Medication Variance Procedure

Rationale:

In order to insure compliance to Germantown Municipal School Schools Policy and TN. State Guidelines for Assisting Students to Self-Administer Medication in the school setting the following procedure has been implemented to provide a reporting mechanism to report and review exceptional incidents and events involving licensed and unlicensed school personnel assigned to assist student in the self-administration of medication.

The Medication Variance Form is revised and is a 1 sided form. The following reporting structure is intended to identify potential problems, address areas of need, offer recommendations to avoid future variances and improve the annual medication training material.

Definition of a Medication Variance or Error:

A medication variance can be defined as any occurrence that results in the failure to administer medication(s) as prescribed or directed for a particular student or students according to accepted practice and established training guidelines.

In the Event of a Variance:

Licensed Staff involved in a medication variance incident will follow the procedure as outlined below; whether assisting a student to self-administer medication or administering medication to students who are unable to self-administer medication.

Role and Responsibility:

Licensed Personnel- need to follow the outlined procedure and complete a written medication variance report form and fax the report to the Office of Coordinated School Health as well as verbally report the variance to the Collierville Schools Lead Nurse, and School Administrator as soon as reasonably possible before the end of the regularly scheduled work day on the day of the incident.

Licensed Contract Personnel- need to follow the procedure as outlined, verbally report the variance to the assigned school nurse and complete a written report, the assigned school nurse will notify the

Health and Wellness Specialist and School Administrator.

Unlicensed School Personnel -will follow the outlined procedure, school personnel need to communicate directly with the assigned school nurse on a case by case basis in any situation involving a medication variance.

After verbally reporting a variance to the school nurse, school personnel must complete a written medication variance report form soon as reasonably possible before the end of the regularly scheduled work day on the day of the incident.

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###### The assigned school nurse will take the lead and notify the Office of Coordinated School Health, Medical Provider and the Parent as appropriate.

All variance forms must be faxed to the Office of Coordinated School Health. The variance is now a 1-sided form, add additional pages as necessary and indicate on the upper right of the form the number of pages being faxed in order for the report to be complete.

Variance Routing:

All information on the Medication Variance Report Form must be completed. Submit the completed 1- sided form to the school principal for review and signature. The Principal will forward the completed form to the Office of Coordinated School Health for review and follow up.

The following list includes a few examples of situations resulting in implementing the variance procedure.

Medication is not given as written on the pharmacy label and/or the medication authorization:

1. Untimely administration of medication:

A medication is not given in a time frame that is not consistent with the accepted 1hour window. The hour time frame is considered to be 30 minutes before or after the time directed by the physician and as stated o the Medication Authorization form.

###### Dose of medication is missed/omitted/forgotten:

Student did not report to the designated area at the designated time to take medication, reports to the designated bated area outside the acceptable time frame. (to early, too late or not at all)

1. Incorrect dose of medication administered:

The wrong dose, either more or less than the prescribed amount as directed by the physician and stated on the Parent Authorization form is given.

1. A student receives the wrong medication:

Medication given to the wrong student, the student receiving medication is not the student for whom the medication was prescribed.

1. Medication is not available at school at repeated intervals.

Medication cannot be administered when the supply on hand is repeatedly depleted and not replenished by parents in a timely manner.

1. Student has a reaction to medication.

In the event a student begins to have a reaction and experience a rash, hives, welts, itching, redness, watering, itching eyes, shortness of breath, vomiting, nausea or stomach pain.

1. Student vomits after any medication is administered
2. An unauthorized second dose of medication is administered to a student in the same day.
3. Medication is administered by the incorrect route. (ear drops in the eye- eye drops in the ear).

Potential contacts:

School Nurse

###### Parent

###### School Administrator

Poison Control1-800- 222-1222

 Germantown Municipal Schools Lead Nurse

Office of Coordinated School Health Contract Agency Program Supervisor

 Medical Provider

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 Germantown Municipal Schools

Medication Variance Report Form

(Follow outlined Variance Reporting Procedure)

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School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_year: \_

 Student name:. DOB:. .Sex:\_\_\_ Grade:. \_

Student home address Home Phone:\_\_\_\_\_\_\_\_\_\_\_ Parent name: Work phone:. \_

Name of licensed prescriber:. Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Address: City: Zip: \_

Name of medication:

Date of parent authorization:

Reason medication is prescribed:

Scheduled time of administration:

Dose Prescribed:\_\_\_\_\_\_\_\_\_\_\_ Route of administration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and time variance occurred:. \_

Explain the variance: (attach and fax additional sheets as needed- indicate# of pgs. see above right)

Variance notification chain: (completed by School Nurse/School Staff- check all that apply)

##### School nurse: School Administrator: Licensed prescriber: Parent/Guardian notified:

Coordinated School Health: Other persons notified: \_ Action taken by: Date and time:: \_ Principal signature: Date: \_

 Signature of person completing report: Date &Time of report: CSH Follow up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:. \_

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