

CURRICULUM TO TEACH UNLICENSED SCHOOL PERSONNEL HOW TO ASSIST WITH MEDICATIONS IN THE SCHOOL SETTING

SECTION ONE: INTRODUCTION

Many children with chronic illnesses and conditions attend Alabama's schools and may require medication during school hours. While many schools have a licensed nurse available, there are not enough school nurses to be in each school and give medications to each student. The increasing numbers of students who take medicine during school hours, whether in the classroom or on a field trip requires that school nurses have assistance with giving the students' medication. In the past, a school employee or teacher gave the medication in the classroom or the school's office. The change in that program is that the school nurse will pick the person to assist and provide training.

There is much more to assisting with medicines than just keeping a child's medicine bottle in a drawer. This training program was developed to give the school employee or teacher more information about the process of giving medicine, how to do it, what to write down, and the expected results. The curriculum provides the responsibilities of the school nurse and the unlicensed assistant. The curriculum was developed collaboratively between the State Department of Education School Nurse Consultants, the Alabama Association of School Nurses, and the Alabama Board of Nursing.

This curriculum covers general issues and medications. If medications other than the ones listed are given in a specific school system that should be addressed in the school specific training. If a student brings a new medication and/or one not covered in this training to school, contact the school nurse.

SECTION II. SCHOOL HEALTH

School Health Issues Related to Medications in the Schools

The issues associated with medicines in the schools require an understanding of the environment that led to this point. The number of students with complex health issues enrolled in schools is increasing. In the past, many children with chronic illnesses attended a special school or did not go to school. Societal changes resulted in a focus on the health of children in Alabama schools. Medicines that children take at school are a small part of the school's approach to the health of its students. The goal in giving medicines to students at school is to promote optimal wellness in order to enhance their ability to learn. Not taking prescribed medicine at the right time, taking the wrong dose of medicine, or having a reaction to medicine are all things that can cause learning problems for children. The school response is holistic---the child's health is the broad goal while aiding the child's health is a goal of giving medicines in the school setting.

There is no special title for the unlicensed person selected by the school nurse to assist with giving medicines in the schools. For purposes of this curriculum, the term "Medication Assistant" will be used to identify that individual chosen by the school nurse for training. A school nurse may be either a registered

nurse (RN) or a licensed practical nurse (LPN). The lead nurse should be a registered nurse (RN). There is a difference in educational preparation and scope of practice between the RN and LPN. The LPN's nursing practice requires oversight by the RN. The RN may not be in a position to supervise the LPN's employment relationship with a school, but a LPN is not allowed to practice in a school setting without oversight of the nursing care provided to students.

The RN or LPN School Nurse is required to have a license issued by the Alabama Board of Nursing. The license represents that the RN or LPN has (1) specialized knowledge, (2) independent judgment, and (3) the fitness and capacity to practice. The Alabama Board of Nursing regulates the nursing education programs in Alabama and assures that before issuing a license, the individual applicant meets all the legal requirements---including passing "state boards"---a national examination that determines the individual's knowledge and competence to practice nursing. The holder of a nursing license is under the authority of the Board of Nursing.

The lead nurse or designated nurse has the legal mandate to complete an annual comprehensive health assessment of the students in the local education agency (LEA) and make recommendations to the superintendent concerning implementation of health needs. (School Nurse Law, 2009). Each student should have a Standardized Health Assessment Record completed annually to assist the lead nurse or designated nurse with providing the comprehensive assessment to the LEA.

The Nurse Practice Act

The Alabama Board of Nursing was established in 1915 by the Alabama legislature. The “Nurse Practice Act” is the term used to refer to the statutes that established the Board and the foundational laws for nursing practice. The Alabama Board of Nursing Administrative Code contains the published regulations. The statute establishes the broad power and authority of the Board of Nursing and the regulations set out specifics. In calendar year 2000, the Board of Nursing began work with school nurses, educators, and school administrators to address how and who gave medicines in the schools. Prior to December 3, 2001, school nurses could teach unlicensed school employees or teachers about medicines but could not *delegate* a nursing task or function to the unlicensed person.

Alabama Board of Nursing Administrative Code

Delegation is defined in the Board of Nursing regulations. Chapter 610-X-7-.01 (1) states that delegation is “the act of authorizing a competent individual to perform acts supportive to registered nurses or licensed practical nurses in selected situations.” Delegation is a key issue because the licensed nurse retains responsibility for the task delegated to someone else---someone else performs the task but the nurse retains the responsibility for the outcome.

The Alabama Board of Nursing’s legal mandate is the protection of public health, safety, and welfare. The Board held public hearings, meetings with interested persons, talked with school nurses and decided to provide clarification

for school nurse practice. The Board of Nursing established a section in the Board of Nursing Administrative Code specific to school nurses. School nurse practice is very different than working in a hospital, nursing home, clinic, or home health.

First of all, the school nurse is responsible for the health of children in each school to which he or she is assigned by the local education agency. Giving medicines is only one area of responsibility for the school nurse. The Board of Nursing recognized the special nature of school nursing. The foundation of delegation by a school nurse is found in Alabama Board of Nursing Administrative Code Chapter 610-X-7, Standards of Nursing Practice—Specific Settings. The section specific to school nurses is given to you so that you have a basic understanding of the school nurse's responsibility in providing health services to children.

610-X-7-.02 Delegation by School Nurses

- (1) The school nurse is accountable and responsible for the nursing care delivered to students under the nurse's jurisdiction.
- (2) Over-the-counter (OTC) medications may be administered to school children by the school nurse with a parent's written authorization and without a physician's authorization unless the school system policy requires a physician authorization. Parental authorization requirements require the following documentation:
 - (a) The purpose of the OTC medication.
 - (b) The circumstances under which the over-the-counter medication can be administered.
- (3) Registered nurses or licensed practical nurses who provide nursing care in the school setting through the twelfth grade may delegate specific tasks to unlicensed assistive personnel.
- (4) The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel following appropriate training and demonstration of competency.
- (5) Delegation of the use of the vagal nerve stimulator (VNS) in selected cases is not prohibited.
- (6) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or Interventions that shall not be delegated include, but are not limited to:
 - (a) Catheterization, clean or sterile.
 - (b) Administration of injectable medications, other than premeasured medication for allergic reactions.

- (c) Administration of rectal or vaginal medications.
- (d) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.
- (e) Tracheotomy care, including suctioning.
- (f) Gastric tube insertion, replacement, or feedings.
- (g) Invasive procedures or techniques.
- (h) Sterile procedures.
- (i) Ventilator care.
- (j) Receipt of verbal or telephone orders from a licensed prescriber.
- (7) The task of providing prescribed oral, topical, ear, eye, nasal, and inhalation medications to a student through twelfth grade may be delegated to unlicensed assistive personnel by the school nurse only when the following conditions are met:
 - (a) The school nurse identifies the appropriate individual(s) to assist in providing prescribed medications.
 - (b) The unlicensed assistive personnel selected by the school nurse shall attend a minimum twelve-hour course of instruction that includes a curriculum approved by the Board and demonstrated competency to perform the delegated task.
 - (c) The school nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.
 - (d) The school nurse shall routinely and periodically conduct quality monitoring of the tasks performed by the unlicensed assistive personnel, including, but not limited to:
 - (i) Training.
 - (ii) Competency.
 - (iii) Documentation.
 - (iv) Error reporting.
 - (v) Methods of identification of the right student, the right task, the right method, and the right quantity at the right time.
- (8) The school nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to unlicensed assistive personnel.
- (9) The School Nurse Consultant or School Nurse Administrator shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).

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Federal and State Law

The Americans with Disabilities Act (ADA) is a federal law enacted by Congress to prohibit discrimination against the disabled. Prior to the ADA, individuals with special needs or disabilities were often unable to attend school (or work) because of barriers imposed by the physical layout of buildings, societal beliefs, and a lack of resources for the disabled. The law resulted in changes and

removal of barriers---including the education of disabled children. Providing health care in the school setting became an expectation and resulted in passage of the Individuals with Disabilities Education Act (IDEA). These laws, when read together, provide a foundation for the health services the schools are required to provide students. Section 504 of the Rehabilitation Act of 1973 is a civil rights act. Section 504 prohibits discrimination solely on the basis of a disability in programs or activities that receive federal financial assistance. All public school systems in Alabama receive federal financial assistance; therefore, all public school systems must comply with Section 504 of the Rehabilitation Act of 1973.

Other agencies have regulations that have to be considered by the school nurse and the medication assistant. The federal Drug Enforcement Agency (DEA) has jurisdiction over controlled substances. Narcotics or other “scheduled drugs” are referred to as controlled substances. Doctors are required to have a specific DEA number to write prescriptions for controlled substances. The Alabama Board of Pharmacy has regulations regarding the dispensing, packaging, and distribution of medications by pharmacists and pharmacies. There are some specific Board of Pharmacy regulations that impact medicines in the schools---particularly field trips and off-campus events. The Alabama Department of Public Health has regulations about reportable events, communicable diseases, and other public health issues.

Confidentiality & Privacy

Confidentiality is an important legal concept in the school setting. Health records of students are confidential and are kept separate from the school records.

Knowing some information from the health record is necessary for the medication assistant. It is important for the medication assistant to understand that the information provided should not be repeated to other students, school employees and teachers. Health records contain sensitive information and disclosure without permission can result in legal liability. ***Records containing student health information should never be left open on top of a desk. Nor should confidential information be left as a message with a secretary, on a voice mail or answering machines, or on an electronic mail system. Regardless of where stored, student health information should be stored in locked file cabinets or secure computer files (ASHA, 2000).*** Privacy is a separate legal concept. If a child tells a teacher or school secretary how he or she feels about having a chronic illness, that is information that should be shared with the school nurse but not disclosed to those who do not have a “need to know.” Students, teachers, and staff spend a great deal of time together over the course of a school year. It is natural for individuals to talk about situations at school. Recognize that health information has a higher level of protection.

There are some practices that help protect the confidentiality and privacy of students, such as:

- Limit access to school health records as defined by policy.
- Discuss medication information with appropriate staff only.
- Require signature for all non-school health employees accessing health records.

- Secure records, avoid public disclosure. (***FERPA provides parents with access to all their child's school records, including health records, and stipulates that these records may not be released outside the school without specific parental consent. ASHA, 2000***)
- Use appropriate areas for medication free of distraction and avoid discussion in public areas.
- Storage of emergency action plans (EAP) on school buses, extracurricular activities, and field trips.
- Refer all release of information requests to the school nurse.

The reason the focus and attention of regulations, policies, and guidelines is directed to medications in the schools is to protect the health, safety, and welfare of the student. Some requirements to protect the student include protecting the student's rights, managing and monitoring student's prescribed medicines, using correct methods to identify students and medicines, and following guidelines for safety in assisting the school nurse with medications (including storage of medicines and documentation).

Responsibilities of the School Nurse

The school nurse has many responsibilities in providing health services to students. The responsibilities of the school nurse for administration of medications to students are:

- Development and implementation of the nursing care plan/individualized healthcare plan (IHP) and emergency action plans (EAP) including

assessment, nursing diagnosis, establishment of nursing goals and evaluation.

- Review student assessment health records.
- Ongoing assessment, evaluation of outcomes and revisions to the IHP/EAP.
- Any intervention that requires professional nursing knowledge, judgment, and/or skill may not be delegated.
- Assures the availability of resources required to assist with medications, including material resources, an appropriate environment, and supervision.
- Implements procedures for handling, storing, and disposing of medications per federal, state and local guidelines.
- Ensures that the medication assistant has successfully completed an Alabama Board of Nursing-approved medication assistant training program, training specific to the school district and local school, and has received student-specific instruction.
- Ensures ongoing competence of medication assistant by routine monitoring to include observation of medication assisting techniques, review of the unlicensed school personnel's documentation, and correction actions taken to promote competence. Evidence of monitoring and corrective actions are documented and stored separately from the student's health record.

- Determines that it is safe to delegate assistance with medication to the medication assistant based upon the stability of the student's health status, the complexity of the task and the competency of the medication assistant.
- Monitors compliance with health record confidentiality.
- Assures that a clear, written, signed medical order and written parental consent form for medications and treatments are obtained in accordance with local school policies and procedures.
- Establishes procedures to ensure that the medication assistant has access to a healthcare professional at all times.
- Develops procedures for student specific routine and emergency procedures including assisting with medication while at school, during school-sponsored trips and activities, and during transportation to and from school and document in student's IHP/EAP.
- Performs delegation in accordance with the Alabama Nurse Practice Act.
- All education should be kept in a packet format with the date, sign-in sheet, return demonstration, and signature of the person receiving training.

Responsibilities of the Medication Assistant

- Successfully completes an Alabama Board of Nursing/ State Department of Education approved program for medication assistance

by unlicensed school personnel, training specific to the school district and local school, and training in student-specific issues.

- Adheres to the policies and procedures of the school and district.
- Follows the outlined plan of care for individual students.
- Does not participate in activities that require professional nursing judgment, knowledge, or skill, and notifies the school nurse when professional nursing care is required.
- Notifies the school nurse immediately when there is suspicion of a medication reaction, a medication error, or a change in a student's health status or new medication received at school.
- Completes timely, accurate documentation of assistance with medication in accordance with state and local policies.

How to Determine if Nursing Judgment is Necessary

- The intellectual process nurse exercises in forming an opinion and reaching a clinical decision based upon an analysis of evidence or data (ANA, 1992).
- The task does not involve ongoing assessment, interpretation or decision-making which cannot be logically separated from the performance of the task itself (NASN, 1996).
- Observations regarding the outcome and the student's reaction to the task may be recorded, but nursing judgment is not needed in the performance of the task (NASN, 1996).

Specific Rules Related to Medications

- In order to assist students with medications in the schools, the medication assistant must successfully complete the training program approved by the Alabama Board of Nursing/ State Department of Education.
- Only registered nurses may delegate assistance with medication to trained unlicensed school personnel in the school setting. A licensed practical nurse may delegate after determination by the registered nurse that delegation is appropriate.
- No prescription medication may be given without parent authorization, a healthcare provider order and a pharmacy label (Primary healthcare providers are physicians, nurse practitioners, or physician's assistants).
- The school nurse may accept verbal medical and treatment orders. A written order should be obtained within 48 hours of accepting a phone order. School nurses should never accept an order or change an order that comes through a third party (e.g., parent or other staff member who is not licensed to receive or give such orders). However, parents may provide information about the student's current health needs and particularly when a student is a diabetic and requires adjustment of insulin dosages so long as the dosage falls within the parameters provided by the physician. Fax and email orders are acceptable and do not require additional orders.
- Review local policies.

- Under no circumstances should the school stock its own supply of over-the-counter (OTC) medicines, such as Tylenol, Hydrocortisone, etc. for student or staff use. The parent must provide the OTC medicine in the original, unopened, sealed container with specific instructions as to when or why such medicines may be necessary. The delegating RN must evaluate and approve all OTC medicines and parental instructions. First aid materials and supplies, including antibacterial ointment, may be maintained in the health room at the discretion of the LEA. The delegating RN will determine if the OTC medicine is appropriate and whether a provider order is also necessary. A standing order from a licensed prescriber does not give permission to stock medications. However, the LEA can determine how to arrange for OTC medications on field trips or overnight trips. In the event student twins, triplets, siblings etc. have OTC medications, the LEA may determine to allow one bottle of OTC medications for all the siblings.

Necessary Knowledge

- Medications and how they are used.
- Oral medications are packaged as pills/tablets/capsules. Changing the form of an oral medication can only be done with authorization from the health provider and the delegating school nurse. Cutting, crushing, or sprinklings of the medication are examples of changing the form of an oral medication.

- Scored tablets can be cut in half to obtain a smaller dose. For example, the prescription may indicate each tablet is 10 milligrams, but the order indicates the student is to take only 5 milligrams (requiring cutting). If a student has medication that must be cut, call the delegating school nurse. Do not try to cut a scored tablet with a knife—a pill cutter is used for that purpose and cleaned after each use.
- Coated tablets are swallowed whole and should not be chewed.
Example: Advil.
- Capsules are made to be taken by mouth and swallowed whole—do not take apart, crush, or permit the student to chew unless directed by the licensed prescriber.
- Drug actions and possible negative reactions.
- Trained observation skills.
- Use of the Seven Rights: right student, right medication, right dose, right time, right route, right documentation, right reason.
- Importance of checking the Seven Rights each and every time medication is given: (1) when taking medication from the cabinet, (2) when pouring the medication, and (3) when returning the medication to the cabinet.
- Appropriate, accurate, timely documentation.
- How to obtain assistance from the school nurse and/or other healthcare professionals.
- Understanding of local policies.

Responsibilities Related to Controlled Substances

- Identifies controlled substances and stores in a secure location according to state and local policies. All prescription medications shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. Prescription medications requiring refrigeration shall be stored in a refrigerator marked as a medication refrigerator with no food that is kept in a securely locked room. (Schwab, 2001)
- Documents the receipt, number, and return of controlled substances according to state and local policies on back of Medication Administration Record.
- Reports discrepancies in the quantity of a controlled substance to the school nurse, principal and other authorities according to state and local policies. Medication counts and errors should be reconciled within 30 days.
- Complete a monthly controlled substance report as directed by the State Department of Education.

Selection of the Medication Assistant by the School Nurse

- The unlicensed school personnel chosen to receive delegation have successfully completed an Alabama Board of Nursing approved training program.

- The person assisting children with medications must be able to provide dedicated time, in a quiet environment without distractions, until the process is complete.
- The person selected to assist students with medications can successfully verbalize the concept of nursing judgment and the need to notify the school nurse when nursing judgment is required.
- The medication assistant must be able to demonstrate competence in all aspects of assisting students with medicines as outlined by state and local policies.
- The medication assistant must be able to establish and maintain communication with the school nurse(s), and verbalize the importance of communication in promoting safe assistance with medications.

Expected Outcomes

- The assistance with medication during the school day enables the student to remain in school, to maintain or improve health status, and to improve potential for learning.
- The student will receive medication as prescribed by a licensed prescriber.
- The student will demonstrate knowledge of the principle of self-care and responsibility through appropriate self-medication procedures.

SECTION III. COMMON HEALTH CONDITIONS

CHRONIC CHILD & HEALTH CONDITIONS REQUIRING ROUTINE MEDICATION ASSISTANCE AT SCHOOL

Students identified with chronic medical conditions may require routine assistance with medication at school allowing them to learn at their highest potential. This section is developed as a resource for school staff assisting students with chronic diseases/conditions commonly requiring routine assistance with medication.

The medication assistant, upon completing training, should be able to:

- Describe common diseases/conditions requiring assistance with medication at school.
- List possible signs/symptoms of the disease/condition.
- Identify common medications used to treat the disease/condition.
- Identify common side effects of the medication.

The following child/youth chronic health conditions are included in this section:

- Allergies
- Asthma/Reactive Airway Disease
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Behavioral/Emotional/Psychosocial Disorders
- Diabetes

- Infectious Diseases
- Seizures

ALLERGIES

Each time an allergic person is exposed to an allergen, the immune system produces an antibody called IgE. The more of this antibody made, the more allergic the person becomes. It may take weeks, months or years to make a large amount of IgE, but once a reserve is built up, allergic symptoms start. When the allergen comes into contact with the IgE on the surface of the so-called mast cells (located in the nose, skin, eyes, intestinal tract and bronchial tubes), these cells release chemicals, particularly one called histamine, that cause the allergic symptoms. In rare cases this reaction may occur with a first exposure to the allergen.

Allergens include six (6) main categories:

- Inhaled allergens: dust, pollen, fungi, smoke, perfume, odors of plastics, etc.
- Food allergens: wheat, eggs, milk, chocolate, strawberries, shellfish, nuts, etc.
- Drug allergens: aspirin, antibiotics and some serums.
- Infectious agents: bacteria, viruses, fungi, animal parasites, etc.
- Contact allergens: chemicals, animals, plants, metal.
- Physical allergens: heat, cold, light, pressure, radiation.
- Other: insect stings/bites.

Common allergy symptoms include sneezing; sniffing; nasal stuffiness; itchy and runny nose (usually clear discharge/drainage); tearing, itchy, red or swollen eyes; coughing; headache without fever; skin rash, and hives.

Anaphylaxis, a severe allergic reaction, is life threatening. The student is unable to breathe due to swelling in the respiratory tract.

Medications that are commonly used for allergies include:

- Antihistamines: astemizole (Hismanal), brompheniramine maleate (Dimetane), cetirizine hydrochloride (Zyrtec), chlorpheniramine maleate (ChlorTrimeton), clemmastine fumarate (Tavist), cyproheptadine hydrochloride (Periactin), diphenhydramine hydrochloride (Benadryl), fexofenadine hydrochloride (Allegra), loratadine (Claritin), promethazine hydrochloride (Phenergan), and triprolidine hydrochloride (Actidil).
- Corticosteroids: dexamethasone (Decadron), prednisolone, prednisone, may be in the form of tablets, nasal spray, or inhalant.
- Epinephrine (Epi Pen): emergency treatment for anaphylaxis. There are different pharmaceutical pre-measured auto injectable preparations of epinephrine, so ensure staff is familiar with each type of injector. Act 2014-405 (Anaphylaxis in Schools) required the State Department of Education to develop, and each local board of education to adopt and implement, an anaphylaxis preparedness program.

Any time a child or adult takes a medication, there may be side effects.

Common side effects from allergy medication include:

- Drowsiness
- Nervousness
- Irritability

ASTHMA/REACTIVE AIRWAY DISEASE

Asthma is a respiratory condition in which the air passages of the lungs, bronchioles, tighten up, making breathing difficult. During an asthmatic episode, the membranes lining the airways become inflamed, swell and thick mucus builds up within the air passages. The bronchial muscles surrounding the airways go into spasm. With each breath the air must struggle through the narrowed breathing tubes to make its way into and out of the lungs. With expiration, the child may make a high-pitched wheezing sound, often identified with asthma.

There are common “triggers” of asthma episodes. Exposure to air pollutants such as cigarette smoke or paint fumes, and allergens such as pollens, mold spores and animal dander can result in an asthma attack. In some children, exercise can cause an asthma episode. Other triggers are inhaling cold air; certain medications; infections of the respiratory tract; allergic reactions to certain foods; stress and emotional upset; and injury to the airways.

Common asthma symptoms include:

- Coughing
- Wheezing
- Difficulty breathing/tight chest

- Rapid breathing/pulse
- Retraction of the ribs and collar bones seen during breathing
- Flushed, moist skin
- “Hunched forward” sitting position

Medications commonly used for asthma/reactive airway diseases are:

Bronchodilators: These medications open the airways and may be used for treatment of acute or chronic asthma symptoms. These drugs are given orally or by inhalation.

- Albuterol (Proventil, Ventolin)
- Ipratropium Bromide (Atrovent)
- Salmeterol xinafoate (Serevent.
- Levaluterol (Xopenex)
- Pirbuterol (Maxair)
- Advair

Nonsteroidal anti-inflammatory: These medications are used to prevent an asthma episode rather than provide relief of acute symptoms. These drugs are usually used with bronchodilators to maximize lung function and to control inflammation.

- cromolyn sodium (Intal)
- nedocromil (Tilade)

Corticosteroids: These medications are used for their anti-inflammatory action.

They may be given orally or inhaled.

- Prednisone

- Prednisolone
- Triamcinolone (Azmacort)
- Fluticasone propionate (Flovent, Flonase)

Common side effects from medications used to treat asthma/reactive airway disease include tremors, nervousness, irritability, headache, increased heart rate, dry mouth/throat and insomnia.

When using more than one inhaler, always use the bronchodilator first. Wait five (5) minutes before using the second inhaled medication. Rinsing the mouth after using the inhaled steroid medication is needed to prevent thrush (infection of the mouth or throat).

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Attention deficit/hyperactivity disorder (ADHD) is a developmental disorder affecting the behavior, attention and learning of children. Symptoms include distraction and trouble concentrating, impulsive and acting-out behavior. Many students diagnosed with ADHD have difficulty staying seated and may be fidgety. Others may sit quietly, daydreaming and appear “spaced out”.

The medications commonly used for ADHD are:

Central Nervous System (CNS) Stimulants:

- Methylphenidate (Ritalin; Ritalin XR; Ritalin LA; Methylin ER; Methadate ER; Concerta; Daytrana)
- Dextroamphetamine Sulfate (Dexedrine)
- Dexmethylphenidate (Focalin, Focalin XR)
- Lisdexamfetamine Dimesylate (Vyvanse)

- Amphetamines (Adderall; Adderalol XR)

Non-Stimulants:

- Strattera

Antihypertensives

- Guanfacine Hydrochloride (Tenex; Intuniv)
- Clonidine Hydrochloride (Catapres)

Antidepressants:

- Amitriptyline pamoate (Elavil).
- Bupropion hydrochloride (Wellbutrin)

Common side effects of the medications used to treat ADHD include loss of appetite, insomnia, headache, nausea, abdominal discomfort, and nervousness.

BEHAVIORAL/EMOTIONAL/PYSCHOSOCIAL DISORDERS

Some students are identified with emotional, behavioral and psychosocial problems. Students may manifest these disorders by a number of signs and symptoms.

Depression symptoms:

Feelings of helplessness, hopelessness:

- Loneliness, isolation or withdrawal
- Feelings of sadness
- Self-deprecatory statements
- Suicidal ideas, expressions or attempts

Anxiety disorders:

- Panicky and cannot be calmed down
- Repetitious behaviors

Psychotic disorders:

- Paranoid
- Hearing voices
- Hallucinations
- Delusions
- Withdrawal

Medications commonly used for emotional, behavioral and/or psychosocial disorders are:

Antidepressants:

- Amitriptyline hydrochloride (Elavil)
- Bupropion hydrochloride (Wellbutrin)
- Fluoxetine hydrochloride (Prozac)
- Paroxetine hydrochloride (Paxil)
- Sertraline hydrochloride (Zoloft)

Antianxiety agents:

- Buspirone hydrochloride (BuSpar)
- Diazepam (Valium)
- Chlordiazepoxide (Librium)
- Lorazepam (Ativan)
- Alprazolam (Xanax)

- Valporic Acid (Depakene)

Antipsychotic agents:

- Thioridazine (Mellaril).
- Prochlorperazine (Compazine).
- Haloperidol (Haldol).
- Lithium carbonate (Eskalith, Lithonate, Lithobid).
- Risperidone (Risperdal)

Common side effects of these medications used in managing behavioral/emotional/psychosocial disorders include nausea, vomiting, diarrhea, tremors, malaise (out of sorts feeling), “spaced out”, dizziness, drowsiness, dry mouth, headache, sedation, and seizures.

DIABETES

Diabetes is a very serious metabolic disorder that prevents the normal breakdown and use of food, especially sugars (carbohydrates) by the body. In children, diabetes is caused by inadequate production of the hormone insulin by the pancreas, causing the blood glucose (sugar) to reach dangerously high levels. If not controlled, the high blood glucose levels will damage body organs.

There are two types of diabetes: insulin dependent (Type I) and non-insulin dependent (Type II). Type II is usually seen in adults and overweight children and may or may not require insulin for management. Type I diabetes is seen most often in children and youth and requires insulin.

Blood glucose levels are checked during the day and insulin is administered to lower high blood sugar levels if needed. Food or glucose tablets/gel may be used to raise low blood glucose levels. If the blood glucose level is too high or too low certain symptoms can occur causing the student to be unable to function and possibly become unconscious. High blood glucose levels may be caused by too much food, too little insulin, illness or stress. Low blood glucose levels may be caused by too little food, too much insulin or extra exercise.

Common symptoms of **high blood glucose levels (hyperglycemia)** include frequent urination, dry skin, hunger, extreme thirst, blurred vision, drowsiness, and nausea. Common symptoms of **low blood glucose levels (hypoglycemia)** include shaking, anxiousness, dizziness, headache, irritability, sweating, weakness, and unconsciousness.

Insulin is commonly used for children with diabetes. Insulin is given by injection into the subcutaneous tissue or by insulin pump that delivers a constant supply of insulin. The injection of insulin or glucagon is a nursing task that may be delegated in accordance with the requirements of Act 2014-437 (Alabama Safe at Schools Act) and the student's individualized health plan (IHP). The unlicensed medication assistant must be trained in accordance to the Alabama Health Services Diabetic Curriculum. Overweight children with non-insulin dependent diabetes may take oral medication. Oral medications generally cause fewer side effects than insulin.

An individualized health plan (IHP) will be developed by the registered nurse (RN) for any student diagnosed with diabetes who is in the school setting per Act 2014-437. The IHP should address the specific individualized care of diabetic students, to include the delegation of insulin and glucagon to unlicensed diabetic assistants.

INFECTIOUS DISEASES

Infectious diseases are illnesses caused by viruses, bacteria, fungi or parasites. Infectious diseases are considered contagious or communicable. The spread of infectious disease may occur by one or more of the following:

- Airborne droplets entering the body via the airway.
- Direct contact (skin to skin).
- Ingestion (eating/drinking).

The various types of infectious diseases commonly seen in school children are colds, flu, strep throat, impetigo, conjunctivitis (pinkeye), pediculosis (head lice), ringworm, and gastroenteritis (nausea, vomiting, diarrhea, and stomach/abdominal cramps).

Diseases for which students should have received vaccinations include:

- Diphtheria
- Hepatitis A & B
- Mumps
- Measles
- Polio

- Rubella
- Tetanus
- Pertussis (Whooping Cough)
- Varicella (Chickenpox)

Antibiotics are commonly used for non-viral infectious diseases.

- Penicillins: Augmentin, amoxicillin, Amoxil, ampicillin, Unipen, Pen Vee K
- Cephalosporins: Ceclor, Duricef, Suprax, Keftab, Lorabid
- Tetracyclines: Vibramycin, Minocin
- Sulfonamides: Bactrim, Gantrisin, Septra, Pediazole, Zithromax, Biaxin

Regardless of the name of the antibiotic, there are common side effects for all antibiotics. Side effects include diarrhea, stomach upset/ache, rash, itching, hives.

Antifungal medications are used for infections produced by fungi.

- Fluconazole: Diflucan
- Griseofulvin: Fulcin
- Miconazole: Monistat
- Nystatin: Nilstst, Mycostatin
- Terbinafine hydrochloride: Lamisil

SEIZURES

Seizures are a symptom of disordered functioning of the brain. Seizures are caused by abnormal electrical activity within the nerve pathways in the brain.

Seizures take many forms and may be caused by a variety of illnesses, trauma, and high fevers.

The types of seizures are generalized: absence (petit mal), tonic-clonic (grand mal), partial (focal): simple and complex. The signs and symptoms will depend on the type of seizure. Generalized muscle contractions or violent jerking of the whole body is characteristic of grand mal seizures. The muscle contraction or jerking of an extremity or two is indicative of a partial or focal seizure. In a child with diagnosed seizures, it is helpful to know the usual pattern of seizure activity. If the seizure activity changes, reporting that information to the school nurse is vital. Loss of or altered consciousness can occur as seizure activity or as a consequence of the seizure. It is not unusual for a loss of consciousness to occur following a grand mal seizure. This is referred to as the “postictal” period and may last from seconds to an hour or longer.

Brief absence of movement, muscle twitches, movement or twitching on one side of the body only, staring into space and a report of “loss of time” are other seizure symptoms. Myths include that the individual “swallows his tongue” during a seizure. The tongue falls back into the back of the throat and may block the airway but the tongue is not “swallowed.” Another myth is that a spoon or other object needs to be placed in the individual’s mouth during a grand mal seizure. If a grand mal seizure has started, it is best to turn the student on his side and refrain from placing fingers or other objects in the student’s mouth. Clenching of teeth and chewing are common in seizure activity and injury can occur if an

attempt is made to stop the seizure, place an object in the mouth, or move the student during the seizure.

Medications (often referred to as anti-convulsants) commonly used to control seizure activity include phenobarbital; phenytoin (Dilantin); carbamazepine (Tegretol); diazepam (Valium); ethosuximide (Zarontin); gabapentin (Neurontin); valproate sodium (Depakene); clonazepam (Klonopin – may be given oral or buccal); lamotrigine (Lamictal); primidone (Mysoline); and divalproex sodium (Depakote). The FDA has approved midazolam (Versed) as intranasal treatment for acute seizure activity and must be given by a licensed nurse.

Common side effects from anticonvulsants include headache, sleepiness, dizziness, trembling, nausea and vomiting, and blurred vision.

SECTION IV. HOW TO ASSIST STUDENTS WITH PARTICULAR TYPES OF MEDICATIONS ACCORDING TO ROUTE

When the Board of Nursing established regulations that allowed school nurses to delegate assistance with certain medications to an unlicensed school employee or teacher, the route of the medication was specified rather than the names of medicines.

Objective: Demonstrate assisting with oral medications.

ASSISTING WITH ORAL MEDICATIONS

- Check order form and pharmacy label for instructions.
- Assemble necessary equipment.
- ALWAYS wash your hands before giving any medication to a student.

- If the student will touch or handle the medication, the student should wash his or her hands first. At no time is it acceptable for anyone (Nurse or Medication Assistant) to touch the student's medication with her bare hands.
- Pills/Tablets/Capsules: Pour the medication into a medicine cup, the cap of the medication bottle, or a small paper cup.
- Ask the student to pick up the medication and put into his/her mouth. The student should follow the medication with 6-8 ounces of water.
- If the student is not physically able to pick up the medication and you have to place the medication inside the student's mouth, you should put on gloves to avoid transferring any infection to the student or to yourself. Throw away gloves after each use (these are now contaminated).
- Make sure that the student swallowed the medication.
- Wash your hands.
- Record results.
- Liquids: Liquid medications must be precisely measured. DO NOT USE SILVERWARE OR PLASTIC SPOONS—these are not accurate measuring tools. Use a calibrated medicine cup, spoon or syringe. When using a measuring cup, place it on a flat surface and read it at eye level for accuracy. Pour the liquid from the side of the medicine bottle opposite the label (to protect the label). Clean the outside of the bottle if needed after pouring.

- Ask the student to pick up the medication cup and swallow all of the medication.
- If the student is not physically able to pick up the medication and you have to place the medication inside the student's mouth, you should put on gloves to avoid transferring any infection to the student or to yourself. Throw away gloves after each use (these are now contaminated).
- Make sure that the student swallowed all of the medication.
- Wash hands.
- Record results.

Objective: Demonstrate assisting with nose drops and sprays.

ASSISTING WITH NOSE DROPS

- Check order form and pharmacy label for instructions.
- Instruct the student to gently blow the nose (except in case of nosebleeds or other contraindications.)
- Assemble necessary equipment.
- Wash hands and apply gloves to both hands.
- Drops: Draw the medicine into the dropper. To properly regulate dosage, draw only the amount to be administered.
- Spray: Prepare the spray container as directed on label.
- Have the student lie down and tilt the head backward by elevating the shoulders.
- Insert the dropper into the nasal passage and instill the medicine or assist the student in self-administering if a nasal spray.

- Wipe the dropper off with a clean gauze pad to remove mucus.
- Have the student remain in this position for several minutes to allow the medication to be absorbed.
- Note results.
- Instruct the student not to blow his or her nose unless absolutely necessary.
- Discard gloves and wash your hands.
- Record results.

Objective: Demonstrate assisting with eye (ophthalmic) drops.

ASSISTING WITH EYE (OPHTHALMIC) DROPS

- Check the order form and pharmacy label. Read the instructions carefully. Be certain you know which eye is to be treated. Initials may be used to specify the eye that requires treatment. O.D. = right eye; O.S. = left eye; O.U. = both eyes
- Assemble the necessary equipment.
- Wash hands and apply gloves to both hands.
- Explain the procedure and instruct the student that vision may be blurred temporarily after applying this medication.
- Have the student assume a comfortable position, either lying down or sitting in a chair with support for the neck.
- Gently wipe the area around the eye(s) to be treated with a gauze pad that has been moistened with normal saline or water to remove

drainage. Use a clean pad for each wipe and stroke from the nose outward.

- Ask the student to tilt the head back and to look up at the ceiling.
- Gently pull the lower lid of the affected eye down and out, to form a pocket.
- Holding the dropper near the lid, gently drop the prescribed number of drops into the pocket. To prevent the dropper from being thrust into the individual's eye, it is good practice to support your hand by placing a finger on the individual's forehead.
- Press the inner corner (where the eyelids meet) to prevent medication from entering the respiratory system.
- Note: Avoid touching the eyelid or lashes with the dropper. Avoid dropping the solution on the sensitive cornea (the clear, transparent front part of the eye).
- Ask the student to close the eye, blink several times but not to rub the eye.
- Discard gloves and wash your hands.
- Record results.

Objective: Demonstrate assisting with eye ointment.

ASSISTING WITH EYE OINTMENT

- Check the order from the pharmacy label. Read the instructions carefully. Be certain you know which eye is to be treated. Initials may

be used to specify the eye that requires treatment. O.D. = right eye;
O.S. = left eye; O.U. = both eyes

- Assemble the necessary equipment.
- Wash hands and apply gloves to both hands.
- Explain the procedure and instruct the student that vision may be blurred temporarily after applying this medication.
- Have the student assume a comfortable position, either lying down or sitting in a chair with support for the neck.
- Gently wipe the area around the eye(s) to be treated with a gauze pad that has been moistened with normal saline or water to remove drainage. Use a clean pad for each wipe and stroke from the nose outward.
- Ask the student to tilt the head back and to look up at the ceiling.
- Gently roll the tube of medication between the palms of both hands. This aids in warming the ointment so it can cover the eye evenly.
- Gently pull the lower lid of the affected eye down and out, to form a pocket.
- Beginning at the inner corner of the eye (next to the bridge of the nose) and working toward the outer eye, gently squeeze a thin ribbon of the medication on the surface of the lower lid. To prevent the tube from being thrust into the student's eye, it is good practice to support your hand by placing a finger on the student's forehead.

- Have the student close the eye(s) and massage the area gently to spread the medication across the entire eye.
- Note: Avoid touching the eye or the eyelid with tube.
- Discard gloves and wash your hands.
- Record results.

Objective: Demonstrate the application of an eye patch.

APPLYING EYE PATCH

- Check the order form and read instructions carefully. Be certain you know which eye is to be patched. Initials may be used to specify the eye that requires treatment. O.D. = right eye; O.S. = left eye; O.U. = both eyes
- Assemble necessary equipment. The parent, prescriber, or pharmacist should supply the eye pad(s).
- Wash your hands and apply gloves to both hands.
- Explain the procedure to the student.
- Place it gently over the student's closed eye. **DO NOT TOUCH THE SIDE OF PAD THAT LIES on the student's eye.**
- Apply two or three strips of paper tape from the mid-forehead to below the ear.
- Discard gloves and wash your hands.
- Record results.

Objective: Demonstrate assisting with eardrops (otic).

ASSISTING WITH EAR (OTIC) DROPS

- Check the order form and pharmacy label. Read instructions carefully.
Be certain you know which ear(s) is to be treated (right, left, or both).
- Assemble the necessary equipment.
- Wash your hands.
- Explain the procedures to the student.
- Warm the medication to body temperature by holding it in your hands for several minutes.
- Ask the student to lie on one side with the ear to be treated facing upward or, if sitting, to tilt the head away from the affected ear.
- Clean the outer ear carefully and thoroughly with cotton.
- Draw the medication into the dropper. To properly regulate dosage, draw only the amount to be administered.
- Gently pull the cartilage part of the outer ear **BACK AND UP**. Place the prescribed number of drops into the ear canal without touching the dropper to the ear.
- Advise the student to remain in the same position for a few minutes following to avoid leakage of drops from the ear, and then cleanse the external ear with dry cotton balls.
- Wash your hands.
- Record results.

Objective: Demonstrate the use of a hand held inhaler.

USE OF HAND HELD INHALERS (METERED DOSE INHALERS)

- Read the order form and pharmacy label and follow the instructions carefully.
- Wash your hands.
- Assemble the inhaler properly; observe the student assemble if self-administered.
- Remind the student to keep the tongue flat in the mouth. Otherwise, the medication will spray directly on the tongue.
- Shake the cartridge to mix the medication.
- Remove the cap and hold the inhaler upright.
- Place the cartridge (with spacer if indicated) to the student's lips and tell the student to exhale through the nose. Remind the student to exhale only enough to get the air out of the lungs (so that the medication can get in. Forcing air out of the lungs will collapse the airways even further).
- Have the student press down firmly on the cartridge while taking a deep breath.
- Tell the student to breathe slowly and deeply. Rapid or shallow breaths will not carry the medication into the lungs.
- Press the cartridge when the student starts to inhale. Timing is important. Do not press hard. The dose is predetermined, so only one dose will be released, regardless of the pressure applied.

- Remove the inhaler and tell the student to hold his or her breath and count to 10. This will let the medication settle on the surface of the airways and prevent the student from exhaling it immediately.
- Tell the student to exhale slowly with the lips pursed.
- Have student rinse mouth.
- After the treatment, clean the inhaler thoroughly by removing the metal canister, then rinsing the plastic container under warm water and drying thoroughly.
- Note: If the student takes more than one or a combination of medications by inhaler, there must be directions to indicate which medication is taken in what order. Your delegating school nurse should provide the directions.
- Wash your hands.
- Record results.
- NOTE: Most students will be able to self-administer inhaler medicines with little to no assistance from an adult. The delegating RN will provide specific guidance to the medication assistant.

COMMON PROBLEMS IN USING AN INHALER

- Not taking the medication as prescribed, but taking either too much or too little.
- Incorrect activation. This usually occurs through pressing the canister before taking a breath. Both should be done simultaneously so that the drug can be carried down to the lungs with the breath.

- Forgetting to shake the inhaler. The drug is in a suspension, and therefore particles may settle. If the inhaler is not shaken, it may not deliver the correct dosage of the drug.
- Not waiting long enough between puffs. The whole process should be repeated to take the second puff, otherwise an incorrect dosage may occur, or the drug may not penetrate into the lungs.
- Failure to clean the valve. Particles may jam up the valve in the mouthpiece unless it is cleaned occasionally. This is a frequent cause of failure to get 200 puffs from one inhaler.
- Failure to observe whether the inhaler is actually releasing a spray. If it is not, call your delegating RN.
- A student's need for bronchodilators more than every 4 hours can signal respiratory problems. Call your delegating RN.

Objective: Demonstrate the application of topical medicines.

APPLICATION OF SKIN CREAMS, OINTMENT AND SALVES

- Read the order form and pharmacy label. Follow instructions carefully.
- Wash hands and apply gloves.
- Apply small amount of cream to tips of gloved fingers.
- Apply medication to designated part of body.

ASSISTING WITH SKIN APPLICATIONS

- Many locally applied drugs such as lotions, patches, pastes, and ointments can create systemic and local effects if absorbed through the

skin. To protect yourself from accidental exposure, apply these drugs using gloves and applicators.

- Each type of medication, whether an ointment, lotion, powder, or patch, should be applied in a specific way to ensure proper penetration and absorption. For example, lotions and creams are applied by spreading them lightly onto the skin's surface, whereas powders are dusted lightly over the affected areas.
- Ensure an old patch is removed before applying a new patch according to the physician's order.
- If topical agent is present, first wash site with mild, nondrying soap and warm water.
- Carefully inspect the condition of the skin or membranes over which medications are to be applied.
- Discard gloves and wash your hands.
- Contact the delegating RN if you have questions or concerns.
- Record the results.

SECTION V. SAFETY

The following requirements provide school personnel, parents, guardians, students, and health professionals with the guidance necessary to provide safe and proper assistance with medication in schools.

The Alabama Board of Nursing (ABN) in collaboration with the Alabama State Department of Education (SDE) developed these requirements. This document is divided into the following sections: Structure Criteria, Process Criteria,

Outcome Criteria, and an Appendix with required documentation forms. The intent of this document is to provide the ABN, the SDE, and Local Education Agencies (LEAs) with information to establish and implement policies and procedures for consistent and safe assistance with medication required during school.

Standards of nursing practice for Alabama were followed when developing this guidance for registered school nurses and unlicensed school personnel selected to be delegated the task of assisting some students with certain prescribed medication at school.

NOTE: The authority for licensed school nurses administering prescription medication to a student must come from the prescriber and the parent/guardian. The registered school nurse may decide, in certain situations, to delegate the assistance of medication (e.g., oral, topical, inhalation, eye, ear, or nose drops) to unlicensed school personnel (e.g., secretaries, office assistants) pursuant to the Alabama Board of Nursing Administrative Code, Chapter 610-X-7-.02. The licensed practical nurse in the school setting may delegate once the registered nurse determines the appropriateness of the delegation.

Structure Criteria

Assisting students with **prescription medication** requires the following:

A. A signed authorization/order from a licensed prescriber that includes:

- Name of student.
- Name of medication with dosage and route (e.g., oral, topical).
- Frequency and time medication is to be given.
- Beginning and ending dates.

- Any known drug allergies or reactions.

The signed prescriber's authorization is required at the time of the order and remains valid for one calendar year. If the medication order is changed during the school year (e.g., change in dosage), an additional prescriber authorization/order is necessary. Oxygen requires an order from a licensed prescriber before it can be administered.

Nonprescription medications, when provided, should be given following the same policies and procedures as followed for prescription medications with the exception of situations where the local medication policy requires parental/guardian permission only before administration of medication. Food supplements, natural substances and herbs are not without potential harm, including life-threatening conditions. Herbal products and dietary supplements have not been subject to the scrutiny of the Food and Drug administration (FDA) and in the United States, as in most countries, dosage and purity have not been regulated for these products. School personnel should not give any substance that could be construed as a drug or medication, including natural remedies, herbs, and nutritional supplements, without the explicit order of an authorized prescriber, parent authorization, verification that the product is safe to administer to children in the prescribed dosage, and reasonable information regarding therapeutic and untoward effects. (Schwab & Gelfman, 2001)

B. Information regarding potential side effects, contraindications, and adverse reactions.

A list of potential side effects for medication taken over 30 days and a physician order for treatment for specific students in the event of an adverse reaction should be obtained. This information should be readily available to school personnel who are eligible to assist students with medication. Information regarding medication side effects and treatment orders should also be documented by the registered school nurse in the student health record, the individual health care plan (IHCP), and/or the individual emergency action plan as applicable.

C. Parent/guardian authorization.

The parent/guardian must sign the consent form at the time the order is received and/or before any medication is given at school, authorizing school personnel to assist students with medication. If the medication order is changed (e.g., dosage change) during the school year, an additional consent form is required.

D. Medication labeling.

For prescription medications, a pharmacy-labeled container is required which includes the student's name, prescriber's name, name of medication, strength, dosage, time interval, route, and date of drug's discontinuation when applicable.

When the medication to be provided is a nonprescription medication, an original, unopened, sealed container of the drug identifying the medication and the

entire manufacturer's labeling plus the student's name (written legibly on the container) should be supplied by the parent/guardian.

Additionally, the parent must indicate under which specific conditions/complaints that this nonprescription or over-the-counter medication (OTC) should be provided. Unlicensed school personnel should not be placed in the position of determining when or what medication should be provided for a student (i.e., that determination requires nursing judgment which is prohibited for an unlicensed person to perform). To avoid this problem, the LEA may require a prescriber authorization/order for nonprescription (OTC) medications. Depending on the local school policy, a school nurse may administer over-the-counter medications without a physician's order. Under no circumstances should the school stock OTC medications (e.g., Tylenol, Pepto-Bismol, etc) as this practice would violate the Board of Pharmacy regulations in that LEAs could be seen as "prescribing medication", a function of physicians, dentists, nurse practitioners, and physicians' assistants or "dispensing" medication, a function of the pharmacist. First aid supplies, including antibiotic ointment, may be kept in the health room for use by the school nurse if determined to be necessary by the LEA.

E. Medication storage.

All medication should be stored in the original pharmacy or manufacturer's labeled containers in such a manner as to render them safe and effective.

Licensed or unlicensed school personnel must not repackage medication for field trips or other circumstances. Repackaging medications, which is defined as "to package again or anew; *specifically*: to put into a more efficient form", is a

function of the pharmacist. Medications must be stored in a securely locked, clean container or cabinet, unless the prescriber authorizes a different arrangement (e.g., asthma inhalers) for specific students. Medications requiring refrigeration should be refrigerated in a secure, locked area. Public health standards state that medications should not be stored in food storage areas. Refrigerated medications should be maintained at manufacturer's recommended temperatures. If a medication is determined to be frozen and then thawed, the medication should not be given (insulin, for example).

It is recommended that no more than a 30 school day supply of the prescribed medication be stored at school. When the course of medication is completed, out of date, or at the end of the school year, the parent/guardian shall be advised to pick up any unused portions of medication. The school nurse or other school personnel designated by the school nurse in the presence of a witness will destroy medications not picked up by the parent/guardian. Both parties will provide their signatures to confirm the wastage.

It is strongly recommended that medications be discarded in a manner consistent with federal guidelines set by the Office of National Drug Control Policy.

Proper disposal according to federal guidelines are:

- "Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.
- Mixing prescription drugs with an undesirable substance such as used coffee grounds or kitty litter, and putting them in

impermeable, non-descript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted.

- Flush prescription drugs down the toilet only if the label or accompanying patient information specifically instructs doing so. The FDA advises the following drugs be flushed down the toilet instead of thrown in the trash: Actiq (fentanyl citrate), Daytrana Transdermal Patch (methylphenidate), Duragesic Transdermal System (fentanyl), OxyContin tablets (oxycodone), Meperidine HCL tablets, Tequin tablets (gatifloxacin), and Percocet (oxycodone and acetaminophen).
- Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal.” (Retrieved from Office of National Drug Control Policy, www.WhiteHouseDrugPolicy.gov.)

Any discarded medication should be documented on the student’s medication record.

F. Assisting with medication.

After unlicensed school personnel successfully complete the ABN approved 12-hour medication course, the unlicensed personnel will be eligible for delegation from the registered or licensed practical school nurse to assist students with certain medications. Medications for students are to be provided by the parent/guardian. The first dose of a new medication or a change in dosage (increase or decrease) of a current medication should be given at home, with the

exception of emergency medications (e.g., EpiPen injection). Most drugs used to treat attention deficit hyperactivity disorder (ADHD) are controlled substances and therefore require more attention to security measures. The parent/guardian or parent-designated responsible adult should deliver all controlled substances (e.g., Ritalin) to the school nurse or other school employee as designated by the registered school nurse and the principal. Students must not deliver controlled substances to the school due to the potential for abuse. As a protection to LEA personnel and students, two employees (or the parent and a school employee) should also count these medications upon delivery and document the number of tablets or capsules delivered by the parent/guardian to the school. If it is unclear whether a medication is a controlled substance, LEA personnel should contact the registered school nurse for clarification.

The medication record, including electronic documentation, allows for recording comments or problems related to assisting with medication. The record contains the student's name, name of medication with dosage, date and time to be given, and possibly the date to stop the medication. Medication records should be signed with the full signature of the school nurse and/or the unlicensed school personnel delegated the task of assisting students with medication. If the same person gives the medication more than once, he/she may initial the record subsequent to signing a full signature. This specific record should be kept for all students requiring medication. All medication records should be filed at the end of the school year as part of the student's confidential health record and in accordance with local policy. It is suggested that each LEA develop specific

guidelines to address the storage, restricted access, confidentiality, and transfer of such records as appropriate. Before assisting with any medication, the signed prescriber order/authorization should be reviewed carefully and attached to the medication record. Copies of the prescriber's signed order/authorization for medication should also be filed and documented with the student's school health record and included in the individual health care plan (IHP) developed by the registered school nurse.

Self-administration of medication

Students may self-administer medication for chronic health conditions provided certain requirements are met. Chronic health condition/illness is defined as "a physical, physiologic, developmental impairment; an anatomical, physiological or mental impairment that interferes with an individual's ability to function in the environment; one that is long-term (usually more than 3 months duration) and is either not curable or has residual features that result in limitations in daily living requiring adaptation in function or special assistance; a medical condition that interferes with daily functioning for more than three months in a year, causes hospitalization for more than one month in a year, or (at time of diagnosis) is likely to do either of these." (Schwab & Gelfman, 2001).

For the purpose of this document, self-administration means the student is able to consume, inject, instill, or apply medication in the manner directed, without additional assistance or direction. It is recommended that self-administration of medication be permitted only when the following requirements are met:

- Student must sign safe and appropriate form for self-administration.
- Licensed prescriber indicates that self-administration of the specific medication is permitted on his/her signed order/authorization.
- The consent form signed by the student's parent/guardian indicates that the student may self-administer the medication.
- The registered school nurse is reasonably assured that the student is able to identify and select the appropriate medication, knows the frequency and purpose of the medication as ordered, and follows the school self-administration procedures (e.g., safety and security precautions, proper labeling).
 - The registered school nurse has assessed and documented the student's health status and abilities and determined self-administration to be safe and appropriate for this particular student.
 - The registered school nurse has developed and implemented a plan to monitor the student's self-administration of medication, based on the student's abilities and health status.
 - The registered school nurse informs appropriate school personnel and administrators that the student will be self-administering a prescribed medication.
 - The registered school nurse collaborates with school personnel, student, and/or parent/guardian to determine a safe place for storing the medication while providing for student accessibility when the medication is needed. Some medications such as asthma inhalers or emergency

injections (e.g., EpiPens) should be kept “on person” or carried at all times by the student.

- The registered school nurse evaluates the effectiveness of the plan and modifies as needed.

Emergencies related to medications in schools

- Schools should establish an ongoing relationship with local hospitals and local Emergency Medical Services (EMS) personnel to expedite a student’s transfer to a hospital or healthcare facility in cases where emergency medical services are required (e.g., student having a serious adverse reaction to medication).
- Current emergency telephone number(s) should be available to permit school personnel to contact the parent/guardian in case of emergency.
- Emergency procedures covering on-campus and off-campus occurrences need to be established. An emergency action plan, including EMS transport authorization by the parent/guardian, is advised for students with known life-threatening conditions as identified by a physician (e.g., anaphylactic reaction, asthma, cardiac disorders, diabetes, seizures, hemophilia). These students need to be identified to permit appropriate action to be taken in case of emergency during activities on- or off- campus. Such plans and procedures should be incorporated in each school’s crisis management or safety plan. For example, the ready availability of an emergency injection medication

such as epinephrine (e.g., EpiPen) is needed for some students in the event of severe allergic reactions (e.g., bee stings).

- EMS should be called for each student requiring emergency procedures. The decision to transport to a medical facility or to provide other emergency care will be made at the time of EMS arrival by EMS personnel in collaboration with the EMS medical control (physician), the school principal, the school nurse and the parent, if available. The decision should also be based on the individual health care plan (IHP) or emergency care plan developed earlier by the registered school nurse in collaboration with the physician, parent/guardian, student and other appropriate school personnel.
- Attempts should be made to notify parents and the principal at the same time EMS is called and/or the student receives any emergency medication (e.g., EpiPen).
- In all cases where feasible and where the attending physician so advises, the student should be trained by his/her physician and/or the registered school nurse to give his/her own emergency injection (e.g., EpiPen) with school personnel acting as back up for the procedure.
- Establishing an information system for properly monitoring emergencies in terms of notifying the parent/guardian, EMS, the registered school nurse, and the physician is advised. Written Unusual Occurrence Reports (UOR) should be completed and reviewed at least

annually in an effort to revise policies and procedures in order to reduce unnecessary risk. This UOR form is included in the Appendix.

- In-service that provides “hands-on” training of the procedures to use in case of emergency should be provided at least annually for school personnel by the registered school nurse and other appropriate local personnel (e.g., physicians, EMS). Documentation of the training provided is the responsibility of the school nurse. Diabetic education should be provided in accordance with the Alabama Safe at Schools Act 2014-437.

Medication Errors

As soon as an incorrect dosage of medication is recognized, the medication assistant should initiate the following steps:

- Closely supervise and observe the student in the health room, office, or other designated place. If the student is in class when the error is determined, have the student escorted back to the health room or office. Do not leave the student alone.
- Observe the student. Note if any of the following are present:
 - Difficulty with breathing
 - Change in skin color
 - Swelling around eyes, face, and/or throat
 - Skin rash
 - Change in mental alertness
 - Slurred speech

- Sick at stomach or vomiting
 - Dizziness
 - Abdominal pain
 - Any other unusual complaints or observations
- Identify the incorrect dose, time, and name of the medication taken by the student.
 - Immediately have an adult notify the principal and the registered school nurse of the error.
 - Simultaneously, contact the Alabama Poison Control Center and provide the following information:
 - Name, dose, and time of the medication taken in error.
 - Age and approximate height and weight (see authorization form) of student.
 - Name(s), dose(s), and time of last dose of other known medication being taken by the student.
 - Follow the instructions provided by the Poison Control Center if at all possible. If unable to complete their directions, explain the problems to the Poison Control Center to determine if the student should be transported for emergency medical care.
 - Notify student's parent/guardian and physician. Do not delay initiating further action if unable to reach the parent/guardian, physician, or registered school nurse.

- Submit a completed *Unusual Occurrence Report* within 24 hours to the delegating registered school nurse and document the following:
 - Student's name
 - Parent's/guardian's name and telephone number
 - Specific statement regarding the medication error
 - Persons notified and time of notification
 - Poison Control Center instruction or physician's instructions
 - Actions taken
 - Condition and outcome of student (e.g., transported to hospital, sent home with parent)

The registered school nurse should file a copy of the *Unusual Occurrence Report (UOR)* in the student's health record and in the school's quality assurance record.

When an omission of medication is first recognized, the registered school nurse or other personnel assisting with medication should immediately initiate the following steps:

- Identify the student who missed the dose of medication.
- Notify the principal or designee and contact the registered school nurse. The registered school nurse should use his/her professional judgment to determine whether the remainder of the dose should be omitted, given, or whether physician contact is appropriate.
- Contact the parent/guardian.

- Document all circumstances and actions taken on the student's health record and other reports required by the SDE and ABN.
- Follow SDE and ABN requirements for reporting all errors, including omissions on the *Unusual Occurrence Report (UOR)*.

Staff Training

Designated school personnel should receive school-specific and student-specific training from the delegating registered school nurse prior to assisting students with medication. The training should be repeated and documented at least annually and cover at a minimum the following areas:

- Legal requirements, state and local policies and regulations.
- Methods of providing medication (i.e., routes): oral, injection (e.g., EpiPens only), topical ointments, eye drops, or eardrops. Liquid medication should be measured in disposable, calibrated medicine cups rather than teaspoons or tablespoons. School personnel assisting students with medication should make certain that oral medications have been completely swallowed/ingested in their presence. Injections required during the school day, other than EpiPens, must be administered by a licensed nurse (RN or LPN) unless the student is able and authorized to self-administer his/her own injection by the parent/guardian and prescriber (e.g., insulin). Emergency injections (e.g., EpiPen) are designed for delivery by nonmedical personnel and encouraged to be provided by the student or unlicensed school employee with the written consent of the parent/guardian and prescriber.

Such medications are prescribed for children with severe allergic conditions and must be used immediately in order to be effective in preventing anaphylaxis (a life-threatening, rapid onset allergic reaction). Unlicensed school personnel (i.e., teachers, aides, and secretaries) are not to provide any other injections to students (e.g., insulin, solu-cortef, and glucagon). Vaginal or rectal suppositories (e.g., Diastat) may only be administered by the RN or LPN.

- **Contraindications.** Medications should not be provided to a student who is vomiting or has vomited. If there is any discrepancy that might be injurious to the student, the individual assisting with medication should refuse to provide the medication until clarification is received. Contact the LEA registered school nurse to obtain clarification, and as necessary, to notify the parent/guardian immediately that no medication will be given.
- Proper handling and storage.
- Possible signs and symptoms of adverse side effects, omission, or overdose.
- Documentation and procedures for assisting with medication.
- Proper handling, storage, and security measures to be followed during field trips and other school events (e.g., overnight trips).
- Emergency procedures including preparation for routine bus transportation, field trips, and unforeseen events (e.g., inclement weather, lockdown, and evacuation of school).

Process Criteria

The registered school nurse/ lead nurse shall:

- Review periodically, the implementation of the medication policy, related procedures, and documentation in the school and monitor all unlicensed personnel who assist students with medication.
- Provide and document at least annual training for unlicensed school personnel who are eligible for delegation to assist students with medication.
- Consult with parents/guardians and prescribers to design a plan for emergencies that may result from assisting students with medication and counsel with unlicensed school personnel regarding the plan as appropriate. The plan should include possible side effects of the medication as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose.
- Develop an individual health plan (IHP) and health record for all students requiring long-term medications or having other special health care needs. File a copy of the prescriber and parent-signed authorizations for medication with the student health record.
- Enhance student's knowledge about his/her health status and the medication(s) used to manage the health condition.

When the registered or licensed practical school nurse delegates the task of assisting students with medication, the unlicensed personnel shall:

- Ascertain that the policy requirements for assisting students with medication have been met.
- Assist students with medication in a safe and private setting and an area free of distractions and disruptions.
- Obtain proper identification from the student as determined by the delegating registered school nurse and LEA policy (e.g., picture I.D.).
- Check prescriber's authorization against medication label and notifies registered school nurse of any discrepancy. (Do not give the medication if there is a discrepancy.)
- Not give a different amount of medication or change the order in any way based on parental or student communication.
- Not accept any verbal orders from a physician or physician's office personnel. The registered or licensed practical school nurse must accept all physician orders.
- Assist student with prescribed medication as directed by the licensed prescriber and by the delegating registered school nurse.
- Record date, time, dosage, and signature on the medication record immediately following the time that medication was provided.
- Report any unusual occurrence, behavior, or observation immediately to the delegating school nurse and the school principal.
- Ask questions of the delegating registered nurse as necessary to provide a safe environment for students.

Outcome Criteria

- Assisting a student with prescribed medications during the school day enables the student to remain in school, to maintain or improve health status, and to improve potential for learning.
- The student will receive medication as prescribed by a licensed prescriber.
- The student will demonstrate knowledge of the principle of self-care and responsibility through appropriate self-medication procedures when applicable.
- Annual survey from the LEA to the SDE and/or ABN will provide ongoing data to the ABN regarding the outcomes of permitting registered school nurses to delegate certain medications to unlicensed school personnel.

SECTION VI. SCHOOL-SPECIFIC ISSUES

The school nurse assigned to each school is required to orient those unlicensed school personnel who are selected for delegation regarding school-specific policies, guidelines, and expectations. These areas will include:

- Record-keeping
- Handling and disposing
- Storage of medications
- Communication (school nurse, principal)
- Student identification

- Over the counter medications
- Controlled substances/ narcotic count
- Student self-administration of medications
- Chronic health conditions at school

SECTION VII. EVALUATION

Evaluation is critical to any activity. The changes to the Alabama Board of Nursing Administrative Code that allow delegation of certain tasks by licensed school nurses to unlicensed school personnel require evaluation. Safety of students is foremost. Evaluation allows for collection of data on medication errors to determine necessary changes to processes or education.

- Assess the degree and effectiveness of course and program implementation for each of the course objectives.
- Evaluate each component to determine program and course impact.
- Develop process data as well as outcome data for each component.

OUTCOMES

- Assist students in maintaining an optimal state of wellness, thus enhancing the educational experience.
- Enable students to remain in school, to maintain or improve their health status, and to improve their potential for learning through assisting with prescribed medications.
- Assist students with medications as prescribed by a licensed prescriber.

- Demonstrate knowledge of the principle of self-care and responsibility through appropriate self-medication procedures.
- Provide guidance for safely assisting with medications to students in schools through consistency in training and procedures throughout the state.

LOCAL EDUCATION AGENCY PROCESS

- Obtain provider and parental authorization for assisting with any medication to students at school.
- Unlicensed school personnel shall successfully complete the 12-hour Alabama Board of Nursing approved training (including written examination) prior to being considered eligible for consideration to assist students with medications through delegation by a registered school nurse.
- Unlicensed school personnel shall successfully complete school specific training as deemed necessary by the delegating registered school nurse.
- Provide periodic and regular monitoring of the procedures and individuals who assist students with medications at school.

STATE DEPARTMENT OF EDUCATION

- Provide documentation of technical assistance provided to LEAs by SDE staff related to assisting with medications (i.e., phone calls, guidance/correspondence, workshops/training, and site visits).

ALABAMA BOARD OF NURSING

- Review the annual report relating to assisting with medications by unlicensed personnel.
- Provide recommendations for program improvement and evaluation through revision of rules and practice.

NURSE DELEGATING TO UNLICENSED PERSONNEL

- Demonstrate knowledge and understanding of the ABN rules for delegation of medication to unlicensed personnel.
- Provide routine and periodic monitoring of medication delegated to unlicensed school personnel.
- Provide evidence that unlicensed personnel have successfully completed the initial 12-hour course as required by the Alabama Board of Nursing.
- Provide documentation that specific LEA policies related to assisting with medications is taught annually to unlicensed personnel.
- Provide evidence of periodic and regular monitoring of unlicensed personnel during medication assistance.
- Document each school's specific plan for assisting students with medications.

UNLICENSED SCHOOL PERSONNEL

Demonstrate competence to perform delegated task(s) by:

- Successful completion of the Alabama Board of Nursing approved course (12-hour) including a written test with 100% competency.
- Return demonstration of assistance with medications that includes the correct procedures to prepare, give, and document medications with 100% accuracy.
- Satisfactory completion of LEA training conducted by the delegating registered school nurse regarding specific policies and procedures related to assisting students with medications.
- Knowledge and understanding of local board of education policies and procedures.
- Knowledge and understanding of the accountability and responsibility involved in assisting with medication when this task is delegated to unlicensed personnel by a registered school nurse.
- Knowledge and understanding of the issues related to assisting with medication including confidentiality, security, the importance of careful and complete reporting, and documentation of medication errors and omissions of medication doses.

SECTION VIII. CONCLUSION

We enter a new era in providing health services to children in Alabama schools. Changes to regulations and processes were planned and collaboratively developed. The expectation is that the safety of the students in Alabama schools will be enhanced with the parameters provided to licensed school nurses and unlicensed school personnel.

REFERENCES

Alabama State Department of Education & Alabama Department of Public Health. (1996). *Alabama School Health Services Recommended Best Practice: of Medications Guidelines*. Montgomery, AL.

American Nurses' Association (1995). *ANA Basic Guide to Safe Delegation*. Washington, D.C.: Institute of Constituent Member Collective Bargaining Programs.

American School Health Association (2000). *Guidelines for Protecting Confidential Student Health Information*. OH

Hootman, J. (1994). Nursing Our Most Valuable Resource: School Age Children. *Nursing Forum*, 29(3), July-September 1994.

Josten, L., Smoot, C., & Beckley, S. (1995). Delegation to Assistive Personnel by School Nurses: One State's Experience. *Journal of School Nursing*, 11 (2), 29-34.

Maryland State Department of Education & Maryland Department of Health and Mental Hygiene. (2000). *Medication Assistant Training Program for School Health Staff Instructor Manual*. MD.

National Association of School Nurses. (1996). *The School Nurse's Role in Delegation of Care: Guidelines and Compendium*. Scarborough, ME: author

National Association of School Nurses. (1991). *Guidelines for School Nursing Documentation: Standards, Issues, and Models*. Scarborough, ME.

National Association of State School Nurse Consultants. (1995). *Delegation of School Health Services to Unlicensed Assistive Personnel: A Position Paper of the National Association of State School Nurse Consultants*. Kent, OH: Author.

National Council of State Boards of Nursing, Inc. (1990). *Concept Paper on Delegation*. Chicago, IL: Author.

Panettieri, J.J., & Schwab, N. (1996). Delegation and Supervision in School Settings: Standards, Issues and Guidelines for Practice (Part2). *Journal of School Nursing*. 12(2), 19-27.

Schwab, N., Gelfman, M.H.B. (2001). *Legal Issues in School Health Services*. North Branch, MN: Sunrise River Press.