed missing after the audit is completed so that a report can be filed;
    5. The Principal/administrator or designee should notify the parents/guardians of all children missing controlled substances within two school days of the audit;
    6. The School Nurses should complete the Form JGCD-16 (Missing Controlled Substances Report) within two days of audit:
       1. A copy of Form JGCD-15 should be attached for each student missing controlled medications;
       2. The Consulting Nurse may attach a copy of his/her own notes regarding incident if they clarify or differ from the documentation submitted by the School Nurse.
    7. The School Nurses should make a copy of the above report for school records and give the original to the Consulting Nurse.
    8. The Principal and the Consulting Nurse should investigate the incident and notify the Nursing Supervisor. The Nursing Supervisor will, after consulting with the Director of Student Support, contact Human Resources if further investigation is warranted.
    9. The Consulting Nurse should personally deliver the original report to Risk Management and a copy to the Nursing Supervisor within three school days of the date of the audit. Faxes and County Mail should not be used for delivery.
    10. The Consulting Nurse should:
        1. Make recommendations for changing locks and/or keys or limiting access to the clinic based on conversation with Public Safety; and
        2. Copy the recommendations to the Nursing Supervisor and Risk Management.

1. **DEFINITIONS:**
   1. U.S. Food and Drug Administration (FDA):

Consumer protection agency charged with:

* + 1. Protecting the public health by helping safe and effective products reach the market in a timely way;
    2. Monitoring products for safety after they are in use;
    3. Helping the public get accurate, science-based information needed to improve health.
  1. U.S. Pharmacopeia (USP):

Nongovernmental, standards setting organization that advances public health by:

* + 1. Ensuring the quality and consistency of medicines;
    2. Promoting safe and proper use of medicines;
    3. Verifying ingredients in dietary supplements.
  1. Medications:

Substances used to prevent, diagnose, cure, or relieve signs and symptoms of disease.

* + 1. Sources:
       1. Plant;
       2. Animal;
       3. Mineral;
       4. Synthetic.
    2. Action:
       1. Local: Act mainly at site of application.
       2. Systemic: Absorbed into the bloodstream and circulated in the body.
       3. Variables affecting action:
          1. Dose;
          2. Route of administration;
          3. Drug-diet interactions;
          4. Drug-drug interactions;
          5. Age;
          6. Body weight;
          7. Sex;
          8. Disease states;
          9. Psychological considerations.
    3. Therapeutic effects:

The desired effect or action of the medication.

* + 1. Drug interactions:

One medication given with or shortly after another medication alters the effect of one or both medications. Usually, the effect of one drug is increased or decreased.

* + 1. Adverse effects:

Undesired responses from medication depending on the medicine and the person receiving it, ranging from:

* + - 1. Rare, mild, and localized;
      2. Widespread, severe, and life-threatening.
    1. Names:
       1. Generic: Related to official or nonproprietary name;
       2. Brand or trade: Designated and patented by the manufacturer.
    2. Classification of medications:
       1. Enzymes:

Any of numerous proteins or conjugated proteins produced by living organisms and functioning as biochemical catalysts in living organisms.

* + - 1. Experimental or Investigational Medications:

Medications currently involved in clinical trials or formal study to determine the

efficacy and safety for dosing in children.

* + - * 1. Do not have FDA approval;
        2. A research organization is responsible for the protocols for administration and monitoring of these medications.
      1. Herbals: (also called botanicals, dietary or nutritional supplements, or phytomedicinals):

OTC products whose labels may state effects on body functions but cannot make

claims about treatment for any disease or condition as FDA approval is required for such claims.:

* + - * 1. Proof of product safety, purity, or bioavailability of the active ingredients is available through the USP Ingredient Verification Program, but is not required;
        2. Products marketed as “all natural” may still have a risk of an adverse effect.
      1. Off-label Medications:

FDA approved (legal) medications prescribed for non-approved indications in children:

* + - * 1. Medications prescribed for children in doses outside FDA guidelines;
        2. Medications prescribed for children in routes outside FDA guidelines;
        3. Medications prescribed for children that are known to be safe in adults but have not been tested for safety in children;
        4. Medications approved by the FDA to treat one type of medical condition but prescribed to treat another type of condition.
      1. Over-the-counter (OTC):

Legal drugs that may be purchased without a licensed health care provider’s written order and are commonly sold in pharmacies and retail stores (i.e., first aid cream, analgesics, antacids).

* + - 1. Prescription:

Legal drugs, including controlled substances, which can be dispensed only pursuant to an order from a health care provider who is legally authorized to prescribe medication.

* + - * 1. Schedule of Controlled Substances: Five schedules of drug and drug products under the jurisdiction of the Controlled Substances Act related to the abuse potential of drugs. Listings are subject to change; current listings are available from the Drug Enforcement Administration (DEA) or a pharmacist.

Schedule I (C-I): Substances that have no accepted medical use in the U.S. and have a high abuse potential (e.g., heroin, LSD);

Schedule II (C-II): Substances that have a high abuse potential and/or with severe psychic or physical dependence liability. No prescription renewals are permitted. Consists of narcotic, stimulant, and depressant drugs (e.g., opium, codeine, Demerol, Percodan, Dexedrine, Ritalin);

Schedule III (C-III): Substances that have some potential for abuse. Use may lead to low-to-moderate physical dependence or high psychological dependence. Includes compounds with limited quantities of certain narcotic drugs and non-narcotic drugs (e.g., compounds or mixtures containing secobarbital);

Schedule IV (C-IV): Substances with low potential for abuse. Use may lead to limited physical or psychological dependence (e.g., Phenobarbital, Librium, Valium, Darvon);

Schedule V (C-V): Substances subject to state and local regulation. Abuse potential is low. Limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes.

* 1. Legal Prescriber:

Physician, dentist, podiatrist, or other licensed health care provider (LHCP) who is legally authorized to prescribe medications.

* 1. Administration:

Assisting a student in the ingestion, application, or inhalation of medication according to directions of the legal prescriber; monitoring the self-administration of medication including prescription drugs and the self-injection of medication.

* 1. Monitoring:

Reminding the student to take medication; visual observation of the student to insure compliance; recording that the medication was taken.

* 1. Self-Administration:

Students carry their own medication on their person and administer that medication to

themselves during the school day, as ordered by their health care provider and authorized by their parent/guardian and the District.

* 1. Trained Personnel:

A licensed practical nurse or registered nurse licensed in Georgia, or other school employee who has successfully completed clinic orientation training provided by the District’s Consulting Nurses or who has been trained and authorized by the county-wide Special Education Nurses to administer medication. These employees will be referred to as Trained Personnel or Unlicensed Assistive Personnel and will be under the ongoing supervision of a licensed registered nurse.

* 1. Trained Diabetes Personnel:

A trained school employee or health department staff assigned to a school who, in accordance with the request of a parent or guardian of a student with diabetes and the student’s diabetes medical management plan and in the absence of the school nurse, shall perform functions including, but not limited to, responding to blood glucose levels that are outside of the student’s target range; administering glucagon; administering insulin, or assisting a student in administering insulin through the insulin delivery system the student uses; providing oral diabetes medications; checking and recording blood glucose levels and ketone levels, or assisting a student with such checking and recording; and following instructions regarding meals, snacks, and physical activity. Trained diabetes personnel are not required to be health care professionals.

* 1. Diabetes Management Plan:

A document developed by the student’s physician or other health care provider that sets out the health services, including the student’s target range for blood glucose levels, needed by the student at school and is signed by the student’s parent or guardian.