**School Nursing**

- Courage
- Conviction
- Compassion

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**Who is a School Nurse in MA?**

**Initial Licensure:**
- Licensed by BORN as an Registered Nurse (RN)
- Graduate of Baccalaureate Degree Program (BSN preferred)
- Attendance at MDPH 4 Day Orientation Program: PSNP Level 1
- CPR/ AED/ First Aide Certification

**Professional Licensure:**
- Possession of an Initial School Nurse License
- Completion of a master's degree program
- National certification by a recognized professional nursing association as a school nurse, community health nurse, or a pediatric/family/school nurse practitioner
- Employment as a School Nurse for three years
“Thinking like a nurse....”

What needs to be considered....

- Federal and State Laws and Regulations
- Nursing Standards of Practice: Current Evidence-based Practices
- MA BORN Standards of Conduct
- MA BORN Regulations and Advisories
- MDPH School Health Services Protocols and Procedures (MA Comprehensive School Health Manual 2007)
- School District Policies
- Local School Protocols and Procedures (Practices)

Moral Compromise

Exists when there’s a conflict between a nurse’s duty to advocate for student safety and real or perceived pressure from an employer to do otherwise in order to remain employed.

(Black 2011, Attree 2007, Joel 1997)
Question for thought: What would you do?
A. Follow Orders
B. Follow the Boat

Reflections on School Nursing and Delegation
- Fears related to delegation of assessment and complex interventions
- Noted insufficient staffing levels to allow for appropriate delegation
- "School nurses are often put into the untenable position of being expected to maximize the health and safety of their clients, while not having enough hours to appropriately train, assess, and supervise unlicensed personnel who administer medications. Despite the moral distress that this involves, school nurses may accept insufficient staffing as a condition of work and as a way to provide at least some of the health care needs of the school population." (Block 2009)

Objectives
- To review federal, state and local laws and regulations that affect school nursing practice in Massachusetts schools.
- To understand delegation on nursing tasks and how this may be applicable in the school setting.
- To explain the process for registration for full delegation and limited delegation of medication administration and training of unlicensed school staff per MDPH regulations.
5 Rights of Medication Administration

- Right Student
- Right Medication
- Right Dosage
- Right Time
- Right Route
- NOT!

8 Rights of Medication Administration for Nurses (2012)

1. Right patient: Use of 2 identifiers
2. Right medication: Check the pill identifier
3. Right dose: Confirm appropriateness of the dose using a current drug reference.
4. Right route: Confirm that the patient can take or receive the medication by the ordered route.
5. Right time: Confirm when the last dose was given and safe window of administration
6. Right documentation: Chart the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.
7. Right reason: Revisit the reasons for long-term medication use.
8. Right response: Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.


Train wrecks happen....

Learn the rules so you know how to break them properly!
FEDERAL LAWS AND REGULATIONS:
Constitution
Bill of Rights
HIPAA-FERPA
IDEA
ADA
US DOE
McKinney-Vento Act

Professional Nursing Practice
http://www.nursingworld.org/

National Association of School Nurses
http://www.nasn.org/
Responsibility for School Health Services:

1. Appointment of one or more school physicians and registered nurses (M.G.L. c.71, s. 53). See Chapter 2 of the Comprehensive School Health Manual for sample job descriptions (should include job responsibilities as outlined in this document) and MDOE licensure regulations 603 C.M.R.7.11.

2. Maintenance of school health records (M.G.L. c. 71, s.34D and M.G.L.c.71, s37L and MDOE regulations 603.CMR.23.000 including mandated immunization records per M.G.L.c.71, s.55).

3. Records updated, available and shared (consistent with regulations under the Family Educational Rights and Privacy Act (FERPA) to ensure continuity of care.

4. Management information systems including responsibilities for computerization, technology assistance and sharing demographic data.


6. Medication administration, storage, and access to prescription and prn (as needed) medications per MDPH regulations (M.G.L. c.71, s.54B and M.G.L.c.94 and MDPH regulations 105 CMR 210.00: The Administration of Prescription Medications in Public and Private Schools).

7. Medication administration, storage, and access to medications for the treatment of life threatening allergies (LT A), i.e., epinephrine (MDPH regulations 105 CMR 210.100: The Administration of Epinephrine) and MDOE guidelines found at: http://doe.mass.edu/cnp/news02/allergy.pdf.

8. Properly trained staff to administer epinephrine by autoinjector for individuals with life threatening allergies. Registration with the MDPH for training unlicensed personnel is required; see: http://mass.gov/dph/fch/schoolhealth/medadmin.htm.

9. Physician protocols available for school nurse administration of epinephrine for anaphylaxis due to undiagnosed life threatening allergies.

10. Supply of epinephrine available for above protocols.

11. Mandated physical examinations and screenings, unless written documentation provided by the student’s primary care provider (M.G.L. c.71, s.57); for sample record form: http://mass.gov/dph/fch/schoolhealth/health_record.htm. Program waivers for certain grades available per MDPH regulations 105.CMR 200.910 (see: http://mass.gov/dph/fch/schoolhealth/screening.htm).

12. Physical examinations upon original entry and every three to four years thereafter. (MDPH regulations 105.CMR 200.100).

13. Lead screening program (M.G.L. c.112, s.12BB and MDPH regulations 460.050 (2)).

14. Vision and hearing screenings for all grades, including preschool vision screening, unless waived under MDPH regulations (105 CMR 200.910).

15. Postural screenings (grades 5 through 9).

16. BMI Growth Screenings in grades 1-4-7-10 (105 CMR 200.910).

17. Head Injuries and Concussions in Extracurricular Athletic Activities (105 CMR 201.000).


19. Responsibility of both agencies for emergency care planning and provision including individual and group emergencies (see Chapters 2 and 4 of the revised Comprehensive School Health Manual).

20. Provision of sufficient number of properly trained staff in urgent care, CPR/AED and the Heimlich procedure especially for students with special healthcare needs.

21. Emergency preparedness with linkages for local, state and federal emergency management systems.


Other school health services:
 Appointment of one or more school physicians and registered nurses (M.G.L. c.71, s. 53).
 Mandated immunization review and communicable disease control, including prevention, case finding, and follow-up (M.G.L.c.71, s.55 and MDPH regulations 105 CMR 200.00).
 Medication administration, storage, and access to prescription and prn (as needed) medications per MDPH regulations (M.G.L. c. 71, s.54B and M.G.L.c.94 and MDPH regulations 105 CMR 210.00. The Administration of Prescription Medications in Public and Private Schools).
 Medication administration, storage, and access to medications for the treatment of life threatening allergies i.e., epinephrine (MDPH regulations105 CMR 210).
 Mandated physical examinations and screenings, unless written documentation provided by the student’ s primary care provider (M.G.L. c.71, s.57).
 Physical examinations upon original entry and every three to four years thereafter. (MDPH regulations 105.CMR 200.100)
 Vision and hearing screenings for certain grades, including preschool vision screening (105 CMR 200.910).
 Postural screenings (grades 5 through 9).
 BMI Growth Screenings in grades 1 - 4 - 7 - 10 (105 CMR 200.910).
 Head Injuries and Concussions in Extracurricular Athletic Activities (105 CMR 201.000).
 Standards for School Wellness Advisory Committees (105 CMR 215).

MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

http://www.mass.gov/dph/boards/rm

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (ESE)

Education Laws and Regulations

http://www.doe.mass.edu/lawsregs/

603 CMR 23.00: Student Records
603 CMR 28.00: Special Education
603 CMR 44.00: Educator License Renewal
THE COMMONWEALTH OF MASSACHUSETTS
OTHER ADMINISTRATIVE AGENCIES

- Judicial Case Law: Court Opinions
- Office of the Attorney General:
  - Civil Rights
  - Age of Majority
- Department of Children and Families:
  Chapter 51 A filings

Local Government:

- Boards of Health
- School Committee

OTHER RESOURCES (continued)

- Job Description
- School District Policies/Handbook
- Nursing Procedure Manual
- School Attorney
Massachusetts Comprehensive School Health Manual (2007)

Available at:
http://www.maclearighthouse.com/SCH/SCH001R.html

Massachusetts Comprehensive SCHOOL HEALTH MANUAL
Revised 2007
Massachusetts Department of Public Health

OTHER RESOURCES:
School Health Institute for Education and Leadership Development (SHIELD) at Boston University
http://www.shield-bu.org

Massachusetts School Nurse Organization
http://www.msno.org

Massachusetts School Nurse Research Network
http://www.masnrn.org
Who establishes nursing practice regulations?

1. Local School Committee/Board of Directors
2. MA DESE
3. MDPH BORN
4. ANA

Review of BORN Standards of Conduct: MA 244CMR009

Defines terms relevant to school nursing practice:
- Abandonment
- Abuse
- Competency
- Practice of Nursing
- Professional Boundaries
- Standards of Practice
- Unlicensed Practice of Nursing

(Continued) Standards of Conduct

- Patient Confidential Information
- Participation in Research
- Change of Personal Data
- Administration of Drugs
- Documentation
- Alteration or Destruction of Records
- Responsibilities of Nurses in Management Role
(Continued) Standards of Conduct

- Adherence to Standards of Practice
- Compliance with Laws and Regulations: note M.G.L. C.71 § 55A
- Identification Badge
- Responsibility and Accountability
- Performance of Techniques and Procedures
- Asepsis and Infection Control

Nurse Practice Act: Delegation

M.G.L. c112s.80B: Defines professional nursing practice which includes, "teaching or supervising others…"

244 CMR 3.05 and 244 CMR 9.00: An R.N. may delegate nursing activities to other…health care personnel, provided that the delegating nurse shall bear full and ultimate responsibility for:
1. Making an appropriate assessment;
2. Properly and adequately teaching, directing and supervising the delegatee;
3. The outcome of the delegation.

The regulations further state that the activity to be delegated must be within the nurse’s scope of practice, and the activity must be within the unlicensed person’s job description and be in compliance with the employing agency’s policies and procedures.

Nurse Practice Act: Five Rights of Delegation:

Process for delegation as determined by the School Nurse:
1. Task
2. Circumstances
3. Individual
4. Direction/ Communication
5. Supervision/ Evaluation
Role of the Licensed Practical Nurse (LPN) in the School Setting

- LPN may have a role in school health (assigned to a special needs child with multiple health issues).
- Only the Registered Nurse (RN) may complete health assessments, plan care, etc. and work within a school nurse position description.
- Can administer medications but cannot delegate nursing activities in the school setting.
- Cannot practice autonomously and independently as an RN.
- The Massachusetts Regulations Governing the Administration of Prescription Medications in Public and Private Schools [105 CMR 210.005(I)] require that a LPN be supervised in medication administration by the school nurse (RN).

Nursing tasks to be delegated in the school setting are determined by:

1. The school superintendent
2. The school principal
3. The school nurse leader
4. The school nurse

MEDICATION ADMINISTRATION IN THE SCHOOL SETTING
Medication administration in the school setting may include:

A. Staff assigned by the principal give all medication.
B. Self administration permitted on field trips when the nurse does not attend.
C. Only properly trained, designated staff can be delegated the task of medication administration in school settings.
D. Permitting the superintendent full authority and responsibility for making decisions regarding delegation.

Massachusetts Laws and Regulations Affecting Medication Administration and Delegation

- MGL Chapter 112 Section 80B & 244 CMR 3.05
- Nurse Practice Act and Regulations
- MGL C258 S2
- Tort Claims Act
- MGL C71 S54B & C94C
- Self-Administration
- 105 CMR 210.005

Purpose of the Regulations

"...to provide minimum standards for the safe and proper administration of prescription medications to students in the Commonwealth’s public and private primary and secondary schools. The regulations permit school nurses to delegate responsibility for administration of prescription medications to trained, nursing-supervised school personnel, provided the school district or private school registers with the Department of Public Health. The aim of 105.CMR 210.000 is to ensure that students requiring prescription medication during the school day will be able to attend school and to ensure that prescription medications are safely administered in schools. 105 CMR 210.000 encourages collaboration between parents and guardians and the school in this effort."
Options For Medication Administration in the School Setting Permitted by Regulations

1. All medication administered by licensed personnel

2. **TWO Options for Delegation** to unlicensed personnel under the authority of the School Nurse:
   a. Full delegation
   b. Limited delegation (field trips and short term events)

3. **Self administration** with parental permission and approval by the school nurse

4. **Training** of unlicensed personnel in the administration of epinephrine via an auto-injector to those with a prescription

Requires:
- Agreement at the school district level by the School Nurse, School Physician, Superintendent (Administrator) and School Committee (Directors).
- Registration with the Department of Public Health after certain conditions are met.

School Nurse Leader/ Contact Nurse Responsibilities for the Administration of Medications Within the School System

Collaborates with school committee/ administrators/ school physician to establish policies that:
- Establishes protocols for administration of all medication in the school setting;
- Defines which medications may be delegated;
- Designates who may administer;
- Ensures training of designees;
- Supervises and evaluates total program
- Establishes record-keeping system.

**BORN Advisory: Verification of Orders**

The **School Nurse Leader** must develop and implement the necessary measures to promote the delivery of safe nursing care in accordance with accepted standards of care.
BORN Advisory: Verification of Orders

The School Nurse Leader must ensure:
- Infrastructure that is consistent with current standards of care to minimize errors
- School policies reflect student safety concerns
- Orders are obtained in an acceptable method (whether verbal, electronic, written or standing) and in what circumstances which method can be used.

BORN Advisory: Verification of Orders

The School Nurse is accountable to ensure that the order:
- Originated from an authorized prescriber
- Is reasonable, based on nurse’s knowledge and student needs
- Is compliant with school policy and protocols (putting student safety first)
- Is current and evidence-based
- Reflects student allergy concerns

The school nurse leader/ the school district contact nurse is responsible for all but which of the following:

1. Establishing protocols for administration of all medication in the school setting
2. Determining which individual medications may be delegated and by whom
3. Supervising and evaluating the total medication administration program within the school district
4. Establishing a documentation system for medication administration
Self-Administration Guidelines: Chapter 71, Section 54B

- No school district shall prohibit students with asthma or other respiratory diseases from possessing and administering prescription inhalers in accordance with regulations concerning students’ self-administration of prescription medications.

- No school district shall prohibit students with cystic fibrosis from possessing and administering prescription enzyme supplements in accordance with regulations concerning students’ self-administration of prescription medications.

- A school district shall not prohibit a student with diabetes from possessing and administering a glucose monitoring test and insulin delivery system, in accordance with regulations concerning a student’s self-administration of a prescription medication.

Self-Administration Guidelines

School Policy required and must include:

- Under the authority of the school nurse
- Parent consent and student agreement
- SN evaluation of health status and ability to self-administrate (based on maturity and competency; not age-related)
- Plan for teaching administration and observation of initial dose
- Procedure for documentation and monitoring of compliance with plan for administration and drug effectiveness
- Storage and access is well defined

DELEGATION IN THE SCHOOL SETTING
The Board of Registration in Nursing supports delegation regulations:

- Permit the nurse full authority and responsibility for making decisions regarding delegation;
- Require the nurse to make an assessment prior to delegating;
- Require a formal training program in medication administration for unlicensed staff; an assessment of competency by the school nurse is required;
- Give the School Nurse decision-making authority regarding:
  (a) number of staff s/he can supervise, and
  (b) the degree of supervision s/he will provide.

Note: 210.005 (1), page 1127 states "For the purposes of 105 CMR 210.000, a Licensed Practical Nurse functions under the general supervision of the School Nurse who has delegating authority."

DELEGATION IN THE SCHOOL SETTING

“...transferring to a competent individual that authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation”.


https://www.ncsbn.org

To Delegate or Not to Delegate?

Based on School Nurse’s judgment concerning:

- Condition of the student
- Competence of the staff member
- Degree of supervision required
Is Delegation Appropriate?

It must be legal to delegate the task to non-licensed personnel per the Board of Registration in Nursing in Massachusetts

Five Rights of Delegation


Five Rights of Delegation

The five rights delineate professional and legal accountability for nurses at all levels, from nurse leaders to staff nurses.
1. **Right Task**
   - Appropriate activities for delegation are identified in **UAP job descriptions/role delineation**.
   - Appropriate delegated activities are identified for specific students.

1. **Right Task (continued)**
   Appropriate activities for consideration for delegation include those:
   - Occurs frequently in the daily care of a student
   - Procedure does not change
   - Results are predictable and the potential risk is minimal
   - Does not require make nursing judgments or nursing process required of a licensed nurse

2. **Right Circumstances**
   - Necessary resources available
   - Level of supervision required

   What may be delegated in home/clinic setting may not necessarily be delegated in school setting
3. **Right Person**

- Determine training requirements and competency measurements of UAP
- Identify the UAP’s competency on an individual, task and student-specific basis.
- Evaluate UAP performance based upon standards and take steps to remedy failure to meet standards
- Determine other job duties and description for UAP
  - Student: age, developmental level, cognitive abilities, gender, medical needs and conditions of the student, stability and acuity of student’s condition must be considered

4. **Right Direction/Communication**

- Communicate on a student-specific and UAP-specific basis.
- The detail and method (oral and/or written) vary with the specific circumstances.
- Communication with UAP must include:
  - specific data to be collected and
  - method and time for reporting
  - expected results or potential complications
  - time lines for communicating such information

5. **Right Supervision/Evaluation**

- Provide directions and clear expectations of how the activity is to be performed:
  - monitor performance and intervene as necessary
  - obtain and provide feedback
  - ensure proper documentation.
- Provide ongoing evaluation the entire delegation process:
  - evaluate the student
  - evaluate the performance of the activity.
  - evaluate the outcome of delegation.
The five rights of nursing delegation include:
1. Task
2. Person
3. Direction/ communication
4. Circumstances
5. All of the above
6. Only numbers 1, 3, 4

Other Considerations for Delegation
- Student/ Family interactions: case by case basis – requires parent consent
- Complexity of task
- Nursing process involved
- Unpredictability of outcomes
- Level of student involvement

Activities Which May Not Be Delegated 244 CMR 3.105 (5)
- Nursing activities which require nursing assessment and judgment during implementation
- Physical, psychological and social assessment which requires nursing assessment, intervention and follow-up
- Formation of the plan of nursing care (IHCPs) and evaluation of the student’s response to the care provided
- Administration of medications except as permitted under M.G.L. Chapter 94C and 105 CMR 210.00
## School Nurse Responsibilities

For each individual student:

- Complete the IHCP including medication administration plan (MAP) in collaboration with student’s prescriber;
- Give first dose of medication/first treatment (medication or treatment that has not been initially administered in another setting should not be administered in the school setting);
- Determine whether to delegate administration and/or treatments and to whom.
- Evaluate student ability to determine readiness for self-administration in the school setting.

## School Nurse Leader Responsibilities for Delegation

The School Nurse Leader/Contact Nurse is accountable for:

- Establishing systems to evaluate ongoing competence of all nursing and UAP staff
- Developing policies and protocols
- Ensuring standards of practice are established and maintained

## School District Responsibilities for Delegation

The School District is accountable for providing:

- Sufficient resources
- Sufficient staffing
- Documentation of employee competencies
- District policies on medication administration and delegation
MA Standards of School Nursing Ratios

1998 legislative report defined recommended school nursing ratios: Options for Developing School Health Services in Massachusetts

- 1 FTE: 250-500 students; more than 500,
- 0.1 FTE for each additional 50 students;
- fewer than 250 students 0.1 FTE: 25 students

Full Delegation and Supervision of Medication Administration

For each individual student, the school nurse shall:

- Determine whether it is safe and appropriate to delegate
- Administer the first dose to be given in the school setting to assess:
  - Potential risk to the child (e.g. difficulty in swallowing)
  - Potential reaction if student has not previously received this medication in the school setting
- Review initial orders, side effects, etc. with unlicensed person
  - Provide supervision and consultation as needed
  - Review all documents at least every two weeks

Full Delegation and Supervision of Medication Administration

- School must be registered with the Massachusetts Department of Public Health
- Unlicensed personnel are under the supervision of the School Nurse
  WHO MUST BE ON DUTY AND AVAILABLE FOR CONSULTATION
- School Nurse selects, trains, supervises unlicensed staff to whom she will delegate
- On-site supervision required for the first time an unlicensed person administers medication
- Amount of on-going supervision varies according to condition of student, ability of unlicensed person, type of medication

Be sure documentation procedures are in place.
FIELD TRIPS AND OTHER SHORT TERM EVENTS

Consideration for preparation for field trips should include:

A. Assessment of each field trip to ensure that all students can participate.
B. Written consent from parent/guardian to delegate to specific adult.
C. Medication administration plans for students must be available.
D. All of the above.

NCSBN’s Position on Out-of-State Field Trips

“….the school nurse will need to contact the board of nursing in the states where the field trips occur in order to determine the practice allowances for the licensed nurse related to nursing functions including delegation of nursing tasks.”  (July 2012)
FIELD TRIP CONSIDERATIONS

- Always make effort to have nurse attend
- Assess each field trip and students participating
- Written consent from parent/guardian to delegate
- Medication administration plan (including emergency action plan) for student must be available
- School nurse trains individuals for child specific administration

Field Trip Challenges

- Nurse Notification
- Nursing Availability
- Preparation - Storage
- Parent Consent
- Oral Prescription Medications
- Over the Counter Medications
- Life Threatening Allergies
- Diabetes – Injectables
- Asthma – Inhalers
- Lines
- Destination (in-state or out-of-state, another country, etc)

ADA – 504 Accommodations

- Should include accommodations for field trips
- Physician diagnosis not necessary risk
- Has a "physical or mental impairment that substantially limits one or more major life activities"
- Covered under Americans with Disability Act (ADA) and Section 504 of the Rehabilitation Act of 1973
- Amended in 2008 to include all extra-curricular activities including before and after school programs
Managing Life Threatening Allergies in the School Setting

Life Threatening Allergies
- "Epinephrine is the first medication that should be used in the emergency management of a child having a potentially life-threatening allergic reaction."
  (American Academy of Allergy Asthma and Immunology)
The Role of Pediatricians in School Food Allergy Management

- Michael Pistiner, MD, MMSc; and Cynthia DiLaura Devore, MD, FAAP

**PEDIATRIC ANNALS 42:8 | AUGUST 2013**

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**ADMINISTRATION OF EPINEPHRINE (via an Auto-injector) TO STUDENTS WITH A DIAGNOSED LIFE-THREATENING ALLERGIC CONDITION**

- Need approved policies & procedures
- Nurses provides oversight and manages program.
- Unlicensed personnel are trained to administer epinephrine via auto-injector by or School Nurse as per D.P.H. standards with training, review and update twice a year to students identified with life threatening allergies
- Storage plan limits access to appropriate personnel, but not locked
- Planning for student risk reduction: prevention and preparation
- Immediate call to local EMS followed by notification of relevant persons when epinephrine given – Report to MDPH

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**Challenges of Epinephrine Administration**

- Defining and recognizing Anaphylaxis: 2 systems being involved or respiratory compromise
- Physician orders for Benadryl PRN
  - Cannot be delegated – requires assessment
- School’s Responsibility
  - Nurse availability for response
  - Education of parents including parents of non-allergy students
  - Inform Prescriber
  - Must complete mandatory MDPH report of administration of epinephrine in the school setting
- Other devices:
  - Epi-pen® (Mylan Labs)
  - Adrenaclick® (Shionogi)
  - Generic (Greenstone)
  - Auvi-Q

EpiPens4Schools.com currently offering will give 1 free adult and 1 free pediatric twin pack per site for free.
Teaching Epinephrine Administration to Unlicensed Personnel

The Nurse Leader must establish protocols for:

- Parental permission for unlicensed staff to administer epinephrine
- Obtaining physician’s orders/medical directives
- Unlicensed staff are evaluated for initial and continued competence
- Proper storage and handling of epinephrine
- Notification of EMS
- Completion of report to filed with MDPH

Training of School Personnel

- Only properly trained school personnel may administer the medication (categories of unlicensed personnel to be determined by the School Committee)
- Training is provided by the School Nurse
- Training program includes content and competency test developed and approved by the MDPH
- School nurse documents training and evidence of competency of unlicensed persons
- Annual training review and informational up-date for authorized school staff
- School Nurse provides unlicensed persons with names and locations of CPR certified personnel

LTA Programs for Unlicensed Personnel, Classmates, etc

- Created by Dr. Michael Pistiner and Dr. John Lee from BCH with MDPH School Health Staff
- This does not take the place of school nurse training, but augments it.
- The slides and completion quiz can be found at http://www.allergyhome.org/schools/
- A short orientation of food allergies for classmates of students with allergies: http://www.allergyhome.org/schools/food_allergy_awareness_for_school_kids/
- A test on food allergies for middle and high school students, as well as adults: http://www.allergyhome.org/schools/test-your-food-allergy-knowledge-common-questions-about-food-allergies//
The focus of training for unlicensed school personnel in management of life-threatening allergies should be:

1. Administration of antihistamines
2. The complications of anaphylaxis
3. Prevention of exposure to known or suspected triggers
4. Posting photos of students with known allergies

Additional Issues of Medication Administration in the School Setting

Rights of students with disabilities are protected in the school setting by:

A. Section 504 of the Rehabilitation Act of 1973
B. Individual Education Plans (IEP)
C. FERPA (Family Education Rights and Privacy Acts)
D. Individual Health Care Plans (IHCP)
Pharmacy Labeled Containers

- Nurse’s discretion to accept
- School policy must permit
- Label must be intact and contain all the perquisite information necessary to administer (5 rights)
- Expiration date cannot be exceeded
- Must still have parental consent to administer on file
- Student allergies must be known
- Must be reasonable based on nurse’s knowledge

Handling, Storage, Disposal

- Parent/guardian delivers all medications (except in extenuating circumstances).
- Medication must be pharmacy labeled
- Medications must be stored in locked secure cabinet or refrigerator.
- Access to keys only to authorized persons
- No more than 30 days’ worth stored at school
- Parents/guardians shall retrieve all unused, outdated, or discontinued medications

Documentation and MARs

Medication Administration Record (MAR):

- Medication Administration Plan
- Licensed prescriber’s order
- Parent/guardian authorization
- Student Allergies
- Daily log contains:
  - Dose or amount
  - Date and time of administration or omission
  - Full signature of nurse or delegatee initially, initials subsequently
  - Significant observations re: effectiveness/adverse reactions

- MARs are to be filed in student’s School Health Record
SEIZURE MANAGEMENT

Midazolam / Versed
- Available Dosage Forms:
  - Tablet
  - Syrup
  - IV / IM Solution
  - Nasal Spray
- Therapeutic Class: Anesthetic Adjunct
- Pharmacologic Class: Benzodiazepine, Short or Intermediate Acting

Diazepam / Diastat
- Available Dosage Forms:
  - Tablet
  - Solution
  - Rectal Gel
- Therapeutic Class: Anticonvulsant, Anxiolytic, Sedative, and Skeletal Muscle Relaxant.
- Pharmacologic Class: Benzodiazepine, Rapid Onset and Short Acting

DIABETES MANAGEMENT

- Complex, Individualized Care
- Interdependency Not Independent:
  "Adult supervision/involvement is recommended throughout childhood and adolescence. The sharing of diabetes decision-making tasks fosters communication between students, parents/guardians and members of the student's health care team to promote safe acute and chronic diabetes care outcomes for children and adolescents. In the school setting, this shared diabetes-decision making and supervision should be provided by a licensed school nurse on a daily basis."
Over-the-Counter Medications

RN's may administer OTC's based on protocols which have been developed in collaboration with the school's authorized prescriber, provided that:

- School district policy allows it
- Protocols must include the following information:
  - Drug Name
  - Dose to be administered
  - Dosage frequency
  - Indications for use
  - Contraindications
  - Potential side-effects
- Assessment criteria to be gathered prior to administering a particular medication and needs to include:
  - The student's current medication profile
  - The student's history of allergies
- Parental consent
- Documentation of OTC medication must be according the school department's policies for documentation of medication administered to the students.

Complementary/Alternative Modalities

- Homeopathic medicines
- Herbal medicines
- Dietary supplements (vitamin, mineral, herb, amino acid)
- All require an order from an authorized prescriber with the minimum required elements of a prescription
Other Medication Issues

- OTC
- PRN
- Investigational drugs and treatments
- Immunizations
- MMJ
- Narcan
- KI
- Sun screen
- Insect repellant

FERPA vs. HIPAA

FERPA: covers PUBLIC school health records
- Requires parental permission for discussion with outside prescribers
- Allows for discussions with those who “need to know”

HIPAA: covers other Private school health records and SBHCs
- Allows communication among healthcare without parental permission

Nurse Practice Act: also allows communication with licensed prescribers concerning orders without parental permission

Confidential: School Nurse only!

FAX vs. EMAIL

- FAX: required to have dedicated line/cover sheet
- EMAIL is NOT private; considered public documents especially for those working for public agencies (i.e. public schools)
- Can use faxed orders (directly from prescriber); cannot use email orders.
- Can use verbal (telephone) orders; follow-up with written or faxed order within 3 school days.
Medication Errors

- Notify parent/guardian immediately
- If harm possible notify provider
- If harm, notify MDPH SHU SHA and complete form provided
- Diversion/Drug Loss – Notify MDPH & Local Authorities
- Document on district accident/incident form
- Review reports of errors to reduce chance of repeat
- A missed dose is a medication error!
- As number of distractions increases, so do the number of medication errors and the risk to patient safety. (Executive Health, 2010).
- Recommendations include establishing a "protected hour" for medication administration.

Medication Emergencies

- Do not give initial dose of new medication in the school setting
- Follow established school policies related to all health emergencies
- Local EMS telephone number – with directions on how to access to outside phone line
- Individuals to be notified (parents, principal, physician, etc.)
- List of CPR trained school personnel
- Provision of needed supplies and equipments
- Reporting Requirements

Risk Management for Medication Administration in Schools

1. Know your Scope of Practice (regulations/job description, etc.)
2. Maintain nursing competencies through continuing professional development
3. Document often and well and ASAP!
4. Recognize that the nurse is the final GATEKEEPER in Medication Administration:
   - Document allergies in a conspicuous manner
   - Indicate current and past medications and any deviations
   - Record student’s response as necessary
   - Recognize the appropriate medication indications, dosage, route, side effects of any new or unfamiliar drug
   - Document any wasted, destroyed, returned medication in compliance with school policy and local and state laws
   - Follow the five rights of medication administration!
Tort Claims Act

M.G.L. c.258, s.2 provides that "public employers "shall be liable for injury or loss to property or personal injury or death caused by the negligent or wrongful act of omission of any public employee acting within the scope of his office or employment.

Other considerations:
- Nurses working in private schools
- Need for personal malpractice insurance

MDPH Registration Process

Janet Burke
School Health Unit
Massachusetts Department of Public Health
250 Washington Street, Fifth floor
Boston, MA 02108-4619
Fax: (617) 624-6062

Mail or Fax Request by the School Nurse
Contact/ Nurse Leader
(NO email requests accepted)
for an Application On
School Letterhead

To review Regulations visit:
Certificate of Participation

- Contact Hours/PDPs/CEUs
- Write name of participant and name of school/district on certificate
- Send to MDPH when registering for medication delegation
  - Attendance required every five years for continued approval of registration

School Building Profile

1. Required for *Full Delegation*
2. Must reflect the School/District nursing coverage to assure adequate nursing staff for appropriate delegation (national (not state) standard is considered)
3. Delegation is not intended to substitute for school nurses but to add flexibility to the nurse’s daily practice

Signatures Required

- School Nurse Leader responsible for management of the medication administration program
- School Physician
- School Superintendent/Administrator
- Chair, School Committee or Board of Trustees
  - All who need to collaborate and approve the adoption of the school/district medication policy.
**Changes to Signatories**

- IF THE SCHOOL NURSE CONTACT CHANGES, A NEW APPLICATION MUST BE COMPLETED AND APPROVED!
  - If the School Physician, Superintendent (or School Administrator), or Chair of the School Committee (or Board of Trustees) changes, must send a letter informing of change and agreement to the requirements of regulations 105 CMR 210.000

**APPLICATION PROCESS OVERVIEW**

1. Request Application (new and/or renewal of FT/Epi) by fax or mail.
2. Complete Application including all required signatures.
3. Mail to MDPH along with attendance certification if required.
4. MDPH/SHU/SHA review application.
5. If application for Full Delegation: forwarded to DCP for additional approval.
6. NOTE: Registration mailed to address indicated on application!

**APPLICATION PROCESS**

<table>
<thead>
<tr>
<th>APPLICATION REQUESTED</th>
<th>Full Delegation</th>
<th>Field Trip Delegation</th>
<th>Epi/pen® Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>MDPH SHU Approval</td>
<td>SHA works with School Nurse</td>
<td>Certificate to Issued to School Nurse</td>
</tr>
<tr>
<td>No</td>
<td>DCP</td>
<td>Revise/ Resubmit</td>
<td></td>
</tr>
</tbody>
</table>

**RENEWAL PROCESS**

- One Year Chronological Year (Renewal Sent Automatically)
- Two School Years
- From time application is approved until June 30th, two years in advance
  - (Need to request a renewal application by April 30th)
A new application for registration for any delegation of medication administration and/or training for administration of epinephrine by unlicensed personnel must be completed:

1. Every year for delegation on field trips
2. Every two years for full delegation of medication administration during the school day
3. Every year for training administration of epinephrine by unlicensed personnel
4. When a new school nurse leader takes authority for the medication administration program

References

- BORN: [www.mass.gov/dpl/dph/born](http://www.mass.gov/dpl/dph/born)
- ANA: [http://nursingworld.org](http://nursingworld.org)
- National Council of State Boards of Nursing: [www.ncsbn.org](http://www.ncsbn.org)

Resources

- MDPH School Health Services: [http://mass.gov/dph/fch/schoolhealth](http://mass.gov/dph/fch/schoolhealth)
- Guidelines for Managing Life Threatening Food Allergies in Schools: [http://www.doe.mass.edu/cnp/allergy.pdf](http://www.doe.mass.edu/cnp/allergy.pdf)
School nursing is:

1. A complex and comprehensive, independent specialized nursing practice
2. Governed by three systems; Public Health, Education, Primary Healthcare
3. The most challenging, rewarding nursing position you will ever hold!
4. All of the above!