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A Study of Thirty-Three Rural Southern Illinois Elementary School Districts' Medication Policies

Allen Bigley

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A Study of Thirty-Three Rural Southern Illinois
Elementary School Districts' Medication Policies
(TITLE)

BY
Allen Bigley

THESIS

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A Study of Thirty-Three
Rural Southern Illinois Elementary
School Districts' Medication Policies

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Abstract

The purpose of this field study was to determine how thirty-three selected rural elementary (K-8) districts in Southern Illinois regulate the administration of medication to students in the absence of both the superintendent and school nurse. This was accomplished by sending a questionnaire to each of the school districts. A review of the literature and research was conducted to identify policies and procedures that should be included in all medication policies. Policies and procedures commonly found missing in many districts' medication policies were identified. Data received were analyzed through the use of tables to identify policies and procedures currently being used by rural Southern Illinois elementary (K-8) districts to regulate the administration of medication to students. Results of the study showed that most of the rural elementary districts had taken steps to regulate the administration of medication to students. Results also indicated that even though steps had been taken, the administration of medication to students still remains a problem for many small rural elementary districts. Recommendations were made for the improvement of policies and procedures currently being used.

CHAPTER I

Overview of the Problem

Overview

A genuine dilemma facing educators and administrators is the administration of prescribed medications to students during school hours or at school sponsored activities. A student requiring prescribed medication will suffer most assuredly if unable to receive the needed medication at appropriate times, in the proper manner, and in the correct amounts (Nimmer & Kinnison, 1980).

The increasing number of pupils whose parents or guardians request the administration of medication during school hours or at school sponsored activities has contributed to this dilemma. Another factor contributing to this problem is the fact that many school districts do not have well-developed policies that govern the administration of medication to students by school personnel.

When establishing policies pertaining to the administration of medication to students by school personnel, the board of education should consider the legal ramifications of medicating students at school. Attention should also be given to the designation of appropriate school personnel to administer medication to students whose parents or physicians request medication to

be administered. A drug management procedure should be developed to protect students receiving medication during school hours or at school sponsored activities.

Limited research indicates that few states or school districts have developed policies that regulate the administration of medication to students by school personnel. Prior to 1989 there were no statewide approved recommendations or rules for the administration of medications to students by school personnel in school districts in Illinois. A 1987-88 survey of school health programs indicated that more than 150,000 students receive medicines in the school annually, either on a short-term basis or daily (Illinois Department of Public Health & Illinois State Board of Education, 1989).

The rapidly escalating number of students whose parents or guardians request the administration of medication at school by school personnel has become an administrative problem of major proportions. Another problem is the unsafe practices that often surround the administration of medications (Illinois Department of Public Health & Illinois State Board of Education, 1989).

Statement of the Problem

The purpose of administering medications in schools is to help each child maintain an optimal state of health that may enhance his/her educational plan (Illinois

Department of Public Health & Illinois State Board of Education, 1989). It is therefore necessary that each school district have in place policies and procedures that specify who is required to administer medication to students and what procedures are to be followed.

The purposes of this study were:

1. To determine policies and procedures being used in selected small rural elementary districts in Southern Illinois to administer medication to students.
2. To determine what policies and procedures are utilized to administer medication to students in the absence of both the superintendent/principal and school nurse.
3. To help develop criteria for a medication policy to be implemented at Ina Community Consolidated School District No. 8, Ina, Illinois, where the researcher is currently employed.

Assumptions

The following assumptions were made:

1. That other rural elementary school districts in Southern Illinois have similar concerns as Ina Community Consolidated School District No. 8. These include concerns about policies and procedures for administering medication in the absence of the superintendent/principal and school nurse.

2. That most of the rural elementary school districts in this study are financially unable to employ a full-time school nurse.

3. It is assumed that many of the rural elementary school districts surveyed in this study employ one person as both superintendent and principal.

4. It is assumed that many times several of these rural elementary school districts will not have either an administrator or a school nurse present in the building.

5. The researcher assumed that all the rural elementary school districts contacted would be willing to participate and supply all information requested in this study.

Delimitations

This field study was limited to a review of the policies and procedures pertaining to the administration of medication not covered by the Education for All Handicapped Children Act. The Education for All Handicapped Children Act requires school districts to administer any medication which is needed to control a health problem affecting a student's ability to learn (Education for All Handicapped Children Act of 1975). The drugs included in the Education for All Handicapped Children Act were excluded because school districts are mandated by law to administer them.

Urban school districts were excluded from this study because the writer was interested in determining what policies and procedures are being utilized in districts similar to Ina Community Consolidated School District No. 8. Elementary schools which are part of unit districts were also excluded from this study.

Limitations

This study was limited to a review of the policies and procedures being used in thirty-three selected rural elementary school districts in Southern Illinois.

Definitions

Administration of Medication. The dispensing of medication to students in appropriate amounts and at proper intervals when requested by a parent/guardian or licensed prescriber.

Administrative Personnel. Any person issued an administrative certificate by the State of Illinois and employed by a school district as a superintendent, assistant superintendent, principal, or assistant principal.

Certified Personnel. Any person issued a certificate to teach in the State of Illinois.

Certified School Nurse. A registered professional nurse holding a Type 73 Certificate with the school nurse endorsement.

Medication. Any drug or agent used to treat a disease or illness. As used in this study, medication will refer to both prescription and non-prescription drugs.

Licensed Prescriber. As defined in this document:

A. Physician - A physician licensed to practice medicine in all its branches including Medical Doctors and Doctors of Osteopathy.

B. Dentist - A person licensed to practice dentistry in any of its branches.

Medical Prescription. A set of written orders signed by a licensed prescriber authorizing a pharmacy to dispense the medication listed on the prescription in the amounts listed to the person listed on the set of orders.

Non-prescription Drugs. Any drug which can be purchased over the counter without a prescription from a licensed prescriber.

Prescription Drugs. Any drug requiring a written order for dispensing signed by a licensed prescriber.

Rural Elementary School District. Any elementary school district in the State of Illinois whose students come from an area consisting mainly of farms or small villages surrounded by farms. The majority of the population in this area must go to a larger metropolitan area to earn their livelihood.

CHAPTER II

Rationale and Review of the Literature and Research

Rationale

The administration of medication to students by school personnel has affected Ina Community Consolidated School District No. 8 as it has many other small rural elementary school districts.

Courtnage (1982) estimated that one to two percent of all students enrolled in regular education receive medication for hyperactivity. The use of medication is even more extensive in special education. In light of the above facts, one can be assured that schools are likely to be faced with the fact that at least some children will require medication during the school day.

Few guidelines are available to clarify the responsibility of school personnel in the administration of medication and how to best manage medication within the school setting. The majority of the school districts investigated in one study (Kinnison & Nimmer, 1979) had not adopted policies concerning medication administered on school premises. This potentially leaves a school open to a lawsuit should school personnel administer medication to a student which results in an injury to that student.

School districts should develop and adopt policies which specify the responsibility of school personnel in

the administration of medication to students. This would protect the physical welfare of the students. This would also protect the district from lawsuits arising from an injury caused by improper medication administration.

Review of the Literature

It is sometimes necessary that a student receive oral medication during school hours. Therefore, every school system should have policies and procedures for administering medications during school hours. These should be strictly followed (Dorsett, 1982).

The administration of medication to students by school personnel presents school districts with three major questions:

1. Who should be responsible for the storage and administration of medication to students?
2. What are the legal ramifications of the administration of medication to students by school personnel?
3. What components should be contained in a district's policies and procedures for regulating the administration of medication to students by school personnel?

One position holds that the pupil and his/her parents must accept total responsibility for the administering of medication. That is, the parent must either visit the

school to administer the medication to the child at the appropriate time, or the parent will instruct the child in the proper manner of handling and self-administering the medication (Nimmer & Kinnison, 1980). At first glance this direction may seem to be the best route with the responsibility resting totally within the hands of the parents and pupil. Unfortunately, the following valid arguments oppose this procedure:

1. Many parents, employed throughout the day, are unable to come to school to administer the medication.

2. Some medicines may produce undesirable side effects. Should not school officials be aware of these possible reactions and be informed of what action to pursue in the event they occur?

3. Some pupils are either too young or mentally incapable of fully understanding when or how to self-administer dosages.

4. Finally, the question of illicit drugs arises. Devious students could consume illicit drugs under the pretext of a physician's supervision.

Apparently, therefore, permitting parents and/or pupils to accept total responsibility for the administration of prescribed medicines remains inadequate (Nimmer & Kinnison, 1980).

If school officials actively participate in the

storage and administration of students' prescribed drugs, the question of which school official should be involved directly becomes an issue. Should drugs be managed by the student's teacher, school nurse, or staff members within administrative offices? Certainly, these mature adults, presumably screened prior to their employment, should be capable of following the physician's and parents' instructions for the medicine's proper handling and dispensation. With this participation, however, is associated the responsibility and liability that may be assessed should the medication be managed improperly and deleterious side effects result. Who should be liable for these errors: parents, pupil, physician, school nurse, teacher, staff member, administrator, or even the school board (Nimmer & Kinnison, 1980)?

Public Act 87-790 which went into effect on January 1, 1992, clarifies which school personnel is legally responsible for administering medication to students. According to Public Act 87-790 under no circumstances shall teachers or other non-administrative school employees, except certified school nurses, be required to administer medication to students. The only employees legally obligated to administer medication to students are administrators and school nurses (Public Act 87-790, 1991).

School personnel should be aware of the legal implications of administering medication to students. Although there has been little litigation relating to the administration of medication to students today, two distinct legal questions are apparent (Gadow & Kane, 1983). First, are schools required by the law to administer medication to students? Second, what is the potential for liability damages if a student suffers an injury from the medication as a result of some negligence by school personnel?

A school system might not be able to avoid all involvement in the administration of medication even if it so desired. The Education for All Handicapped Children Act (PL 94-142) requires that a school district provide "related services" that are necessary to enable a handicapped child to benefit from special education. Federal regulations interpreting PL 94-142 define "related services" to include school health services that can be provided by a qualified school nurse or other qualified persons. If a handicapped student requires medication during school hours and it can be administered by someone other than a physician, the school is required to administer the medication as a related service (Gadow & Kane, 1983).

Clearly, however, it may not always be practical to

treat students needing medication during the school day as special education students. For students who need aspirin, another over-the-counter drug, or even a prescription medicine for a brief period in order to treat a minor ailment, resorting to special education procedures may prove too time-consuming and inefficient. Indeed the students's need for the medication may pass before the necessary procedures can be completed. Outside of the special education setting, however, a school's obligation to administer medication, even aspirin, is much less clear, and some would say, non-existent. Nevertheless, districts may understandably choose to provide such services for the welfare of the students concerned, despite the absence of a clear-cut legal mandate to do so (G. J. Anderson, personal communication, November 30, 1987).

Probably the greatest concern of school personnel is the possibility of a tort suit for medication error. A tort suit would be for damages based on the negligence of school personnel that caused injury to a student. The danger of injury from medication error is evident. A child could suffer an adverse drug reaction if he or she was erroneously given medication prescribed for another child or got into an unlocked desk or cabinet where medication was stored. Surprisingly, no published

appellate court decisions involving the liability of school personnel for medication errors has been found. Despite the lack of legal cases thus far, there is significant potential for liability (Gadow & Kane, 1983).

A district may minimize its risk of liability in several ways. First, whenever possible, and especially in the case of prescription medicines, a school nurse, who must also be a registered professional nurse, should administer the medication. This recommendation takes into account the professional expertise of school nurses.

In the absence of a state statute, schools and school personnel can avoid liability by carefully following procedures designed to prevent injury. Practices such as locking cabinets where medication is stored, carefully labeling medication and having relatively small amounts of medication on hand are of obvious importance in preventing injury and thereby avoiding liability (Gadow & Kane, 1983). In addition any administration of medication should be performed in accordance with a written policy based upon board policy and procedure.

Many states retain some protection for school districts and personnel against negligence in the administration of medication to students.

Considering the risks in administering medications to students, school boards have a tremendous responsibility

to develop policies and procedures that will identify school personnel permitted to administer medication to students. One can hardly stop a private physician from prescribing a specific drug or treatment during school hours for any child, handicapped or not (Ross, 1984).

The solution is not to prohibit altogether the use of prescription drugs in schools, but to carefully control their use. The use of prescription drugs can be controlled by developing and strictly enforcing a set of policies and procedures for regulating the use of prescription drugs.

The Committee on School Health, (1978), Dorsett, (1982), and Ross, (1984) made the following recommendations for policies and procedures for regulating the use of prescription drugs:

1. A written order from a physician should accompany the parents' request for medication administration. The order should detail the name of the drug, dosage, and time intervals that the medication is to be taken. The diagnosis or reason for the medicine being given should also be included.

2. Written permission should be provided by the parent or guardian requesting that the school district comply with the physician's order.

3. One member of the staff should be designated to

administer medication, ideally the health personnel if available.

4. No medicines including aspirins, ointments, cold tablets, and so on will be administered to students without written permission of the parent(s) or guardian(s) and the physician.

In addition Dorsett (1982) suggested that the following policies and procedures also be followed:

1. It is strongly recommended that only medication that has to be administered during school hours be administered then.

2. It is recommended that the first dosage of all medications be administered at home. This would help prevent an allergic reaction from occurring at school.

3. Under no circumstances should school personnel administer medication brought to school in a container other than the original one provided by the pharmacy even when brought in by a parent.

4. For each pupil who receives medication during school hours, a medication record form should be filled out. It should include each dose administered.

One final recommendation was made by both the Committee on School Health and Ross. That recommendation was if school districts require teachers and other staff members to administer medication, they should also provide

liability insurance. They should be sure that such coverage includes the nurse, teachers, athletic staff, principal, superintendent, and school board members (Committee on School Health, 1978 & Ross, 1984).

In addition, consider protecting staff members even further by requiring that two adults be present whenever medicines are administered. Be sure that a teacher supervises any student self-administering medication. Do not allow students to take medicines in the presence of their classmates.

If these policies and procedures are strictly followed, the risk of non-health personnel administering medications is greatly reduced. This is especially important in our keenly liability conscious climate. These policies and procedures demand no more health expertise from the non-health professional staff than would be expected of a parent (Dorsett, 1982).

Review of the Research

In the last ten to fifteen years several studies pertaining to the administration of medication to students by school personnel have been conducted. These studies have been utilized in an attempt to determine:

1. The existing authority of the fifty states concerning the administration and overall management of legally prescribed drugs in the school systems.

2. The recommendations that are being made pertaining to the administration of medication to students by school personnel.

In a survey by Courtnage (1982) all fifty state departments of education and health plus four U. S. territories were contacted in an attempt to determine the existing authority concerning the administration and overall management of legally prescribed drugs in the school system. Responses were obtained from both the departments of education and health from thirty-four states.

Thirty-four states (68%) indicated that no legal document with the force of the law existed at the state level in their state. Many states indicated that state guidelines listing suggestions on the use of legalized medications are available to local school districts. However, the guidelines developed by the state agencies are recommendations only. As such, they do not have the strength of the law (Courtnage, 1982).

The study produced other data. Analysis of these data indicated:

1. Nine states (18%) have included in statutes a statement that the parents must submit a request to the school before allowing medication to be administered during school hours.

2. Six states (12%) require a statement from the physician before permitting the school to proceed with the use of the medication.

3. Six states (12%) have promulgated administrative rules and regulations. All six states' regulations require a parent's request and a physician's statement.

4. Eleven states (22%) have included in the law a statement of designated persons permitted to administer medication in the schools (Courtnage, 1982).

In another study Ross and Foreman (1983) surveyed one hundred randomly selected Ohio school districts with student enrollments of 1,300 to 30,000 to determine what guidelines were being followed by Ohio public schools on the storage and administration of prescribed medications.

Regulations from thirty-eight districts were analyzed. A majority of them were found to be incomplete and in many respects not in keeping with pertinent legislation, litigation, and recommended procedures from educational and federal administrative agencies.

Data obtained from the analysis revealed that schools either do not consider or consider inadequately the following:

1. Clarification of responsibilities of persons involved in administering medication. This includes board of education members, administrators, parents, physicians,

pharmacists, and non-medical school personnel.

2. Providing in-service training to non-medical personnel responsible for administering medication to students.

3. Procedures for administering necessary prescribed medication.

4. Procedures for controlling non-prescription drugs such as aspirins and Pepto Bismol (Ross & Foreman, 1983).

Nimmer and Kinnison, Jr. (1984) conducted a survey of two hundred local school districts and all fifty state departments of education to determine current practices in the storage and administration of prescribed medications. Data received from the survey revealed:

1. Schools need a written authorization or request from both the student's parents/guardians and his/her physician. The authorization should include the student's name, name of the drug, time schedule for administration, appropriate dosage, and possible side effects.

2. The school nurse is to confirm the need and directions for the medication with the parents and physician prior to approval and actual administration of the prescribed drug.

3. The information identifying the person(s) responsible for the actual administration of medication varied depending on such factors as the availability of a

school nurse and the age of the student taking medication. Basically, the school principal has the responsibility of specifying which school personnel may administer the medication.

CHAPTER III

Design of the Study

Overview

This field study was designed to examine how thirty-three selected rural elementary districts manage policies for the administration of medication to students in the absence of both the superintendent and school nurse. A questionnaire was mailed to the thirty-three rural elementary districts requesting information pertaining to the administration of medication to students by school personnel in the absence of both the superintendent and school nurse. Each district was asked the following questions:

1. Does your district have a designated person to administer medication to students in the absence of both the superintendent and school nurse? If your district has a designated person, please identify the position held by that person.

2. Are teachers in your district allowed to administer medication to students?

3. Are parents required to come to school to administer medication to their child(ren) if they need it?

4. Are students in your district allowed to self-administer medication?

Each rural elementary district was also asked to

indicate whether it had formal policies and procedures for regulating the administration of medication to students by school personnel. If a district had formal policies and procedures, it was asked to send a copy of the formal policies and procedures with its completed questionnaire.

Collection and analysis of this information identified current practices being utilized by twenty-eight of the thirty-three rural elementary districts contacted to govern the administration of medication to students. A recommendation for the implementation of a policy and procedures for regulating the administration of medication to students by school personnel at Ina Community Consolidated School District No. 8 will culminate this study.

Sample and Population

Thirty-three rural elementary school districts were the basis for this study (Appendix A). These thirty-three rural elementary school districts were selected from an eleven county region covering almost all of Southern Illinois south of U. S. Route 50. The thirty-three rural elementary school districts were randomly selected from those listed in the Directory of Illinois Public Schools, School Districts, and Other Education Units. All thirty-three rural elementary school districts chosen were elementary districts as opposed to elementary schools in

unit districts.

Data Collection and Instrumentation

A cover letter was mailed to the superintendents of thirty-three randomly selected rural elementary school districts (Appendix B). Attached to the cover letter was a questionnaire developed by the researcher. The questionnaire requested information regarding each school district's policies relating to the administration of medication to students by school personnel. This information was requested in order to identify current policies being used to regulate the administration of medication to students (Appendix C). Each district was also asked to send a copy of its medication policy. A self-addressed, stamped envelope was provided to return the requested information.

The questionnaire was sent during the first week of April, 1993 (Appendix C). A three week response time was requested to encourage the return of the questionnaire. The initial response rate was seventy-eight percent (twenty-six of thirty-three) of the questionnaires returned by the end of the three weeks. At the end of the three weeks schools not responding to the questionnaire were sent a follow-up letter and another copy of the questionnaire in an attempt to achieve a return rate of ninety percent (Appendix D). The final return rate was

eighty-four percent (twenty-eight of thirty-three). Nine districts returned copies of their medication policies.

Data Analysis

The data and/or information received in this study were analyzed to determine how each of the twenty-eight responding rural elementary districts regulate the administration of medication to students. Descriptive statistics were used to analyze the data. The results of each question were tabulated and percentages were used to describe the results which are expressed in tables.

CHAPTER IV

Results

Results

The purpose of this study was to determine what policies and procedures are being used by small rural elementary districts in Southern Illinois to administer medication to students. Of particular interest were the policies and procedures that regulate the administration of medication to students in the absence of the superintendent and school nurse. The study was also used to develop criteria for a medication policy to be implemented at Ina Community Consolidated School District No. 8. Four questions were used to obtain this information.

Question 1 asked each district if it had a designated person to administer medication to students in the absence of both the superintendent and school nurse. In many small rural Southern Illinois elementary districts there will be times when both the superintendent and school nurse are gone. When this occurs, school districts should have a designated person responsible for administering medication. Table 1 contains the districts' responses to Question 1.

As Table 1 indicates 64% of the districts have a medication policy that designates personnel to administer

Table 1

Does Your District Have A Designated Person to Administer Medication in the Absence of Both the Superintendent and School Nurse

	Responding Districts	
	N = 28	
	<hr/>	
Response	Number	Percentage
	N	%
<hr/>		
Yes	18	64%
No	10	36%

medication to students in the absence of the superintendent and school nurse. Thirty-six percent of the districts do not have a designated person to administer medication. The responses seem to clearly indicate that the majority of the school districts have considered the fact that there could be times when the superintendent and school nurse would both be gone. In anticipation of this occurring, they have designated someone to be responsible for administering medication to students.

The second part of Question 1 asked those districts

which indicated that they have a designated person to administer medication to students in the absence of both the superintendent and school nurse to identify the position held by that person. Their responses are contained in Table 2.

The responses contained in Table 2 show that 61% of of the responding districts indicated that the school secretary was the designated person to administer medication in the absence of both the superintendent and school nurse. Twenty-eight percent of the districts indicated that their designated person was the classroom teacher. This was surprising to the researcher because teachers and other non-administrative school personnel cannot be required to administer medication to students according to Public Act 87-790. Only about 25% of the designated persons were administrative personnel who could be required to administer medication to students.

Question 2 asked each district if it allowed teachers employed by the district to administer medication to students. The districts' responses are contained in Table 3.

On the question of whether teachers can administer medication to students, the responses were almost evenly divided. Slightly more than one-half of the districts permitted teachers to administer medication to students.

Table 2

**School Personnel Designated to Administer Medication in
the Absence of Both the Superintendent and School Nurse**

	Responding District	
	N = 18	
	<hr/>	
Response	Number	Percentage
	N	%
<hr/>		
Secretary	11	61%
Classroom Teacher	5	28%
Principal	3	17%
Teacher in Charge	2	11%
Administrative Assistant	1	6%
Aide	1	6%
Bookkeeper	1	6%
Custodian	1	6%

Note. Since some districts elected to identify more than one designated person, the number of responses will not equal N and the percentage will not equal 100.

Table 3

**Are Teachers in Your District Allowed to Administer
Medication to Students**

	Responding Districts	
	N = 28	
	<hr/>	
Response	Number	Percentage
	N	%
<hr/>		
Yes	15	54%
No	13	46%

Several of the districts indicated that their teachers were prohibited from administering medication to students by their contract with the board of education.

Question 3 asked each district if it required parents to come to school to administer medication to their child(ren) when they need it. Table 4 contains the districts' responses.

The results clearly indicate that most of the rural elementary school districts are willing to accept responsibility for administering medication to students. This was indicated by the fact that 79% of the rural elementary districts do not require parents to come to

Table 4

**Are Parents Required to Come to School to Administer
Medication to Their Child(ren)**

	Responding Districts	
	N = 28	
	<hr/>	
Response	Number	Percentage
	N	%
<hr/>		
Yes	6	21%
No	22	79%

school to administer medication to their child(ren) when they need it.

Question 4 asked each district if it allowed students to self-administer medication. Table 5 contains their responses.

The districts were evenly split on the question of allowing students to self-administer medication.

The survey provided the researcher with other information which can be used as a reference for the future development of a medication policy for Ina Community Consolidated School District No. 8. The first part of this information showed that there is a definite

Table 5

Are Students in Your District Allowed to Self-Administer Medication

	Responding Districts	
	N = 28	
	<hr/>	
Response	Number	Percentage
	N	%
<hr/>		
Yes	13	46%
No	13	46%

Note. Since some districts chose not to respond to this question, the number of responses will not equal N and the percentage will not equal 100.

need for designating someone to administer medication in the absence of both the superintendent and school nurse. Seventy-five percent of the districts employ one person as both superintendent and principal. In addition about 54% of the districts employ only a part-time school nurse and 46% employ no school nurse at all. Eighty percent of the districts employing a part-time school nurse indicated that he/she is in the district less than one day a week.

This information indicated that there will likely be times when both the superintendent and school nurse are not available to dispense medication to students.

The remaining questions provided examples of policies and procedures currently being used by rural elementary school districts in Southern Illinois to administer medication to students. These are going to be used to develop criteria for the development of a medication policy for Ina Community Consolidated School District No. 8.

The first group of questions pertained to requests for the administration of medication to students. Nearly 67% of the districts require a physician's statement before medication can be administered to students. Over 90% of the districts require parental request before medication can be administered to students. The parental request can be made either in writing or orally. Eighty percent of the districts require the parental request to be made in writing. Fifteen percent of the districts require that the request be made both in writing and orally. Four percent of the districts require no request of any kind.

Another group of questions concerned teachers who administer medication to students. Only 10% of the districts require teachers administering medication to a

student have another teacher act as a witness. Only 33% of the districts offer their teachers inservice in the administration of medication to students before allowing them to administer medication to students.

Information pertaining to students who self-administer medication was also collected. Nearly 50% of the districts require that teachers witness students who self-administer medication. Most of the districts felt that only one teacher needed to witness the self-administration.

The last group of questions pertained to the amount of medication which can be brought to school and the amount of medication which can be stored at school. Fifty-seven percent of the districts limit the amount of medication which can be brought to school. Seventy-five percent of the districts limit the amount of medication which can be stored at school to one week's supply.

CHAPTER V

Summary, Findings, Conclusions, and Recommendations

Summary

In 1990 the State of Illinois took a huge step toward preventing potential problems for school districts which allow school personnel to administer medication to students. This occurred when Public Act 86-1441 went into effect.

The purpose of this study was to determine what practices and procedures are currently being used by rural elementary school districts in Southern Illinois to govern the administration of medication to students in the absence of both the superintendent and school nurse. A secondary purpose of this study was to collect examples of policies and procedures regulating the administration of medication to students by school personnel. This purpose was not met as the researcher would have liked because he received only nine medication policies. These are to be considered when revising Ina Community Consolidated School District No. 8's current medication policy.

These purposes were accomplished by conducting a survey of thirty-three randomly selected Southern Illinois elementary school districts. Analysis of the twenty-eight returned surveys provided the researcher with the practices and procedures currently being used.

In addition to determining the current practices and procedures being used by the twenty-eight responding districts, a review of the literature and research associated with the administering of medication to students by school personnel was conducted. This review identified practices and procedures that should be included in all medication policies. It also identified policies and procedures commonly found to be missing in many districts' medication policy.

Findings

In reviewing the results of the survey, the researcher found that most of the school districts seemed to indicate that they felt schools should be responsible for administering medication to students. Seventy-eight percent of the school districts indicated that they do not require parents to come to school to administer medication to their child(ren). The administration of medication is either handled by school personnel or by students self-administering medication with school personnel witnessing the administration.

Nearly 65% of the districts indicated that they have a designated person to administer medication in the absence of the superintendent and school nurse. This indicates that most districts have considered the possibility that the superintendent and school nurse would

occasionally be gone at the same time. It also indicates that they had prepared for this happening.

Only 23% of the designated persons were administrative school personnel. These are the only people who can be required to administer medication to students according to Public Act 87-790. The other designated persons could volunteer to administer medication, but they cannot be required to administer medication.

Slightly more than 53% of the districts allow teachers employed by the district to administer medication to students. Many districts' teachers were prohibited from administering medication to students by their contract with the board of education.

On the question of students being allowed to self-administer medication there was no clear-cut trend. The same number of districts allowed students to self-administer medication as did not allow them to self-administer medication.

Conclusions

One conclusion drawn from the study was even though the State of Illinois has taken steps to resolve problems associated with administering medication to students, administering medication to students will continue to present problems for many small rural elementary districts

in Southern Illinois.

Another conclusion drawn from the study was that Public Act 87-790 does not adequately regulate the issue of administering medication to students in small rural elementary school districts in Southern Illinois. Public Act 87-790 requires that only administrative personnel and certified school nurses be required to administer medication to students. Many of these districts employ only one person as both superintendent and principal. In addition many of these districts employ only a part-time school nurse. Public Act 87-790 does not indicate who is responsible for administering medication to students if both the superintendent and school nurse are gone.

Recommendations

Based on the findings and conclusions presented, this researcher makes the following recommendations:

1. Ina Community Consolidated School District No. 8 should revise its current medication policy and implement a new medication policy based on the findings of this study.
2. Schools that are going to be responsible for administering medication to students should revise their current policy to correct potential areas of problems.
3. School districts responsible for administering medication to students should implement policies and

procedures for controlling non-prescription drugs.

4. School districts administering medication to students should provide inservice training for non-medical personnel who will be responsible for administering medication. All school employees should be given inservice in monitoring students who are administered medication.

5. School districts which are going to be responsible for administering medication to students should only administer medication which a physician indicates must be taken during school hours.

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Appendix A

List of Schools Contacted

<u>SCHOOLS</u>	<u>COUNTY</u>
Akin CCSD 91	Franklin
Ashley CCSD 15	Washington
Bartelso School District 57	Clinton
Beckemeyer Elementary School	Clinton
Bethel School District 82	Jefferson
Buncombe Cons. School District 43	Johnson
Cypress School District 64	Johnson
DeSoto Cons. School District 86	Jackson
Dodds CCSD 7	Jefferson
Ewing-Northern CCSD 115	Franklin
Farrington CCSD 99	Jefferson
Field CCSD 3	Jefferson
Geff CCSD 14	Wayne
Giant City CCSD 130	Jackson
Hoyleton Con. School District 29	Washington
Irvington CCSD 11	Washington
Iuka CCSD 7	Marion
Jonesboro Elementary School	Union
Kell Cons. School District 2	Marion
Lick Creek CCSD 16	Union
Logan CCSD 110	Franklin
Merriam CCSD 19	Wayne

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New Hope CCSD 6	Wayne
New Simpson Hill Cons. District 32	Johnson
North Wamac School District 186	Clinton
Oakdale CCSD 1	Washington
Odin Elementary School	Marion
Prairie Du Rocher CCSD 134	Randolph
Summersville School District 79	Jefferson
Tamaroa School District 15	Perry
Unity Point CCSD 140	Jackson
Willow Grove School District 46	Clinton
Woodlawn CCSD 4	Jefferson

Appendix B

Cover Letter

Ina Community Consolidated School District No. 8

Elm and Tamaroa Roads

Ina, Illinois 62846

Superintendent: Clyde Hayes Principal: Allen Bigley

March 31, 1993

Dear Superintendent,

Public Act 87-790 pertains to the administration of medication to students by school personnel. This act could potentially cause problems for many small rural districts in Southern Illinois which employ one person as both superintendent and principal and employ only a part-time school nurse. The possibility exists that a district could have both the superintendent/principal and the school nurse absent at the same time. If this occurred and no teacher was willing to accept responsibility for administering the medication, there would be no one there to administer the medication. This could potentially lead to legal problems.

Please take a few minutes to respond to the attached questionnaire. Your response is of extreme importance as your school is one of only thirty-three schools being

contacted for this information. Enclosed is a stamped, self-addressed envelope to return the information by April 23, 1993. A tabulation of the results will be sent to you sometime during the summer of 1993.

The information received will be utilized to determine how similar districts address the administration of medication to students by school personnel in the absence of both the superintendent/principal and the school nurse.

Please enclose a copy of your district's medication policy with your enclosed questionnaire.

Sincerely,

Allen Bigley

Principal

Ina Community Cons.

School District No. 8

Appendix C

Data Sheet

School _____ Enrollment _____

1. Does your district employ both a superintendent and a principal?

YES _____ NO _____

2. If the answer to the previous question was no, does your district employ one person as both superintendent and principal?

YES _____ NO _____

3. Does your district employ a full-time school nurse?

YES _____ NO _____

4. If the answer to the previous question was no, does your district employ a part-time school nurse?

YES _____ NO _____

5. If your district employs a part-time school nurse, how often is she/he in your building?

1 day per week _____ $\frac{1}{2}$ day, everyday _____

1 day every 2 weeks _____ 1 day per month _____

other _____ If your answer is other, please indicate how often the nurse is in your building. _____

6. Does your district have a designated person to administer medication in the absence of both the

superintendent and school nurse?

YES _____

NO _____

7. If the answer to question number 6 was yes, please identify the position held by that person. _____
-

8. If a child needs medication at school, does your district require the parents to come to school to administer the medication?

YES _____

NO _____

9. Does your district require a physician's statement before medication can be administered to students?

YES _____

NO _____

10. Does your district require parental request before medication can be administered to students?

YES _____

NO _____

11. If the answer to the previous question was yes, how must the request be made?

Orally _____

In writing _____

12. Are teachers allowed to administer medication in your district?

YES _____

NO _____

13. If a member of your staff administers medication to students, must it be witnessed by another staff member?

YES _____

NO _____

14. If teachers are allowed to administer medication to students in your district, are they given any inservice in the administration of medication?
YES_____ NO_____
15. Are students allowed to self-administer medication in your district?
YES_____ NO_____
16. If students are allowed to self-administer medication are they required to reach a certain grade level before they can begin self-administering medication?
YES_____ NO_____
17. If the answer to number 16 was yes, at what grade level are they allowed to begin self-administering medication?
4th Grade and Above_____ 5th Grade and Above_____
6th Grade and Above_____ 7th Grade and Above_____
8th Grade_____ Other_____
If you answered other, please specify the grade level. _____

18. If students are allowed to self-administer medication in your district, must the administration be witnessed by a certified staff member?
YES_____ NO_____
19. If the self-administration of medication must be

witnessed by certified staff members, how many staff members must witness the self-administration?

One_____

Two_____

Other_____ If you answered other, please specify the number._____

20. Does your district limit the amount of medication which can be brought to school?

YES_____

NO_____

21. If your district limits the amount of medication which can be stored at school, what is the maximum amount of medication which can be stored at school?

1 day's supply_____

1 week's supply_____

2 weeks' supply_____

1 month's supply_____

Other_____ If you marked other, please indicate how much._____

Appendix D

Follow-up Letter

Ina Community Consolidated School District No. 8

Elm and Tamaroa Roads

Ina, Illinois 62846

Superintendent: Clyde Hayes Principal: Allen Bigley

April 22, 1993

Dear Superintendent,

I recently sent you a questionnaire pertaining to the administration of medication to students by school personnel and asked that you participate by completing the questionnaire and returning it to me.

If you have completed the questionnaire and returned it. I want to thank you for your cooperation and assistance. If, however, you have not yet completed the questionnaire, I would hope that you would do so soon. The information you supply is important as I determine how similar districts address the administration of medication to students by school personnel in the absence of both the superintendent and school nurse.

Please return the questionnaire with your response in the self-addressed, stamped envelope so that it arrives no later than Friday, April 30, 1993.

**Your cooperation and assistance will be greatly
appreciated.**

Sincerely,

Allen Bigley

Principal

Ina Community Cons.

School District No. 8