



Vermont Medication Training Guide for School Nurses: A Tool for School Nurses to Train Others, 3/18/2019

Vermont Department of Health
Maternal and Child Health Division
Healthvermont.gov

Section 1 – Introduction	5
Purpose	5
Medication Administration Responsibilities	5
Acknowledgements	5
Gratitude for Reviewers	5
Disclaimers	6
Clarifications	6
Healthcare providers defined – National Council of State Boards of Nursing (NCSBN) (See Resources and References)	6
Section 2 - Vermont Medication Laws	8
Section 3 - School Nurse (SN)/Associate School Nurse (ASN) Delegation in School Settings	9
Principles of Delegation	9
Delegation Process	9
Documenting Delegation	9
Rescinding Delegation	10
Transferring Delegation	10
Summer School	11
School Nurse/Associate School Nurse Delegation Considerations	12
Section 4 - Training of Unlicensed Assistive Personnel in the Administration of Medication	12
Part 1: General guidance for any delegation related to medication by a SN/ASN	12
Part 2: Guidance for delegation of individual medications to a UAP	12
Part 3: Guidance for delegation to a UAP who is to administer medications to all students as designated by the SN/ASN.	13
Part 4: Guidance for training PreK personnel or those who might work in childcare settings	13
Section 5 - General Medication Guidance and Routes of Administration (See Federal Drug Administration Table of Routes of Administration (with accepted abbreviations) (See Resources and Reference)	13

Oral Medication, By Mouth, By Gastrostomy (Enteral)	13
Inhaled Medication, Nasal, By Mouth	14
Topical Medications: Lotions/Sunscreen, Ointment, Patch, Cream, Paste	14
Eye Drops	14
Ear Drops	14
Injection Medications	14
Rectal Medications	14
Section 6 – Nursing Practice and Board of Pharmacy Recommendations, Licensed Healthcare Providers Who May Prescribe and Administer Medications	15
Out of State Prescriptions	15
Receipt of Medication	15
Inventory of Medication and Monitoring of Expiration Dates	16
Storage and Security of Medication	16
Student Not Reporting for Medication	17
Student Refusal of Medication	18
Early Dismissal and Student Medication	18
Changes in Student’s Medication Order	18
Documentation	18
Record Retention Requirements	19
Confidentiality and Privacy	20
Discontinuing Medication	21
Disposal of Medication	21
Medication Error	21
Section 7 – Student Self-Administration of Medication	23
Section 8 – Anaphylaxis and Asthma Medication	23
Section 9 – Diabetes Medication	24

Section 10 – Seizure Medication	24
Section 11 – Additional Guidelines	25
Complementary and Alternative Medicine (CAM) Products, and Over the Counter (OTC) Medications	25
Oxygen (O2) is a prescription medication requiring an order from a licensed medical professional	26
Medical Marijuana (Cannabis)	26
Medication for exchange students	27
Medication Orders for Students of Military Families	27
Medication Orders for Homeless Students	27
Section 12 – Field Trips, School Sponsored Events and Summer School	28
Out of state and out-of-country trips should follow LEAs and Schools policies and procedures and allow 2-8 weeks notification and preparations with the SN/ASN	29
Section 13 – Disaster Planning/Medication	29
Section 14 – Frequently Asked Questions	30
Section 15 – Resources and References	34
○ Endorsement Rule 5440 VSBPE Licensing Endorsements,	35
▪ Associate School Nurse Endorsement, 65-A, pg. 138	35
Section 16 – Appendices (SAMPLE Protocols, Procedures, and Forms) [under construction]	37
<i>Medication Delegation Handout [c/o Deb Hanson, Fair Haven School, Nov. 2018]</i>	40
SAMPLE Training Activity	44
SAMPLE SCHOOL HEALTH ASSISTANT JOB DESCRIPTION	50

Section 1 – Introduction

Purpose

These guidelines provide recommendations for the safe administration of medication in Vermont schools and school sponsored activities. They are designed to guide school nurses in the training of unlicensed assistive personnel (UAP), and others as designated by that school nurse. Medications are to be administered to students in compliance with state and federal statutes. This document provides general recommendations for medication management in schools, as well as links to helpful resources and sample forms and tools.

Medication Administration Responsibilities

It is the school's responsibility to ensure that medications are administered as authorized by the parent/guardian and licensed healthcare provider (LHP), and as outlined in any relevant individual healthcare plans (IHP). As a bridge between healthcare and the school communities, the school nurse/associate school nurse (SN/ASN) role of care coordination involves building strong working relationships with families and their medical communities. This foundation of trust allows communications to flow smoothly and for family and student-centered accommodations for chronic health conditions to be implemented, supporting student wellbeing and successes.

Acknowledgements

School Nurse Advisory Committee 2017/18 - 2019:

Sophia Hall, President of Vermont State School Nurses' Association, Millers Run Union School, Caledonia North Supervisory Union

Louisa Driscoll, School Nurse, St. Johnsbury School District

Martha Israel, School Nurse, Washington Central Supervisory Union

Amy Ridlon, School Nurse, Barstow Memorial School

Deborah Hanson, School Nurse, Fair Haven Union High School

Jenny Anderson, Springfield High School, Springfield

Thomas Aloisi, Health Educator, Agency of Education

Nathaniel Waite, PHN, Program Coordinator, VT Department of Health

Breana Holmes, MD, Division Director, Maternal and Child Health, VDH

Sharonlee Trefry, State School Nurse Consultant, Chair

January 2019

Gratitude for Reviewers

Vermont School Board's Insurance Trust (VSBIT)

Vermont Board of Nursing Executive Director

Disclaimers

- Recommendations made in these guidelines should never be substituted for legal counsel in a particular situation.
- Sometimes the law is silent or may be unclear; in these instances, it is recommended that district administrators consult with district legal counsel and/or a risk management consultant and to follow best healthcare practices.
- When addressing situations or questions, consider district policies and procedures that should reflect current state and federal statutes as well as district practice.
- The provision of forms and documents in the appendices are samples only and are not endorsed by Vermont Agency of Education (AOE), Department of Health (VDH) or any Local Education Agency (LEA).
- Any sample contained in these guidelines that may be utilized and adapted should be approved by each individual LEA or school 's administration and/or board of directors as applicable.

Clarifications

- The terms physician, medical doctor, nurse practitioner, physician's assistant, primary care provider, licensed healthcare professional, licensed healthcare provider, and health care practitioner will be referred to as a licensed healthcare providers (LHP) or professionals with prescriptive authority.
- "License": holds a current Vermont license in a specific medical or healthcare specialty (3 V.S.A. §§ 121-132)
- Unlicensed Assistive Personnel (UAP): describes any unlicensed person, regardless of title, who performs tasks delegated by a nurse. ([See Resources and References](#))
- School Sponsored Activities: [Section 12 - Field Trips, School Sponsored Events, and Summer School](#)

Healthcare providers defined – National Council of State Boards of Nursing (NCSBN) ([See Resources and References](#))

- Advanced Practice Registered Nurse (APRN): An RN who has a graduate degree and advanced knowledge. There are four categories of APRNs: certified nurse-midwife (CNM), clinical nurse specialist (CNS), certified nurse practitioner (CNP) or certified registered nurse anesthetist (CRNA). These nurses can diagnose illnesses and prescribe treatments and medications. (NCSBN)
- Associate School Nurse (ASN): Holds an AOE 65-A (Endorsement Rule 5440 VSBPE Licensing Endorsements, pg. 138)

- Certified Medication Aide/Assistant (MA-C): An individual who is certified to administer medication under the supervision of a nurse. (NCSBN)
- Certified Nursing Aides/Assistant (CNA): An individual who is certified to assist with the delivery of direct nursing care to patients. Works under the supervision of a nurse. (NCSBN)
- Registered Nurse (RN): An individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination and is licensed by a state board of nursing to provide patient care. (NCSBN)
- Licensed Nursing Assistant (LNA): (2) "Nursing assistant" means an individual who performs nursing or nursing-related functions under the supervision of a licensed nurse. (26 V.S.A. § 1641 (2).)
- Licensed Practical/Vocational Nurse (LPN/VN): An individual who has completed a state-approved practical or vocational nursing program, passed the NCLEX-PN Examination, and is licensed by a state board of nursing to provide patient care. Normally works under the supervision of a registered nurse, advanced practice registered nurse or physician. (NBCSN)
- Licensed School Nurse (SN or LSN) 5440-65 School Nurse: The holder is authorized to provide school health services in grades PK-12 and to collaborate with teachers and administrators to integrate health and wellness knowledge and skills throughout the school and curriculum based on knowledge of pediatric, community health, emergency, adult, and mental health nursing. (Endorsement Rule 5440 VSBPE Licensing Endorsements, pg. 134)
- Naturopathic Physicians: "Naturopathic medicine" or "the practice of naturopathic medicine" means a system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient's intrinsic self-healing processes and to prevent, diagnose, and treat human health conditions, injuries, and pain. In connection with such system of health care, an individual licensed under this chapter may: (26 V.S.A. § 4121)
- Physician (Medical Doctor – MD): license to practice medicine and surgery in the State (of Vermont) (26 V.S.A. § 1311)
- Physician's Assistant (PA): An individual licensed by the state of Vermont who is qualified by education, training, experience, and personal character to provide medical care with the direction and supervision of a Vermont licensed physician. (26 V.S.A. § 1311)
- Unlicensed Assistive Personnel (UAP): Any unlicensed person, regardless of title, who performs tasks delegated by a nurse. This includes certified nursing aides/assistants (CNAs), patient care assistants (PCAs), patient care technicians (PCTs), state tested

nursing assistants (STNA), nursing assistants-registered (NA/Rs) or certified medication aides/assistants (MA-Cs). Certification of UAPs varies between jurisdictions. (NCSBN)

- Vermont Statute: Definition of Nursing: (26 V.S.A. § 1572)

Section 2 - Vermont Medication Laws

AUTHORIZATION/LEGAL REFERENCE:

16 V.S.A. § 1387 – Possession and Self-Administration of emergency medication

<http://legislature.vermont.gov/statutes/section/16/031/01387>

16 V.S.A §1388. Stock supply and emergency administration of epinephrine auto-injectors

<https://legislature.vermont.gov/statutes/section/16/031/01388>

26 V.S.A. § 1571-1585 - Vermont Nurse Practice Act:

<http://legislature.vermont.gov/statutes/chapter/26/028>

26 V.S.A. § 2021-2080 - Pharmacy 1: General Provisions

<http://legislature.vermont.gov/statutes/fullchapter/26/036>

Vermont Board of Pharmacy Administrative Rules: [\(44\) “Prescription Drug” for definition of Legend* Drug](#)

- *“10.2 Legitimate Prescriptions* A prescription or drug order for a legend* drug is not valid unless it is issued for a legitimate medical purpose arising from a prescriber-patient relationship which includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and/or contraindications to the treatment. Treatment, including issuing a prescription or drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose (pg. 42)”.*”*

Marijuana Registry

- 18 V.S.A. Chapter 86
- <https://legislature.vermont.gov/statutes/section/18/086/04472>

Regulated Drugs

- 18 V.S.A. §§ 4201 and 4202:
<http://legislature.vermont.gov/statutes/chapter/18/084>
- Regulated Drug Rule:
http://www.healthvermont.gov/sites/default/files/documents/2017/01/REG_regulated-drugs.pdf

Vermont State Board of Education Manual of Rules and Practices – 4000 – Pupils. The Vermont Statutes Annotated address the areas of school attendance, truancy, discipline, punishment, health, safety, and transportation. Refer to the statutes for specific laws.

16 V.S.A., § 1165 - Rules – [4000 - 4212.3B Emergency](#). The school district policy shall establish procedures for administering emergency first-aid related to alcohol and drug abuse. The procedures will define the roles of the personnel involved.

Section 3 - School Nurse (SN)/Associate School Nurse (ASN) Delegation in School Settings

Principles of Delegation

Due to the crucial need to operate from the most current guidance from the Vermont Board of Nursing and because nursing practices may be subject to change, nurses will always be referred directly to the BON website for current position statements.

Delegation Process

Please refer to the [Standards of Practice: School health Services Manual](#), Delegation Section #9. Establish training sessions to that insure the UAP feels comfortable to ask questions at any time during training and any time afterwards.

“As an alternative to nursing delegation, the nurse’s role may be limited to specific aspects of the delegation process, such as educating the assistive personnel on performing the task and validating competence on a single occasion or periodic basis. (BON, The Role of the Nurse in Delegating Nursing Interventions, 2014, pg.2).”

Validating competencies: The task should be specific and broken into individual components. Specific individual components of competencies will be verified by SN/ASN.

SN/ASN supervision of nursing care or tasks delegated to personnel is based on and includes but is not limited to the situation, setting, resources, and of course student need. The SN/ASN determines and defines the supervision needed. The supervision plan should be documented in procedural or student records, i.e. IHP, and signed off by SN/ASN and personnel accepting the delegated care/tasks.

Documenting Delegation

The delegating SN/ASN should document the delegation process regardless of the documentation system used including:

- A. Specific steps for the delegated task (consider a system where the SN/ASN and UAP initial each step)
- B. Dates, training, and date of competency verification including SN/ASN and UAP signatures.

- C. Ensure documentation of delegation(s) is easily accessible to any substitute SN/ASN.
- D. A substitute for the SN/ASN who is an RN would need to determine if delegation is appropriate if the sub RN is responsible for that care. If the SN/ASN has delegated a tube feeding to a UAP, then the sub RN is not likely to be part of the situation unless the UAP has questions. Additionally, the SN would be responsible for orienting the sub prior to leaving, of the tasks delegated.

Rescinding Delegation

SN/ASNs delegating care retain the authority to rescind delegation when the following occur:

- A. A significant change or decline in the student's health status that would make delegation unsafe.
- B. The UAP or LPN lacks sufficient training, knowledge, skills, or ability to perform a task safely and competently, or is unwilling.
- C. A determination that the specific task requires nursing judgment.
- D. There is a change in the SN/ASN or UAP assignment.
- E. The SN/ASN is no longer employed by the school.
- F. The SN/ASN is no longer under contract (for example during summer school).
- G. Student transfers to a different school or district.

Transition planning may be necessary for students with complex health needs. In such cases the delegating SN/ASN, when possible, can initiate and participate in developing a transition plan for students with complex health needs.

Rescission of delegation and actions should be documented and accessible for future reference.

Delegation authority cannot be transferred from one SN/ASN to another. If the delegating SN/ASN is no longer assigned to a student or group of students, the SN/ASN assuming authority must undertake new delegation to the UAP.

Transferring Delegation

Delegation authority cannot be transferred. Delegation authority for healthcare tasks or duties cannot be transferred from one SN/ASN to another SN/ASN without verification of competencies and verification of compliance (VT BON, 2014). Delegated tasks or duties cannot

be transferred from any delegatee (UAP or person who received delegation from the SN/ASN) to another person.

If the delegating SN/ASN is no longer assigned to a student or group of students, the SN/ASN assuming authority must undertake new delegation to the UAP or LPN. A new nurse or a substitute nurse cannot utilize another RN's delegation. The new or substitute nurse would need to examine the competencies in the delegation and training documents, meet with the UAP, review and affirm that the UAP accepts the delegation, and document this process. It is always up to the current RN's discretion if a delegated duty will continue. Copies of Documents should be kept in the nurse sub binder.

Important pieces in documenting the delegation:

1. Capable
2. Trained
3. Demonstrated task
4. Observed for accuracy
5. Articulates understanding
6. Acceptance with confidence
7. Documented
8. Follow up and documented

Vermont Board of Nursing Positions Statement are advisory only and do not carry the weight of law. A policy is stronger. The school or LEA's Risk Management department should review school policy on delegation.

Summer School

SN/ASN typically employed in the school during the academic year would need to arrange for any summer duties per written agreement as assessed and deemed appropriate per the nursing process. An RN hired for the summer school program, using the standard nursing process is responsible for assessing the needs of students per their own nursing assessment. They should assess and follow school policies and health protocols for appropriate nursing practice and not rely solely on nursing practices followed during the school year. Access to resources, skills, trained personnel must be assumed to be unique to that group of persons, season, setting, and other variables.

Consult with nurse leader when available and Board of Nursing when needed.

The SN/ASN should assess plans for summer student education and make appropriate recommendations for coverage based on advanced planning and a list of enrolled students. See NASN position statement on school nurse responsibilities: School-Sponsored Before, After an Extended School Year Programs: The Role of the School Nurse (Adopted January 2014) ([See Resources and Reference](#)).

School Nurse/Associate School Nurse Delegation Considerations

1. The SN/ASN may need to clarify the process of nursing delegation to school administrators. SN/ASNs cannot be coerced into delegation.
2. SN/ASN will have to consider the special needs of their schools and districts when considering the optimal assignment of delegation to UAPs. Where available, a SN Leader can assist in the planning to meet the needs of the students.
3. If school or district policies do not meet the current nursing standards, they should be brought to the attention of the appropriate administrative staff by the SN/ASN. Revisions should be aligned with the current Code of Ethics for Nurses (ANA, 2016)

Section 4 - Training of Unlicensed Assistive Personnel in the Administration of Medication

This section contains three parts:

Part 1: General guidance for any delegation related to medication by a SN/ASN

The delegating SN/ASN is responsible for ongoing training, competency, evaluations, and supervision of the UAP with appropriate documentation of the entire training process. A SN/ASN will determine if any medications listed below can be delegated (VT BON, 2014). Prior to the beginning of a new school year, district administration or building principals, in consultation with the SN/ASN, should review Medication administration procedures, including description of when not to administer a medication, including:

1. Procedures to follow in the event of a medication error, including missed or delayed doses.
2. Required documentation for medication administration, including medication errors.
3. When to contact the supervising nurse or other healthcare professional as pre-determined by the SN/ASN for any questions of any kind related to medication administration.
4. Confidentiality issues regarding the administration of medications and student health information. (See Standards of Practice: School Health Services Manual: Section Confidentiality #7 (See [Resources and Reference](#)))
5. The supervising SN/ASN will evaluate the UAP's skill, document the completion of the training, and determine the degree of supervision necessary and provide that supervision for each medication or class of medications.

Part 2: Guidance for delegation of individual medications to a UAP

Please refer to the Standards of Practice: School Health Services Manual: Section Medications #22 (See [Resources and Reference](#))

Part 3: Guidance for delegation to a UAP who is to administer medications to all students as designated by the SN/ASN.

See [Appendix #16](#) for a SAMPLE tool checklist for UAP training who covers health office for the SN/ASN

Part 4: Guidance for training PreK personnel or those who might work in childcare settings

In addition to using the content and resources in this Medication Administration Training Tool, you will want to keep the following message (personal communication with Becky Millard, June 5, 2018) in mind:

...no matter where an early childhood professional is located, our regional Resource Advisors can support them with finding trainings they are seeking. The list of RAs and the regions they support are listed here:

<https://northernlightscdc.org/about-vnl/contact-us/>

Second, some school nurses provide medication administration trainings themselves which they are allowed to do under the child care program licensing regulations as long as they meet certain criteria. The criteria are listed here:

<http://dcf.vermont.gov/cdd/professional-development/requirements>

Becky Millard, Director
Northern Lights at CCV
Community College of Vermont
660 Elm Street Montpelier VT 05602
(802) 828-2850
becky.millard@ccv.edu

Section 5 - General Medication Guidance and Routes of Administration (See Federal Drug Administration Table of Routes of Administration (with accepted abbreviations) (See [Resources and Reference](#))

Oral Medication, By Mouth, By Gastrostomy (Enteral)

- *Oral medications* (by mouth) include solid forms such as tablets or capsules, and liquid forms such as syrups/elixirs and suspensions. Oral medication should not be altered (i.e. cut, crushed or sprinkled on food) without an LHP order.
- *Enteral medication* (by gastrostomy tube) is considered an oral medication as it is administered directly into the digestive tract. A SN/ASN will determine if medication given via gastrostomy tube can be delegated (VT BON, 2014).

Inhaled Medication, Nasal, By Mouth

- *Nasal spray* delivers medication as a spray directly into the external nares (nostrils).
- *Inhaled Medication* is given by metered dose inhaler, with a mask, or with a spacer that covers the mouth or mouth and nose. It can also come in the form of a nebulizer treatment. Intranasal medication is not included in this description. A SN/ASN will determine if medication given via inhalation can be delegated (VT BON, 2014).
- The consensus from BON and VT Pharmacy Board of Directors, was inhaled medications are not oral medications and are a separate category

Topical Medications: Lotions/Sunscreen, Ointment, Patch, Cream, Paste

- Topical medication is applied locally to skin or mucous membranes and is absorbed directly through the skin into the bloodstream. It can come in the form of a lotion, ointment, patch, cream, paste, oil or roll-on

Eye Drops

- Eye drops, or eye ointments are medications that are instilled in the eye and are absorbed quickly due to the membrane's vascularity.

Ear Drops

- Ear drops are medications that are instilled directly into the outer ear canal.

Injection Medications

- A SN/ASN will determine if medication given via injection can be delegated (VT BON, 2014).

Rectal Medications

- SN/ASN will determine when medication given via the rectum can be delegated (VT BON, 2014).
- Some rescue seizure medications are administered rectally, some are administered nasally. Students have a civil right to their Free and Appropriate Public Education (FAPE) (See [Resources and Reference](#)) and this includes access to life-saving rescue medications as prescribed by a LHP.

Section 6 – Nursing Practice and Board of Pharmacy Recommendations, Licensed Healthcare Providers Who May Prescribe and Administer Medications

Out of State Prescriptions

(Personal conversation, (1/22/18) Vermont Board of Pharmacy executive officer, Carrie Phillips with Sharonlee Trefry) Consider that a script filled outside of Vermont would most likely be filled by a pharmacist who has already had to verify that the prescriber is licensed in a legitimate manner in the state where the script was filled, but this does not preclude the SN/ASN from verifying this fact depending on assessed risks or completeness of information provided to the SN/ASN.

Vermont Board of Pharmacy Administrative Rules:

10.2 Legitimate Prescriptions A prescription or drug order for a legend* drug is not valid unless it is issued for a legitimate medical purpose arising from a prescriber-patient relationship which includes a documented patient evaluation adequate to establish diagnoses and identify underlying conditions and/or contraindications to the treatment. Treatment, including issuing a prescription or drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose. See (44) “Prescription Drug” for definition of Legend* Drug_(See [Resources and Reference](#)).

Receipt of Medication

1. Medications that the parent/guardian and the LHP authorize to be administered should be brought to school by the parent/guardian of the student or by another designated adult. There may be an exception made for medications that are self-administered by students such as epinephrine auto-injectors or asthma inhalers if this is supported by district policy and/or procedure.
2. All medications must be in medication containers properly labeled by the pharmacist with name of the medication, student name, date, quantity, and strength per dosage unit, LHP name, frequency of administration, and other instructions for giving medications.
3. A written and signed parent/guardian and LHP medication authorization request is required for all medications administered by school personnel and for those medications carried by students.
4. All medication defined as Schedule II Prescriptions (See U.S. Department of Justice, Drug Enforcement Administration, Diversion Control in [Resources and Reference](#)) should be counted by school personnel and the parent/guardian or designated adult who brought it to school. The number of pills, tablets, capsules

or amount of liquid, etc., should be recorded on the medication administration record and be part of the student health record according to school policy.

5. If a tablet must be divided to obtain the correct dose, the pharmacist should be asked to divide the tablet when filling the prescription. If this is impractical, there are specialized devices to assist with cutting the tablets. Districts should follow their policy/procedure regarding school personnel cutting the tablets.
6. Parent/guardian may request the pharmacist prepare a school container for medication and a container for home. It is most helpful to request an additional (3rd) bottle to be used for field trips.
7. Schools without a full time SN/ASN or in circumstances where the SN/ASN assesses that the student will be unavailable to reasonable monitoring or emergency response personnel may choose to require that the first dose of any new medications be administered at home under parent or guardian supervision. However, allergic response to any medication is possible at any time and has the potential to have unintended adverse effects requiring medical evaluation.

Inventory of Medication and Monitoring of Expiration Dates

Routine counting of medications should be based on the LEA or local school's policy, protocol, or procedure. The use of human resources, documentation required, and potential risks should be considered in establishing the counting of medications. Schedule II Prescriptions (e.g. cough syrup with codeine, Ritalin) should be counted daily and recorded. Once weekly or when medication arrives or leaves the health office, i.e. field trips, or home to family, the nurse or designee needs to have a witness to the actual count of the medications. It may be helpful for the LEA or local school to purchase pill counting trays. Documentation of the count should be done in the student medication administration record or system.

All medications should be checked for expiration dates when they are received for administration to students or when purchased as stock medication. The monitoring of expiration dates for emergency medications and emergency stock medications should be established by the LEA/local school policy, protocol, or procedure in collaboration with the SN/ASNs.

The SN/ASN should implement a plan for inventory and expiration date recording to include stock and student specific medications, AED pads, and inventory replacement.

Storage and Security of Medication

Theft or suspected theft is to be documented and reported to the supervising nurse, the school administrator and may also be reportable to local law enforcement.

A. Medications should be stored in locked, substantially constructed cabinets or drawers, with access limited to those who will need access when medications are received or to administer medications. *NOTE: Emergency medications must be readily available.

B. **Examples** of substantially constructed cabinets:

- Commercially manufactured safes.
- Commercially manufactured drug security units made of heavy gage metal that are attachable to a wall or floor with single or double-locking mechanism.
- Non-commercially made cabinets made of metal, solid wood 0.5" thick, or plywood 0.75" thick with non-exposed hinges or non-removable hinge pins if hinges are exposed.
- A metal filing cabinet with a metal bar capable of being locked into position, blocking the opening of the drawers. It should be secured to the floor/wall or weighted sufficiently to prevent theft of the entire cabinet.

C. The number of keys to the locked storage is recommended to be no more than two keys. The keys should be specific to that cupboard/drawer and not unlock any other area in the school.

D. It is recommended that Schedule II – V controlled substances be placed in the school safe during school holidays, weekends, summer, etc.

E. The district's policy/procedure should address theft of medications and describe the reporting process for when and how law enforcement will be contacted upon lost or stolen Schedule II Prescriptions.

F. At least annually, a list will be updated to include the signature of each person holding a key to medications in the school. The copy of the list will be available to designated school administrators and to all SN/ASNs. The original list will be maintained in the health office protocol or procedure manual or guide.

Student Not Reporting for Medication

When students do not appear at the scheduled time for their medication, school personnel remain responsible for timely administration of the dose and should have a plan for handling "no show" students. Documentation in the student health or medication record should reflect the reasonable time difference or reason student was unavailable, e.g. a crisis screening, leaving early for athletics, etc.

SN/ASN may request a medication order to be flexible to accommodate schedules and activities of students, i.e. Instead of 0800, have the order read, "in the morning". This will

depend on the SN/ASN assessment in collaboration with family, student, and teachers. For example, the timing of medication may need to align with home, meal times, transportation, and other family schedules.

Student Refusal of Medication

Using the nursing process, the SN/ASN will attempt to understand the student's refusal of medication to maximize future student compliance with the management of the health condition. If a student refuses a medication, the SN/ASN and the parent/guardian should be notified as soon as possible and document on the medication administration or student health record as a "refused" medication. Documentation assures the student has been offered the medication as ordered and verifies compliance with school's medication policy, protocols, and procedures. As best practice and according to the student's developmental level, the student should understand the purpose and common side effects of medication for their health condition and treatment plan. The SN/ASN should communicate and address student refusal of medication with parent/guardian and LHP.

Early Dismissal and Student Medication

Procedures should be in place to address early school dismissal before a regularly administered medication is to be given.

Changes in Student's Medication Order

Whenever there is a change in the medication order, a new medication request form is created. The UAP must contact the SN/ASN immediately if a change in a medication order is received or guidance is needed.

If there is a dosage change, only the SN/ASN can take the verbal/phone/fax order from the LHP if allowed by school or LEA policy. Please follow guidance found in the *Standards of Practice: School Health Services Manual*, Section # 22 Medication (See [Resources and Reference](#))

All new medication orders need to be reviewed and approved by the SN/ASN, necessary forms for documentation prepared, and training and delegation completed, prior to school personnel administering the first dose.

Documentation

Documentation of medication administered is very important at school; there are multiple opportunities for errors. Standards of nursing documentation need to be followed whether you are using paper or an electronic health record (EHR) documentation system. Please follow guidance found in the *Standards of Practice: School Health Services Manual*, Section # 10, Documentation, and # 22 Medication (See [Resources and Reference](#))

Other documentation:

- A. The SN/ASN using the nursing process assesses which system to use, when a choice is available depending on the school setting. The SN/ASN chooses between paper Medication Administration Record (MAR) or Electronic Health Records (EHR) for the documentation of medications but not duplicate sets of documents.
- B. When using paper records, charting errors may be corrected by drawing a single line through the mistaken entry, initial, and correct entry noted. Document rational in the MAR or student health record (never use white-out, erase, or scratch it out).
- C. If the medication cannot be given, falls to the floor, or the student refuses a medication, initial and document on MAR and notify the parent and appropriate persons per school or LEA policy, protocols, or procedures.
- D. If medication is discontinued indicate “discontinued,” in the MAR and initial it. Arrange for parent/guardian to pick up any remaining medication or dispose with parent permission according to school or LEA policy, protocols, or procedures.
- E. The SN/ASN is responsible for the transcription of medication administration information onto a MAR. When creating a new MAR, transcription must be from the current LHP orders, and not from the old or previous MAR.
- F. When documenting the administration of PRN (as needed) medication, record the time given, the dosage, and rational as well as a reference to the SN/ASN protocol being utilized for that administration.
- G. Paper MAR may also be used to make notes about any unusual circumstance related to the student receiving the medication, including contact with LHP and/or parent/guardian. Student EHRs, in use, should reflect such notes but not duplicate existing notes.

Record Retention Requirements

The MAR is a part of the student’s health record and provides legal documentation for those who administer medications to students. Records may include but are not limited to paper or electronic: medication/treatment authorization form (Medical Order), medication administration record (MAR), and medication administration incident report form. These records should be retained according to school or LEA policy, protocols, or procedures.

For more information see Vermont Agency of Education, School Record Retention and Records Management (See [Resources and Reference](#)) 8/22/16

The Vermont Agency of Education (AOE) does not set or maintain record retention schedules for school districts and supervisory unions (SU). Retention standards are set by the State Archivist within the Office of the Secretary of State under 3 V.S.A. § 117.

Under Vermont's Records Act, public records may not be destroyed except as authorized by such State retention standards (1 V.S.A. § 317a). Each district and SU should have a designated records custodian who is responsible for the disposition of their school records.

General Guidance:

1. School registers are considered permanent records and should be kept in a secure location within the supervisory union. See 16 V.S.A. § 1324.
2. For grades 9-12, the transcripts of graduates and dropouts shall be permanently maintained; academic records may be permanently maintained.
3. The Family Education Rights and Privacy Law (FERPA) requires schools to maintain a record of requests for access to and each disclosure of students' education records, in addition to maintaining parental notification to the school that any or all directory information for a student shall not be disclosed. See 34 C.F.R. §§ 99.32 and 99.37.

Confidentiality and Privacy

Standards of Practice: School Health Services Manual, Section # 7 Confidentiality (See [Resources and Reference](#))

All information regarding a student's health status and his/her medication is confidential, and without parent/guardian (or student if applicable) permission cannot usually be discussed by UAP administering medication with anyone except the delegating nurse. Students are entitled to privacy during the administration of their medication.

Confidentiality is a very important legal concept in the school setting. The Family Educational Rights and Privacy Act (FERPA) (See [Resources and Reference](#)) is a federal law that protects the privacy interests of students and their educational records. FERPA applies to any educational agency that receives funds from the United States Department of Education (USDOE).

Health records (including medication documents) maintained by school employees for pre-kindergarten through grade twelve students are considered education records and therefore protected by FERPA.

The Health Information Portability and Accountability Act (HIPAA) of 1996 Privacy Rule (See [Resources and Reference](#)) requires covered entities to protect individuals' health records and other identifiable health information. When schools provide health care to students in the normal course of business, it is also known as a "health care provider". The HIPAA Privacy Rule allows covered health care providers to disclose protected health information about students to school nurses, physicians, or other health care providers for treatment purposes without the authorization of the student or student's parent, except for information and records related to sexually transmitted diseases. Read the 2008 Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records. (See [Resources and Reference](#))

Discontinuing Medication

The administration of medication involves a partnership between the SN/ASN, the parent/guardian, and prescribing LHP. Discontinuing prescription medication requires a medical order from the LHP in partnership with the parent/guardian. The SN/ASN follows best practice in guiding this process with regard for the safety of the student and is the healthcare expert in the school responsible for working with the family and LHP to recognize, treat, and seek medical expertise for life-threatening and other health conditions.

Disposal of Medication

According to school or LEA policy, or at least two weeks prior to the end of the school year, or when a medication is discontinued, parent/guardian of students with leftover medication should be notified in writing or in their preferred method of communication and provided the opportunity to pick up any unused medication.

If parent/guardian does not pick up the medication by the date specified, Schedule II medications should be counted by two school personnel and disposed of according to school, LEA policy, Regional Solid Waste Disposal, and local law enforcement guidelines. Documentation should include the name of the medication, the amount of medication disposed of, the date and signatures of two school personnel members (recommend one school personnel be the school nurse) witnessing the disposal.

Vermont's Prescription Drug Disposal System:

Take advantage of community drug take-back programs that allow the public to bring unused medications to a central location for proper disposal. There are over 120 permanent take back sites throughout Vermont, as well as two larger events annually. Permanent prescription drug disposal sites can be found online: Vermont's Prescription Drug Disposal System (See [Resources and Reference](#)). Note that many sites in Vermont do NOT accept inhalers or aerosol containers. Please follow directions on the packaging for these items.

Medication Error

See also Standards of Practice: School Health Services Manual, Section #10, Documentation (See [Resources and Reference](#)).

The correct medications must be administered to the correct student at the correct time (typically within 30 minutes before or after the prescribed dose is ordered) in the correct dosage, by the correct route, with accurate documentation, and in accordance with school or LEA policy, protocol, or procedure. Deviation from this standard may constitute a medication error. A dose that is missed (omitted) for whatever reason may also be considered a medication error. All medication errors must be documented and reported.

- A. Life threatening errors should be reported to EMS and individual assessed by EMS at once.
- B. Poison Control should be consulted when necessary and their recommendations followed.
- C. Medication errors should be documented and reported to parent and SN/ASN supervisor according to the school or LEA policy, protocol, and procedures on the school or LEA incident form as soon as possible within 24 hours and no later than seven (7) days.
- D. The supervising nurse, using clinical judgment, will determine the level of severity of the medication error.
- E. If the error results in injury to the student, causes the student to be seen by emergency services or a medical provider, the incident must be reported by the SN/ASN supervisor to:
 - LHP
 - Parent/guardian
 - School administrator or designee and risk manager
- F. All actions related to the incident must be accurately documented.
- G. Documentation of Schedule II medication errors may need to be provided to parents if their insurance company needs verification of medications lost, e.g. pill bottle spilled, and tablets destroyed.
- H. The supervising nurse should assess the actions taken in response to medication errors. The completed reports will be used by the supervising nurse to:
 - Determine trends and patterns in medication errors;
 - Assist in identification of educational and resource needs of licensed and unlicensed personnel (UAP); and
 - Record circumstances contributing to the error and actions taken because of the error
 - All should be part of the LEA's ongoing continuous improvement efforts

*NOTE: Refusing medication is not considered a medication error and the refusal should be documented on the Medication Administration Record as a "refused" medication and reported to the supervising SN/ASN and parent/guardian as soon as it is possible.

Analysis of the reports should be completed at least annually to determine any systems modifications that are necessary as part of continuous LEA improvement efforts. This analysis will be reported to the school building administrator and forwarded to the LEA administration with recommendations.

Section 7 – Student Self-Administration of Medication

Self-administration of medication in schools refers to situations in which students carry their own medication and administer that medication to themselves. There are instances in which an LHP and parent/guardian may request that a student be permitted to carry his/her own medication and/or to self-administer the medication, for example, a student with cystic fibrosis may choose to carry their own enzymes to take during meals and with snacks. There are other specific situations in which students may be allowed to self-carry and administer medication independently.

LEAs and schools may want to consider an adaptation to LEA policy, protocol, and procedure to address student self-administration of additional medication. Vermont requires that the SN/ASN supervise medication administration. This supervision may be by direct observation or the result of the [SN/ASN] assessment (VT BON, 2014) and as a part of that student's Individual Healthcare Plan (IHP) or Emergency Action Plan (EAP). It is recommended that the SN/ASN be involved in the development of all district policies on medication administration.

Possible considerations for policy, protocol, or procedure development:

- A. Define the circumstance that self-administration would be permitted.
- B. Process by which the SN/ASN assesses the student and all appropriately signed forms to determine when self-administration is appropriate and to establish any recommended IHP and EAP if needed.
- C. Developmental or grade level of student.
- D. Type of medication-prescription versus over the counter.
- E. See also [Anaphylaxis and Asthma Medication](#) (below) for self-administration of emergency medication.

Section 8 – Anaphylaxis and Asthma Medication

Asthma:

- 16 V.S.A. §1387. Possession and self-administration of emergency medication
- <http://legislature.vermont.gov/statutes/section/16/031/01387>

Allergies:

- 16 V.S.A §1388. Stock supply and emergency administration of epinephrine auto-injectors
- <https://legislature.vermont.gov/statutes/section/16/031/01388>

Annually check your LEAs' procedure and protocol to verify that it complies with current standards/laws.

See Standards of Practice: School Health Services Manual, Section 03 Allergy Management (See [Resources and Reference](#)) for all forms and protocols and Standing Orders and for Stock Epinephrine

Section 9 – Diabetes Medication

The SN/ASN is ultimately accountable for the quality of the healthcare provided during the school day to students with diabetes. The SN/ASN must partner with parents and family, and the LHP in the care coordination to establish a safe, therapeutic learning environment. Schools are responsible for ensuring that there is an IHP and EAP for students with diabetes even those who are independent in their care. Multiple resources exist for school nurses and should be used when teaching about medications for diabetes within the context of overall care and safety for individuals with diabetes.

Key points:

- LHP order, or Diabetes Medical Management Plan (DMMP) is needed for the monitoring and treatment of diabetes at school.
- Students must be allowed to carry on their persons the necessary supplies and equipment (including medication) to perform diabetic monitoring and treatment at all school and school-sponsored events when appropriate.
- The LHP, parent/guardian, and SN/ASN make the decision regarding the student's ability to provide diabetic care independently according to school policies and protocols.
- Students who are independent in their own diabetic care also require LHP medication and treatment orders.
- Adjustments in the daily dosage of insulin can be made in consultation with the parent/guardian if the parent/guardian's recommendations are within a range ordered on the LHPs written sliding scale and DMMP. The LHP must clearly state that the parent/guardian may be consulted for daily dosage adjustments. Parent/guardians may guide treatments or changes to the treatment plan that align with the DMMP signed by the prescribing LHP and include the different modes of medication administration, e.g. insulin syringes, pens, pumps or any new technologies in the management of diabetes medication.
- Students with diabetes may qualify for Section 504 accommodations. This needs to be considered in the development of the student's IHP. Follow LEA or local school policy, protocol, or procedure and procedure for this process.
- See [Resources and Reference](#)) for access to these resources:
 - Barbara Davis Center for Childhood Diabetes' education manual:
 - Alaska -- Diabetes Management: A Guide for Training Unlicensed School Staff
 - Individualized Healthcare Plans: Role of the School Nurse

Section 10 – Seizure Medication

- SN/ASN will determine when medication can be delegated (VT BON, 2014). Some rescue seizure medications are administered rectally, some are administered nasally. Students have a civil right to their Free and Appropriate Public Education (FAPE) (See [Resources and Reference](#)) and this includes access to life-saving rescue medications as prescribed by LHP.
- Please see (See [Resources and Reference](#)) for these resources:
 - Epilepsy Foundation of America – Seizure Care Plan

- Vermont Standards of Practice: School Health Services, Section 27, Students with Special Health Needs

Section 11 – Additional Guidelines

Complementary and Alternative Medicine (CAM) Products, and Over the Counter (OTC) Medications

A parent/guardian sometimes request that school personnel administer alternative or non-traditional substances to their child while at school or school sponsored events. Questions may arise whether a given substance constitutes a medication.

“NCCAM defines CAM as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine."4 It interprets "complementary" medicine as being used together with conventional medicine, whereas "alternative" medicine is used in place of conventional medicine. (FDA, 2006, p. II) (See [Resources and Reference](#))”.

According to Federal Drug Administration (FDA), the term “drug” means articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; and articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals.

It is recommended that the SN/ASN, whose primary responsibility is for the safety of the student to explore the following, and to document the related rational, if refusing to administer CAM:

- Evidence that the substances may harm the client
- Inability to access adequate information regarding the substance
- Lack of approval from the patient/client’s healthcare provider
- Facility policy that does not permit the nurse to administer the substance

The administration of any medication must follow all applicable statutes, regulations, standards of practice, and district policies and procedures. District policies and procedures should address the administration of non-traditional substances, as some are experimental, unlabeled, administered at doses more than manufacturer guidelines, or not approved by the FDA for safety or effectiveness. The SN/ASN determines whether delegation of an alternative or non-traditional substance is appropriate (VT BON, 2014).

Examples of some CAM (alternative, non-traditional, and/or OTC substances) are provided below.

- Vitamins/Supplements
- Herbal or Homeopathic preparations
- FDA non-approved drugs
- Sunscreen
- Lip balm
- Cough drops
- Enzymes
- Probiotics
- Nicorette Gum

- Petroleum jelly
- Chloraseptic spray
- Caffeine
- Sting relief
- Eye wash
- Placebo and research meds
- Essential oils
- Aromatherapy

For additional resources:

Food and Drug Administration - Complementary and Alternative Medicine Products and their Regulation Food and Drug Administration - Is it a Cosmetic, a Drug or Both? (See [Resources and Reference](#))

Oxygen (O2) is a prescription medication requiring an order from a licensed medical professional

Oxygen (not room air) is sometimes ordered by an LHP for students with respiratory conditions. Medication or CAM definitions may exclude oxygen as a medication, however, an LHP order/prescription is required for it to be administered or purchased for use at school. Vendors also require a prescription per their policy and for billing purposes.

It is the responsibility of the SN/ASN to determine if delegation of oxygen to UAP is appropriate based on a nursing assessment, LHP orders and stability of the student's health condition (VT BON, 2014). SN/ASNs are encouraged to contact a local home health agency or hospital if a refresher in O2 use is needed before training others. *Keep in mind that protocols from those agencies or facilities reflect the needs of the agency/facility* and the SN/ASN will want to review or create any school policies and protocols for O2 to reflect best and current practices and safety guidelines include the transportation of O2 if used for example in the bus.

The LHP may prescribe a varying dose of oxygen flow rate (liters per minute). SN/ASNs may delegate the administration of a varying dose after clarifying with the LHP the circumstances for which dose should be administered. The SN/ASN is responsible for providing clear, written protocol to the UAP regarding administration of a varying dose of oxygen and when the UAP is to contact the SN/ASN about their observations of the student that deviate from the written protocol.

Medical Marijuana (Cannabis)

Marijuana remains a Schedule I (illegal) substance under federal law, potentially jeopardizing federal funding for agencies or school districts that accommodate this law. The science of evaluating substances in OTC that report to contain cannabinoids is developing. The safety of these products is still being established. Licensed clinicians (doctors and nurses) are unable to *prescribe or administer* Schedule 1 drugs. Most states in the U.S. do not support the administration of these products in schools (NASSNC, Nov. 2018, Unpublished).

As a prescription by a licensed prescriber the following medication was approved by the FDA (June, 2018). A school nurse using nursing judgment would follow guidelines for the administration of *a prescription* drug.

EPIDIOLEX (cannabidiol)

EH-peh-DYE-oh-lex, Greenwich Research Ltd

Approval date: June 25, 2018

DRUG TRIALS SNAPSHOT SUMMARY:

What is the drug for?

EPIDIOLEX is a drug for the treatment of seizures in two rare and severe forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome, in patients two years of age and older.

Lennox-Gastaut and Dravet syndromes start during early childhood. They are associated with difficult to control seizures and various degrees of development disability.

(<https://www.fda.gov/Drugs/InformationOnDrugs/ucm613357.htm>. Retrieved 2/20/19)

Additional resources regarding marijuana in schools (see Section 15- Resources and References):

Until the conflict between federal and state laws is resolved, each case will be assessed on an individual basis with local LEA's and the SN/ASN to ensure an optimal outcome for the student.

National Association of School Nurses – Position Brief - Cannabis/Marijuana (January 2019)

Medication for exchange students

Legal guardianship documentation needs to be obtained from sending parents to allow host families to authorize care and sign school documents.

Medication Orders for Students of Military Families

The military requires deployed service members to assign legal guardianship to an individual remaining with the child. A copy of this document should be provided to the school.

Medication Orders for Homeless Students

The McKinney-Vento Act requires schools to enroll homeless children and youth immediately, even if they lack the normally required documents. The federal McKinney-Vento Act supersedes.

There is no exception in this law for students with medical conditions; a district cannot delay enrollment.

The McKinney-Vento Act requires that unaccompanied youth be enrolled in school immediately, even without a parent/guardian. The SN/ASN should work with the district McKinney-Vento Act liaison to ensure that the student's health care needs are addressed as soon as possible.

For additional information contact your district McKinney-Vento liaison and/or the Vermont Homeless Liaisons (See [Resources and Reference](#)).

If the student is homeless and additionally without access to parents, such as a runaway and the student is a minor, legal guardianship is usually assigned to the state. The representative for the state would be the child's assigned DCF case manager. Foster parents are usually not legal guardians and cannot sign medical forms. In the absence of any legal

guardian, DCF needs to be notified and the process expedited in obtaining a legal guardian for a minor to ensure optimal care.

Section 12 – Field Trips, School Sponsored Events and Summer School

Standards for safe medication administration do not change when students participate in field trips, school sponsored events, or summer school. This includes appropriate training, delegation and supervision of the UAP by a SN/ASN. The goal of school districts should be to facilitate all students' participation in all school activities. It is especially important to plan for any student with a chronic or life-threatening health condition who may participate in an overnight field trip. The student may need medication that he/she normally takes only at home.

A school sponsored activity can typically be described as an activity arraigned by school personnel or school administration to enrich the learning environment of students. It is unrelated to whether a program is carried out or supervised by employees or volunteers contracted by the school or LEA regardless of who pays the employees. For example: an after-school program run by employees paid by the YMCA but with a contractual arrangement to serve any eligible students from the school and surrounding schools may likely be considered a school sponsored activity.

If a student requires medication to be administered during a field trip, school sponsored event or summer school, procedures must be in place to assure safe administration: The student must have a completed medication authorization form on file with the LHP and parent/guardian signature. A copy of the form should accompany the student on any field trip. Ensure the student's medication authorization form includes dates for summer school when applicable.

Please refer to the Standards of Practice: School Health Services Manual, Section # 22 Medication and Section #22 A for Out of State Field Trips: Medication and Procedures (See [Resources and Reference](#)).

- A. SN/ASNs cannot delegate medication administration to volunteers, parent/guardians, or non-school employees during school or during school sponsored events. This includes licensed nurses who are not district employees.

Section 504 may apply to the administration of medication to a student with a qualifying disability, including their participation in field trips, school sponsored events, and summer school. If the student is receiving health services during regular school hours, then the district must provide health services for the student on field trips, school sponsored events, and summer school. Appropriate accommodations may include:

- A. Assigning a licensed nurse to provide care for the student.
- B. SN/ASN delegation of care to a UAP, following appropriate delegation procedures.
- C. Though they cannot be required to do so, parents/guardians may be asked to accompany the student and attend to the student's health care needs.
- D. If neither of these options are possible or the student cannot go on the field trip or school sponsored event because of the unstable/fragile nature of their condition and/or the distance from the emergency care that might be required, the school may provide a comparable learning experience at school or in an alternate, safe location.

For additional information regarding Section 504 contact:

- Your district 504 officer or team
- Your school building administrator
- Your SN Leader

Out of state and out-of-country trips should follow LEAs and Schools policies and procedures and allow 2-8 weeks notification and preparations with the SN/ASN

If these do not yet exist, the school SN/ASN should work with district administration and legal counsel to address how the medication/treatment needs of students will be addressed. Vermont is not a member of a nursing licensure compact. Therefore, Vermont Registered Nurse, or licensed practical nursing license is not valid in other states or countries. The nurse must contact the boards of nursing in the appropriate state for guidance and permission to practice (including delegation to school personnel) in that state or determine if the state grants visiting privileges. The nurse may be required to obtain licensure in another state to be able to administer medication/treatments to students or to be able to delegate administration of medication/treatments to school personnel. For trips outside the country, the school nurse must contact the visiting country for guidance and permission. It is best to get guidance in writing and have these documents readily available.

Most nurse practice acts have an exceptions paragraph that designates a time period in which a nurse from another state can continue patient care while traveling without having to apply for a license. Time periods vary. The SN/ASN should contact that state’s Board of Nursing. That contact information can be found at National Council of State Boards of Nursing ([See Resources and Reference](#)).

Preferably, the SN/ASN can contact the State School Nurse Consultant of the state to receive your students for a simple means of determining nurse practice issues related to school nursing. see National Association of State School Nurse Consultants and scroll down. ([See Resources and Reference](#)).

[Enhanced Nurse Licensure Compact \(eNLC\) Implementation](#)

Under the eNLC, nurses can provide care to patients in other eNLC states, without having to obtain additional licenses. Nurses with an original NLC multistate license will be grandfathered into the eNLC. New applicants residing in compact states will need to meet 11 uniform licensure requirements. Those who do not meet the new licensure requirements may still be eligible for a single state license. ([See Resources and Reference](#)).

Section 13 – Disaster Planning/Medication

When LEAs or local schools plan for potential disaster situations, student medication needs must be addressed. Safety is the goal. Considerations should include, but are not limited to:

- A. Development of disaster preparedness plans to accommodate a minimum of 72 hours without access to care (FEMA 2004, pg. 32, 42, 176). Recent 2017 resources are beginning to recommend 5-7 days. Having at least a three-day supply of medications on hand for students who take medications during the school day may be appropriate for some students with some medical conditions.
- B. The SN/ASN or designee contacts parent/guardian to identify medications that students take only at home and to whom the missing of three days of medications could pose a serious health risk for the student or others.
- C. For crucial medications as determined by the family, SN/ASN, and medical provider, the parent/guardian should be asked to provide a three-day supply of these medications. As this may be difficult for insurance companies and physicians to prescribe/cover extra-medications that may expire, patience and planning may be necessary; remember to obtain the necessary parent/guardian and LHP signatures and instructions.

- D. In some instances, by working with the student’s LHP and parent/guardian, the need for the medication can be attenuated or delayed. For instance, insulin dosage may be altered, per protocol, based on food intake and activity level to require less insulin. Some medications may have a longer half-life permitting students to miss several doses without serious consequences. These situations must be clarified by the SN/ASN to ensure that those students needing medication receive the amount they need in situations where medications cannot be readily obtained without prior planning.
- E. Having medications securely and properly stored according to prescription container directions, e.g., refrigerated and monitored for expiration dates. It may be necessary to periodically rotate the school’s disaster medications for an individual student to ensure there are no expired medications at school.
- F. Ensuring each student’s IHP references specific, detailed protocols, procedures, and diagrams which could be easily understood by UAPs who could assist the student if a nurse was unavailable during a disaster.

Section 14 – Frequently Asked Questions

1. **How do you correctly dispose of expired medication in a school setting?** See Section 6 above: [Disposal of Medication](#)
2. **Can a SN/ASN or LPN accept a Licensed Healthcare Provider’s (LHP) verbal telephone order?** See *Standards of Practice: School Health Services Manual, Section 22, page 5, 2017*. (See [Resources and Reference](#))
3. **What process does a LEA or local school follow if there has been a medication theft?** Theft or suspected theft is to be documented and reported to the supervising SN/ASN and building administrator. Theft or suspected theft may also be reportable to local law enforcement, particularly in the case of controlled medications which need to be reported to local law enforcement.
4. **Can medications be mixed with food such as applesauce or pudding for students who have difficulty swallowing?** Only if you are not altering the form or dose by doing so. UAPs must follow the procedure outlined by the delegating/assigning SN/ASN who has received the appropriate permissions or verifications from the LCP, family, and/or pharmacy. Cutting, crushing or sprinkling of the medication are examples of altering the form of an oral medication. If the form of a medication must be changed, the prescribing LHP should indicate this on the medication authorization form and pharmacy label. The following resource may be helpful in providing additional guidance. See [Resources and Reference](#): for the link to: *Oral Dosage Forms That Should Not Be Crushed 2016*.
5. **Delegation Questions:** The Vermont licensed RN who is a SN/ASN may delegate what is safe to delegate based on the needs of the student, the ingredients of the medication, remedy, or treatment, their own scope of practice, and the LHP, and their assessment of the training, delegation, availability of supervision, emergency services and other backup resources, and competencies of the UAP (VT BON, 2014). An Individual Healthcare Plan and Emergency Action Plan should be in place.
 - a. **Can the SN/ASN delegate the reading of numbers on an insulin pump?** See [Resources and Reference](#): for Diabetes training resources.
 - b. **Can a school SN/ASN delegate naturopathic medications or remedies?**
 - i. V.S.A. 26 § 4125 Naturopathic Physicians.... (See Resources and Reference) (d) The Director, in consultation with the Commissioner of Health, shall adopt rules consistent with the Commissioner's recommendations regulating a special license endorsement that shall authorize a naturopathic physician to prescribe [italics added], dispense, and administer

prescription medicines. These rules shall require a naturopathic physician to pass a naturopathic pharmacology examination to obtain this special license endorsement. The naturopathic pharmacology examination shall be administered by the Director or the Director's designee and shall test an applicant's knowledge of the pharmacology, clinical use, side effects, and drug interactions of prescription medicines, including substances in the Vermont Department of Health's regulated drugs rule.

- c. **Is a Vagal Nerve Stimulator (VNS) considered a treatment and can the SN/ASN delegate?** The VNS is a treatment. UAPs may, as delegated by the SN/ASN, activate devices such as vagal nerve stimulators, if their use is part of the IHP for the care and safety of the student.
- d. **Who can administer glucagon to a student in a school setting?** Glucagon is used in Vermont schools for individuals with life-threatening diabetic hypoglycemia. Students have a right to receive emergency care for their emergency health needs as defined by Section 504 Social Security Civil Rights. This should be part of the IHP and Emergency Care Plan where appropriate UAPs receive the training, delegation, and competency assessment as outlined by the supervising SN/ASN.
- e. **Can medications be administered intravenously at school? And by whom?**

The SN/ASN will assess the needs of the student, competencies of the UAP, and resources of the school, based on the IHP, medical orders, (VT BON, 2014), in collaboration with the family to determine the best course of action.
- f. **Can the SN/ASN, delegate mixing liquid medications via a nebulizer chamber for administration via oral inhalation?**

The SN/ASN will assess the needs of the student, competencies of the UAP, and resources of the school, based on the IHP, medical orders, (VT BON, 2014), in collaboration with the family to determine the best course of action.
- g. **May the SN/ASN delegate the administration of inhaled medication with a medication authorization that provides a varying dose of medication (i.e. one to two puffs)?** The SN/ASN should contact the authorized provider to determine, for instance, under which circumstances one versus two puffs of an asthma medication should be administered. The SN/ASN will assess the needs of the student, competencies of the UAP, and resources of the school, based on the IHP, medical orders, (VT BON, 2014), in collaboration with the family to determine the best course of action.

6. Can a VT school nurse take medical orders from a parent?

- a. This critical thinking question is an example of the decisions that RNs in Vermont are required to make based on the evidence collected during a nursing assessment of the overall system of care to be provided for an identified student and the resulting plan cannot be assumed to be the same for the next student with a similar medical diagnosis. The RN decides (VT BON, 2014), whether a parent request or instruction is an appropriate action based on the medical order or in the case of diabetes for example, is based on the Diabetes Medical Management Plan from the medical provider.
- b. The action required is not a decision about the individual dose, i.e. insulin, based on a given BG reading but a bigger decision, based on many larger factors. A decision made for this student, this family, this school, with this kind of nursing supervision or UAP competencies, access to EMS and other resources, and school policy is not the same decision that might be made for the next student with diabetes in the same or different situation, school, or with the same or different

resources/policies. Any medical plan for school from the medical provider should include the parameters that the parent/family uses so that everyone on the team is using the same guide. Then the nursing judgment comes with setting up any delegated tasks and SN interventions to fit within the parameters of the medical plan.

- c. Vermont's Nurse Practice Act (See [Resources and Reference](#)) allows the RN to make this decision based on the nursing process of assessment, nursing diagnosis, identified outcomes, implementation, and evaluation of the system of care for this particular student. The SN is the healthcare expert in the school. The SN's nursing diagnosis, the student-centered outcomes that the SN/ASN, the student, family, medical provider and school team agree on (the SN/ASN identify the health/safety outcomes with input from the student's team), planning to complete preparations for SN/ASN implementation, and SN/ASN evaluation gets things started. Then the ongoing mini-steps of the nursing process become the SN/ASN system of supervision.
7. **Are patches considered topical medication?** Yes. Patches are adhesive backed topical medication delivery systems designed to provide a continuous release of medication through the skin.
 8. **Can schools in Vermont use stock medications other than epinephrine?** Vermont law specifies that epinephrine auto-injectors may be stocked for use per protocols for individuals experiencing a life-threatening anaphylactic reaction. Other medications may be stocked if they comply with LEA or local school policy, protocol, or procedure and are within the scope of practice of the SN/ASN and LHP.
 9. **If a student with an identified life-threatening allergy appears to be having an allergic reaction, but the SN/ASN is uncertain if the student was truly exposed to any food containing the allergen, what should be done?** Treat anyone with signs and symptoms of life threatening allergy as a life-threatening allergy.
 - a. Call 911
 - b. Follow the student's IHP/allergy action plan.
 - c. If ordered, treat the student immediately with epinephrine, call 911, and follow the IHP.
 - d. When in doubt, treat the student. Students may have a delayed reaction. Fatalities frequently occur because the epinephrine was administered too late.
 10. **Can my child's epinephrine be stored in the classroom?**
See the Allergy Section of the Standards of Practice: School Health Services or the supervising SN/ASN. See [Resources and Reference](#)
 11. **Is sunscreen considered a medication?** Yes. Sunscreen is categorized as a medication because it is regulated by the Food and Drug Administration. For verification of the FDA's oversight of sunscreen, you may refer to SUNSCREEN DRUG PRODUCTS FOR OVER-THE-COUNTER HUMAN USE (See [Resources and Reference](#)).
 12. **When should student specific prescription medication be counted?** Medication should be counted according to school policy, protocols, and procedure. Recommendations include:
 - a. Upon the school's initial receipt and periodically according to protocol.
 - b. Controlled substances should be counted weekly as recommended by the Board of Pharmacy
 - c. Medication should be counted when discontinued, expired or at the end of the school year and/or returned to parent/guardian
 13. **Can a school SN/ASN accept an electronic/digital LHP signature for a medication order?**

This is a decision to be made by individual LEAs

14. Is the school LEA or local school responsible for medication management for students participating in a school sponsored program before, during or after the school day?

Yes, See [Resources and Reference](#) for the link the Standards of Practice: School Health Services Manual, Section 12 – Field Trips, School Sponsored Events.

15. Can a licensed nurse (SN/ASN & LPN) practicing in a school setting respond to a student opioid overdose by administering an opioid antagonist (i.e. Naloxone)?

16 V.S.A., § 1165 - Rules – [4000 - 4212.3B Emergency](#). The school district policy shall establish procedures for administering emergency first-aid related to alcohol and drug abuse. The procedures will define the roles of the personnel involved.

16. How long does an LEA or local school need to keep medication administration records? Medication administration logs are part of the student record and record maintenance should comply with LEA and school policy according to the SCHOOL RECORD RETENTION AND RECORDS MANAGEMENT guidance from the Vermont Agency of Education (See [Resources and Reference](#)).

Section 15 – Resources and References

- Federal Emergency Management Administration #
 - FEMA, 2004, Are You Ready? An In-depth Guide to Citizen Preparedness https://www.fema.gov/pdf/areyouready/areyouready_full.pdf

- U.S. Food and Drug Administration #
 - Food and Drug Administration - Complementary and Alternative Medicine Products and their Regulation
Food and Drug Administration - Is it a Cosmetic, a Drug or Both?
<https://www.fda.gov/RegulatoryInformation/Guidances/ucm144657.htm>
 - Federal Drug Administration Table of Routes of Administration (with accepted abbreviations)
<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualmonographs/ucm071667.htm>
 - Oral Dosage Forms That Should Not Be Crushed 2016 <http://www.ismp.org/tools/donotcrush.pdf>
 - SUNSCREEN DRUG PRODUCTS FOR OVER-THE-COUNTER HUMAN USE <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=2ebf409bd3744688acb2a6d2e4ac2aaf&ty=HTML&h=L&mc=true&n=pt21.5.352&r=PART>

- Free and Appropriate Public Education (FAPE) <https://www2.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html>

- Diabetes
 - Barbara Davis Center for Childhood Diabetes' education manual:
[http://www.ucdenver.edu/academics/colleges/medicalschoo/centers/BarbaraDavis/OnlineBooks/Pages/Fir
stBookforUnderstandingDiabetes.aspx](http://www.ucdenver.edu/academics/colleges/medicalschoo/centers/BarbaraDavis/OnlineBooks/Pages/Fir
stBookforUnderstandingDiabetes.aspx)
 - Alaska -- Diabetes Management: A Guide for Training Unlicensed School Staff
[http://dhss.alaska.gov/dph/wcfh/Documents/school/assets/Diabetes%20Management_Guide%20for%20Tr
aining%20Unlicensed%20School%20Staff.rev%208.2016.pdf](http://dhss.alaska.gov/dph/wcfh/Documents/school/assets/Diabetes%20Management_Guide%20for%20Tr
aining%20Unlicensed%20School%20Staff.rev%208.2016.pdf)

- Health Information Portability and Accountability Act (HIPAA) of 1996 Privacy Rule
<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

- Family Educational Rights and Privacy Act (FERPA)
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

- 2008 Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records.
<https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

- McKinney-Vento Act (Update 2016): Education for Homeless Children and Youths Grants for State and Local Activities <https://www2.ed.gov/programs/homeless/legislation.html>
- National Association of School Nurses (NASN) Position Statements
 - [Position Brief - Cannabis/Marijuana](#) (January 2019)
 - Individualized Healthcare Plans: Role of the SN
<https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-ihps>
 - School-Sponsored Before, After an Extended School Year Programs: The Role of the School Nurse (Adopted January 2014) <https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/school-sponsored-before-after-and-extended-school-year-programs-the-role-of-the-school-nurse>
- National Council of State Boards of Nursing: <https://www.ncsbn.org/nursing-terms.htm>
- National Association of State School Nurse Consultants: <http://www.schoolnurseconsultants.org/>
- Safe Disposal of Medicines:
<https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/>
 - [Disposal of Unused Medicines: What You Should Know](#) [Medicine Disposal: Questions and Answers](#)
 - [Where and How to Dispose of Unused Medicines](#)
 - FDA Consumer Update
 - [DEA National Prescription Drug Take-Back Initiative](#)
- Seizures
 - Epilepsy Foundation of America – Seizure Care Plan
www.epilepsy.com/sites/core/files/atoms/files/seizure-action-plan-pdf_0.pdf
 - [Vermont Standards of Practice: School Health Services](#), Section 27, Students with Special Health Needs
- [State Law and Regulation \[policy and procedure\] \(ANA, 2017\)](#) Learn about the difference between law, rules, policy and protocols.
- Standards of Practice: School Health Services Manual: <http://www.healthvermont.gov/family/school/standards-practice-school-health-services-manual>
- U.S. Department of Justice, Drug Enforcement Administration, Diversion Control
 - Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15:
<https://www.deadiversion.usdoj.gov/21cfr/cfr/2108cfr.htm>
- Vermont Agency of Education
 - Endorsement Rule 5440 VSBPE Licensing Endorsements,
 - Associate School Nurse Endorsement, 65-A, pg. 138
 - Licensed School Nurse Endorsement, 65, pg. 134

- <https://education.vermont.gov/documents/educator-quality-licensing-rules#page34>
- Homeless Education
<http://education.vermont.gov/student-support/federal-programs/homeless-education>
- School Record Retention and Records Management, Monday, August 22, 2016
<http://education.vermont.gov/documents/regulation-school-records-retention-records-management>
- Vermont Board of Nursing
 - Vermont Nurse Practice Act: <https://legislature.vermont.gov/statutes/section/26/028/01572>
 - VT Board of Nursing Position Statement on Delegation (2018) *Role of the Nurse in Delegating Nursing Interventions plus Decision Tree*. Retrieved from <https://www.sec.state.vt.us/professional-regulation/list-of-professions/nursing/position-statements.aspx>
- Vermont Board of Pharmacy
 - (44) "Prescription Drug" for definition of Legend* Drug: <https://www.sec.state.vt.us/media/702345/5-RX-Rules-2015-Final-Adopted-August-24-2015.pdf>
 - 10.8 Schedule II Prescriptions: <https://www.sec.state.vt.us/media/702345/5-RX-Rules-2015-Final-Adopted-August-24-2015.pdf>
- Vermont Department of Health
 - Standards of Practice: School Health Services Manual:
<http://www.healthvermont.gov/family/school/standards-practice-school-health-services-manual>
 - VERMONT'S PRESCRIPTION DRUG DISPOSAL SYSTEM <http://www.healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal>
- (The) Vermont Statutes Online:
 - 26 V.S.A. Professions and Occupations - 3 V.S.A. §§ 121-132
<https://legislature.vermont.gov/statutes/title/26>
- Vermont's Prescription Drug Disposal System
 - Permanent prescription drug disposal sites <http://www.healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal>
- Sub info #
- Sub info #
- Sub info #
- Sub info #

-

Section 16 – Appendices (SAMPLE Protocols, Procedures, and Forms)

- Medication Protocols and Procedures
- Medication Delegation and Training Forms
 - Medication Log Sheet..... page
 - Delegation of Medication..... page
 - Medication Delegation Handout. page
 - Handout for UAP: General Guidelines
 - SAMPLE Training Activity
 - References: Job Description for School Health Assistant

Medication Log Sheet [adapted from Deb Hanson, Fair Haven School, June 2018]

Student: _____

Medication: _____

Date of Birth: _____

Dose: _____

Order Expiration Date: _____

Time of Day: _____

	Date	Time or write in absent	Current Amount	Amount Given	Amount Brought in	Amount Sent Home	Amount Remaining	Nurse Signature*	Parent, guardian, student or second nurse signature
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
12									
13									
14									
15									
16									
17									
18									
19									
20									

rvd DH 5/17

*additional signature required for discard, drop off, or picking up by parent or 2nd nurse

Notes: _____

School: _____

City/State: _____

Delegation of Medication [adapted from Deb Hanson, Fair Haven School, June 2018]

NAME: _____

Procedure	Instruction Given	Demonstrates Competency
The 5 "Rights" of Medication Administration		
***Student Identification		
***Type of Medication		
***Dose		
***Time to be given		
***Route to be given		
Forms		
Handling/Storage		
Recording		
Diagnosis		
Desired Effects		
Adverse Effects		
Location of Drug Manual		
When to Notify the School Nurse		
Read School's Drug Policy and Procedure		
Read Attached Handout		

Signatures

School Nurse _____

Delegate _____

Medication Delegation Handout [c/o Deb Hanson, Fair Haven School, Nov. 2018]

Guidelines for training and delegating LPN's and UAP's when Giving Medications at School/school sponsored events

(for complete guide-see VDH SOP Manual).

1. Keeping students safe and healthy is the number one priority.
2. Always identify the student and the medication and check again-refuse to be interrupted or distracted, if you are, stop the process and start over-the "rights" of medication administration: student, dose, drug, route, time, documentation, reason, and response.
3. New orders: changes in dose all need to be reviewed and processed by the School Nurse, UAP's cannot complete this task. The nurse must be notified, and no doses given until the nurse approves the medication.
4. Never give an expired medication.
5. Pay attention to inventory and notify nurse or parents in a timely manner and document.
6. Parents bringing in medication-count it in front of parent, document and have parent sign.
7. A "No Show" is not acceptable. Find the student if they do not show. If they refuse, they must do that face to face, call the parent to notify, do not force the student to take medication, review the nurse's plan for early dismissal days.
8. Give medication exactly as ordered by the health care provider and only with written orders in place and consent from the parents in writing in place. The medication needs to be in a current labeled pharmacy bottle. Review physician/provider order and ask any questions you may have to ensure clarity and understanding.
9. All medications have the potential for causing adverse reactions or side effects. Observe student's response to medication and report to the nurse any changes in behavior, vomiting, rash or anything else you think may be related.
10. Encourage the student to drink a full glass of water-unless otherwise ordered. Not doing so can cause irritation to the inside of the esophagus.
11. If a child develops a rash, do not give the next dose until the parent is notified and parent talks to the physician.
12. Check storage requirements-heat, light, moisture. Most medications need to be stored in a cool, dry place. Some need refrigeration-if a medication does require refrigeration, then the temperature of the refrigerator needs to be recorded daily to ensure quality control.
13. If you or the student drops the medication-do not administer. Document and notify parent. Ensure the count is correct.
14. Disposal of medication should be carried out by the school nurse and documented with a second signature after appropriate notification to the parents.
15. Controlled substances need to be double locked and double documented. Never take your eyes off a medication or leave it unattended.
16. Medication errors can cause harm, so it is very important to stay focused and always double check the label. NEVER USE ONE STUDENT'S MEDICATION FOR ANOTHER-even if it is exactly the same-it is illegal as well as unethical.
17. When measuring liquid medication, use a standard measuring device, not a tableware teaspoon. Place the measuring device at eye level on a level surface.
18. Document that the medication was given. You have a 30-minute window before and after the time it was ordered in which to administer the medication. If it is given in that 1-hour time frame, it is not a medication

error. If there is a reason it is given earlier or later than that one hour-document the reason on the medication log and notify the nurse.

19. Oxygen is considered a medication and requires a provider order.
20. Self-administration is allowed in some cases, the nurse will be aware and have the documentation.
21. Laws governing access to medications.
22. Students will have a plan for their medication for a potential locked in place 3-day emergency or disaster.
23. Do not administer any medications, ointments, cough drops, sunscreen, etc. to students without authorization from the school nurse no matter how innocent it may seem. There are protocols and procedures that must be followed.
24. If there is an error of any kind, notify the nurse as soon as the error is discovered.
25. All errors are reported to the parent, the prescribing provider, administration, and the VT Board of Nursing if the nurse was administering-this includes missed doses or doses not given on time.

Handout for UAP: Training Log page one

Name of UAP: _____

Date of Initial Training: _____

Topic Covered	Homework Notes	Competencies Introduced	Competencies Met	Planned Review Date	Date of follow up training	Date when UAP meets desired competencies	Dates and topics for supervision by SN/ASN
Section 1 - Intro							
Section 2 – VT Laws							
Section 3 - Delegation							
Section 4 – Training UAP							
Section 5- General Med Guide							
Section 6- Nursing, Medical and Pharmacy Practice							
Section 7 – Student Self-Medication							
Section 8 – Anaphylaxis and Asthma							

Handout for UAP: Training Log page two

Name of UAP: _____

Date of Initial Training: _____

		Date of follow up training	Date when UAP meets desired competencies	Dates and topics for supervision by SN/ASN
Topic Covered	Homework Notes	Competencies Introduced	Competencies Met	Planned Review Date
Section 9 – Diabetes				
Section 10 – Seizures				
Section 11 – Additional Guidelines				
Section 12- Field Trips				
Section 13 – Disaster Planning				
Section 14 – FAQ				
Section 15 – Resources				
Section 16 – SAMPLE Tools				

SAMPLE Training Activity

- The Vermont School Nurse/Associate School Nurse will determine the format and tools for use in training Unlicensed Assistive Personnel, LPNs, Nurse Assistants, and health aids. The VT SN/ASN will determine the format and tools for orienting new SN/ASN and or RNs who act as substitute SNs.
- Ideal recommendations: group size = 12; Maximum group size = 15
- If the SN/ASN wishes to add an extra person or two to the training that can be done at your discretion but is not recommended.

Included in this Activity:

- Procedures Stations; Station 1: Receiving and storing medications
 - Copies of Nick's prescription label (4)
- Procedures Stations; Station 2: Preparing to give medication
 - Copies of 5 Rights of medication administration (4)
- "Who do you call" activity
 - Cards of situations/side effects that can occur with medication administration (3 sets of 22 scenarios)

AJ's Pharmacy
444 Medicine Way
Blue Sky, NC 27599

Dr. E. Donoghue
(732) 775-5500

Keep Your Family Healthy For Less
PH: (800) 333-6868

NO 0123456-78907 Date: 06/01/2016

NICK SAMPLE (DOB 5/15/15)
123 Main St.
Anywhere, USA

Shake well before using.
REFRIGERATE

Amoxicillin suspension 250 mg/5cc Quantity: 150 ml

Directions: Take one teaspoon by mouth three times a day
for 10 days. Take full dose.

DISCARD UNUSED MEDICATION

No refills – Dr. Authorization required MFG BIGCOMPANY

AJ's Pharmacy
444 Medicine Way
Blue Sky, NC 27599

Dr. E. Donoghue
(732) 775-5500

Keep Your Family Healthy For Less
PH: (800) 333-6868

NO 0123456-78907 Date: 06/01/2016

NICK SAMPLE (DOB 5/15/15)
123 Main St.
Anywhere, USA

Shake well before using.
REFRIGERATE

Amoxicillin suspension 250 mg/5cc Quantity: 150 ml

Directions: Take one teaspoon by mouth three times a day
for 10 days. Take full dose.

DISCARD UNUSED MEDICATION

No refills – Dr. Authorization required MFG BIGCOMPANY

AJ's Pharmacy
444 Medicine Way
Blue Sky, NC 27599

Dr. E. Donoghue
(732) 775-5500

Keep Your Family Healthy For Less
PH: (800) 333-6868

NO 0123456-78907 Date: 06/01/2016

NICK SAMPLE (DOB 5/15/15)
123 Main St.
Anywhere, USA

Shake well before using.
REFRIGERATE

Amoxicillin suspension 250 mg/5cc Quantity: 150 ml

Directions: Take one teaspoon by mouth three times a day
for 10 days. Take full dose.

DISCARD UNUSED MEDICATION

No refills – Dr. Authorization required MFG BIGCOMPANY

AJ's Pharmacy
444 Medicine Way
Blue Sky, NC 27599

Dr. E. Donoghue
(732) 775-5500

Keep Your Family Healthy For Less
PH: (800) 333-6868

NO 0123456-78907 Date: 06/01/2016

NICK SAMPLE (DOB 5/15/15)
123 Main St.
Anywhere, USA

Shake well before using.
REFRIGERATE

Amoxicillin suspension 250 mg/5cc Quantity: 150 ml

Directions: Take one teaspoon by mouth three times a day
for 10 days. Take full dose.

DISCARD UNUSED MEDICATION

No refills – Dr. Authorization required MFG BIGCOMPANY

6 Rights of Medication Administration

1. the RIGHT CHILD
2. the RIGHT MEDICATION
3. the RIGHT DOSE
4. the RIGHT TIME
5. the RIGHT ROUTE
6. the RIGHT DOCUMENTATION

6 Rights of Medication Administration

1. the RIGHT CHILD
2. the RIGHT MEDICATION
3. the RIGHT DOSE
4. the RIGHT TIME
5. the RIGHT ROUTE
6. the RIGHT DOCUMENTATION

6 Rights of Medication Administration

1. the RIGHT CHILD
2. the RIGHT MEDICATION
3. the RIGHT DOSE
4. the RIGHT TIME
5. the RIGHT ROUTE
6. the RIGHT DOCUMENTATION

6 Rights of Medication Administration

1. the RIGHT CHILD
2. the RIGHT MEDICATION
3. the RIGHT DOSE
4. the RIGHT TIME
5. the RIGHT ROUTE
6. the RIGHT DOCUMENTATION

POTENTIAL SCENARIOS FOR TRAINING AND PROBLEM SOLVING

Child shows signs of distress	1	Seizure activity	2
Loss of consciousness	3	Wrong medication given to the child	4
Child showed no side effects after medication administration	5	Wrong dose is given (overdose)	6
A missed dose	7	Difficulty breathing	8
Difficulty swallowing	9	Medication given at the wrong time resulting in an extra dose	10
Blue Color	11	When in doubt	12
Swelling of lips, tongue, or face	13	Medication given by the wrong route	14
Medication given at the wrong time (not resulting in an extra dose)	15	Child appears to be getting worse quickly	16
Rapidly spreading rash or hives	17	If it has been longer than it should have been between doses	18
Medication given to the wrong child	19	Child was given right medication at the right time	20
Impaired speech or mobility	21	Child spits out or refuses medication	22

REFERENCES for SCHOOL HEALTH ASSISTANT JOB DESCRIPTION

Please refer to:

Constante, C. (2013). *School Nurse Administrators: Leadership and Management*. National Association of School Nurses, Silver Spring, MD: NASN.

Selekman, J. (2013). *School Nursing: A Comprehensive Text (2 Ed.)*. Philadelphia, PA: F.A. Davis Company.