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Donna Mazyck: Hello, I'm Donna Mazyck, executive director of the National Association of School Nurses. Welcome to School Nurse Chat. Today, we'll be speaking with Tracy Perron, associate professor and department chair in the Department of Nursing at the College of New Jersey. We'll also be speaking with Sherri Hannan, a registered nurse and the coordinator for the Safe Kids Worldwide Coalition in Fayette County, Kentucky. We're talking about evidence-based best practice for safe administration of over the counter, or OTC, medications. This episode is part of a three part series on safe use of OTC medication.

Welcome, Tracy and Sherry.

Dr. Tracy Perro...: Thank you.

Sherri Hannan: Thank you for having us.

Donna Mazyck: NASN recently published medication administration clinical guidelines and we know that medication administration in schools comes with regulations and policies. So we want to just hear from you how we can make OTC medication administration as safe as possible. Let's start with you, Tracy.

Dr. Tracy Perro...: Well, first of all, I think making over the counter medications more accessible at school can definitely make a difference in relieving kids, students discomfort and symptoms to get them back to the classroom. We all know that just using the pandemic as an example of how much time kids have lost from school and certainly with a headache or a stomach ache or things that we might be able to treat in the school health office with over the counter medications will help them get back to class. I think that school nurses need to be involved in the protocols specific in their district.

They should be able to develop in collaboration with the school's prescriber depending on what state you're in and the school district's policy. And they should include things like the drug name, dose to be administered, frequency, indications for use, contraindications, and even things like potential side effects and that there be parental consent clearly for each medication that may be administered.

Donna Mazyck: Sherry, what are the biggest challenges for keeping students safe at school with those OTC medications?

Sherri Hannan: Well, I think Tracy did a real good job covering a lot of the things that need to be considered. I think making the availability of some of those routine over the counter medications that a parent has maybe signed permission for their child to be able to access so that if they have a headache or cramps or upset stomach, that they can feel like they can go to the school nurse and get the correct medication and just have things available for those kids. So again, they can be in the classroom and that they can stay in school.

And we want to make sure that we do have parent consent for those kiddos to go to the school nurse and be administered those kinds of medications and health histories on kids. And a lot of times those things are asked to be completed at the beginning of the school year so that the school nurse has all of that paperwork already on file so they can go over some of the routine health questions before a child were to be administered any kind of medication. But I just think having that availability for kids to not have to call a parent to come home or to the school to get the child to give them the medication themselves, I think it's just practical.

Donna Mazyck: So Sherry, have you experienced or heard how it can be difficult to get those pieces that are needed, the consent, the availability of those routine over the counter of meds? Can that sometimes be challenging to bring into the school to have in place?

Sherri Hannan: I think it's probably going to be dependent on the school district and how they want to manage that. But typically, districts have multiple nurses, some that just are in one school and some that manage several schools, so they may not be there every single day. I think for the parent to give that consent for that paperwork to be sent home and sent back is probably required for any kind of administration of a medicine to a minor child. So I just think especially if there is issues with a child being sick that maybe the school nurse is made aware of some of the things that are going on or some sort of chronic illness that the child may have on a routine basis.

But just having that documentation, having the health history of children on file to make sure that we're not giving a child any type of medicine that may be contraindicated and maybe just having that district school nurse forum get together and come up with that list of common over the counter medications that would be acceptable to administer at school. A headache is one thing, but to try to medicate a child who has fever and probably shouldn't be at school is a whole different thing. So just coming up with some of those policies of when it's appropriate and when maybe a parent should be called and the child's sent home, I think, needs to be guided it by policy and there be an agreement probably school-wide and district-wide.

Donna Mazyck: Thank you, Sherry. And as we're talking about policy, Tracy, how can our listeners be sure that their schools are using appropriate evidence-based policy for over the counter medication administration?

Dr. Tracy Perro...: Well, I think part of the solution here is there be an ongoing evaluation of the process, especially if a school district's just embarking on having over the counter medication orders that may be signed by the district physician and therefore there's certain meds that with parent consent they can administer during the school day. Keeping track of that will help foster good practice, but also reliability on the information that's being shared with either the district or the district physician or even parents.

I think keeping that data collection and making sure that it's visible for everyone, if somebody wants to know adverse reactions that a student might have had or how often a certain med is administered or maybe to even an individual. And also looking at the success of having these over the counter medications when we're collecting data such as attendance, days missed from school, how many times a child might be sent home if you don't have these policies in place. So a before and after look at the empirical evidence will help keep the over the counter policies up to date and also keep students in school.

Donna Mazyck: That is a wonderful example of the key principle of quality improvement in the framework for 21st century school nursing practice, Tracy. That ability to use that nursing process of evaluation and data collection is one way to tell that story. Thanks for bringing that out so clearly. Caregivers are sending students to school with OTC medication. I was a nurse in a high school and came across the baggy of loose pills at various times. What are some common scenarios and good reasons that caregivers might want to do this for their children coming to school?

Sherri Hannan: Many school districts, I think, have policies where kids aren't allowed to have medications on them. They can't just decide that they're going to take a Tylenol that they have in their purse and that's for good reason. They want to know for sure what a child is taking, that somebody has supervised that, permission has been given just because we want to make sure that it is an okay drug for them to have and not anything that would be inappropriate to have at school. But we want to make sure that kids follow the rules and that if they do have conditions where they may get frequent headaches or they suffer from allergies, maybe they do get a lot of stomach upset for whatever reason.

And if those things are chronic for a child, that may be a conversation that a caregiver would want to have with the school administration, the school nurse, so that maybe medicine that is particularly effective for them can be sent to school and it be in the appropriate bottle with directions and doses and all of that type of thing. And it's just for that child only. But we have to think of ways that we can be able to provide a certain level of care to keep kids in school because we know we can't just let them stay at home because they have a small headache or they've got a runny nose when it's allergy season.

We want to be able to send them to school if they don't have something contagious and a real illness going on. We want to be able to make them comfortable, though. We don't want to say, you just have to sit in school for

seven hours and be miserable. So if we can make sure that parents know that they can advocate for their children, send medicines that can help them get through the school day, that can be administered safely.

And make sure, like I said, kids understand that especially when we get into middle school and high school where student may have medicine in their purse that they just have there, but it's against policy for them to self administer that medication to themselves that they know that they need to follow those rules so that there isn't any type of disciplinary action for them taking medicines or having medications on them.

Donna Mazyck: Tracy, for younger children, how can we keep them safe, parents informed and accurate records?

Dr. Tracy Perro...: So, I'm going to continue with what Sherry was saying about good communication. So with younger children, asking them if they were given a previous dose of a medication, what did mom, dad, caregiver at home give you this morning? Were you medicated? Do you know what they gave you? And obviously if the child isn't aware of what was given to contact the caregiver to find out, okay, what was given, what the dose, what time, that kind of thing. Every state has nurse state practice acts for medication administration.

So having clear policies that reflect what the Nurse Practice Act is within your state is going to be another way to make sure that documentation is done accurately and correctly and within your state guidelines. And I think also the school nurses knowing their district policies along with their state practice act is a good way to ensure that the records are kept and they're accurate. And I don't think that anybody can make a policy change without knowing the history of the current policy.

So if something needs to be updated or something needs to be amended, that, like we said before, having good records and also having that empirical evidence to help support whatever the change might need to be will be invaluable for the school nurse.

Donna Mazyck: That's so true. And Sherry did mention older students. How can we help them be safe by knowing how to administer their OTC medications?

Dr. Tracy Perro...: Well again, every state has different regulations and things that students are allowed as well as school districts. So some school districts children are allowed to utilize their inhaler to carry their EpiPen and to self administer certain medications. But I think also having a conversation with those students at the start of the school year about what their medication is, why are they taking it, Do they know how to administer it. Just doing a quick review to make sure that those young people do have a good understanding of what they're taking, why they're taking it, when they should take it.

And if there are any misconceptions or misinformation, that's our opportunity and a chance for us to correct them and make sure that they're taking it properly.

Donna Mazyck: And teaching them as they will one day not be in school how to safely use their medication.

Dr. Tracy Perro...: Absolutely.

Donna Mazyck: Sherry, we caregivers, I use that term to encompass parents, guardians, they often give their children OTC medicines and then send them to school. Tracy alluded to that. And we have the rules in school nursing and we try to keep the whole school community safe. So we know that if a child is too sick to go to school without medication, they should stay home and in today's times more than ever, but there are also times where they can be in school. Sometimes we can have medication errors as school nurses don't know that students are already medicated.

What are you doing to advocate for keeping students at home if they're sick?

Sherri Hannan: Well, I think that's just something that we've battled for a very long time with parents needing to be at work, hating to call in sick, you have multiple kids and sometimes things go through a whole household and you could end up missing work a week or more at a time. But we need to, again, think about the entire school community and certain things being very transmissible. I think if a kid presents to the school nurse because the teacher thinks the child feels bad, you can tell the child feels bad, typically they get sent to the nurse and then the nurse calls the caregiver to come and get that child.

I think at that point when we know a child is having an acute illness, whether that's just flu or a sinus infection or a stomach bug, whatever that looks like, we just need to be able to get that parent there to get that child picked up. We don't need to be in the business of trying to medicate the symptoms to try to keep the kid at school all day. We actually need to keep them out of the classroom. Typically, when they come to get the child, the parent will sometimes even say, well, I gave them the Motrin before school and in four hours, maybe it's wearing off and the temp is spiking again.

So I think nurses are very well educated and can make those assessments when a child is acutely ill and when the child is just having just typical symptoms of maybe just having a stress headache or they've got a pulled muscle and just they've got an ache or a pain that needs just some relief. So I think those types of things, nurses are very adept at being able to try to make the child comfortable, do certain things that will just get the child through the day, reducing some symptoms. But if a child is ill, they just don't need to be in school for all of those many reasons with keeping other students from picking up

something and having a whole classroom or a whole school have some sort of breakout of illness.

So I think we just have to be, I guess, consistent in making sure that those cases are dealt with and that kids are sent home in a timely fashion. And I know again, typically those things are outlined in handbooks that are sent home every school year with students. Hopefully, those get opened up and read so that parents know. But sometimes I think we get too serious about a kid missing school and how behind they will be. I know my kids were like that. They would feel terrible and try to want to drag themselves to school because they didn't want to get behind in an AP class or something.

But we just want to make sure that kids can get the attention they need. They can get taken care of at home with medications and rest and hydration and that's where they need to be when they're actually ill and not at school.

Donna Mazyck: You make a really good point that if the student is ill, they need time to rest and recover and that's not always in the school building. Tracy, what are some things school nurses should keep in mind when delegating OTC medication administration to teachers or staff?

Dr. Tracy Perro...: Well, again, looking at district policies, looking at state regulations as far as the Nurse Practice Act is concerned, who can be delegated and then making sure that the proper training is done and that those individuals are trained properly. And if they have questions, that they feel comfortable or free to ask the school nurse if they're ... In our state, if someone's going to be trained in EpiPen use, we have teachers who volunteer to be that classroom where there's an allergy, so it's an allergy safe room as well as the training of the EpiPen.

And it's done on a yearly basis. And if they want to refresher or they want to come down and practice with the EpiPen trainer to see, hey, look, I feel rusty, can I come in at some point to do another training? We need to be able to make ourselves available so that they have that information. There's also great resources out there. The FDA has great resources for understanding over the counter medicine at [fda.gov](https://www.fda.gov). So I mean, there's other places that we can, if they want extra information, they want other kinds of training that they can get this information.

Although, an EpiPen's not over the counter. Other types of administration if they're going on a field trip, those kinds of things depending on the district you're in and who the children are assigned to. If the school nurse can't be with every kid at Disney or Great Adventure or whatever, people need to have that information at their fingertips, so to speak.

Donna Mazyck: Sherry, which health education tools do you use to educate students and families about how to safely use OTC medications?

Sherri Hannan: I think a couple things come to mind right off. I think maybe during peak seasons of maybe cold and flu season in the winter, allergy season in the spring, that may be just reminders are sent home about when a child needs to stay at home, what kind of medications can be given by the school nurse. But I think just making sure that a caregiver is informed, reminded of maybe school policy because sometimes we just take for granted that a caregiver is aware of what can happen at school and what should not be occurring at school.

Even kids with maybe an acute illness, maybe after being on an antibiotic for 24 hours, they can return to school. But we may want to be more specific in making sure that they need to be afebrile, they need to be able to sit in the classroom and be a student that day and not needing to be at home and monitored and get the rest in recovery like you said that they need. So sometimes just making sure that parents are aware of those policies and making sure that maybe some things are sent home with caregivers about how they can teach their student safe medication administration, reading labels and understanding labels, safe storage and medications and things like that.

Just so that maybe some things are being sent home that can make a parent aware, good reminders, if nothing else, just about medication safety at home. And then hopefully that will translate to children being more knowledgeable and having more respect for medications because we take them because we want them to be helpful. But if we misuse them, they can be very harmful. So I think just making sure that we're having conversations in school, at home about medications and how to correctly take them and the good communication so that everyone is aware of when medicine was taken, what kind of medicine, the dose that was given, all of those types of things.

So just making sure families are involved and schools and parents, they're in a partnership. So we need to make sure, especially at times when it concerns serious matters like this, that we are doing a really good job and putting forth our best efforts in making sure that we're not dosing a child with Tylenol at 7:30 in the morning unless we've called that caregiver to make sure that they haven't already just an hour before been given it so that we're not over-medicating students. So again, just making sure that we're being very careful when we're administering medications.

We've got those health histories, we've got permission from the caregiver, and we're just following policy so that we are doing the very best we can for students and doing it all in the safest way possible.

Donna Mazyck: I appreciate that focus on health literacy and promoting that education with families and students as well. I want to thank you, Tracy Perron and Sherri Hannan. You provided helpful information to consider for safe use of OTC medications in school and even extending to the home setting. We know that school nurses use their assessment skills, professional judgment and communication to enable safe OTC medication administration in school for

students, and you've elaborated on what that looks like. Thank you for being with us today.

Dr. Tracy Perro...: Thank you.

Sherri Hannan: Thank you.

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