

AN OVERVIEW OF THE NEWLY REVISED GUIDELINES FOR MEDICATION ADMINISTRATION IN KANSAS SCHOOLS, JUNE 2017

A COLLABORATIVE EFFORT OF LICENSED PROFESSIONAL REGISTERED
NURSES FROM SCHOOL DISTRICTS AND PUBLIC HEALTH DEPARTMENTS
ACROSS THE STATE OF KANSAS

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PURPOSE

- to review the provisions of Kansas statutes and regulations specific for medication administration in schools.
- These guidelines are written to be used by RNs, LPN's, school administrators and unlicensed assistive personnel (UAP) in Kansas.

DISCLAIMERS

- Specific issues and procedures should be addressed on a district-by-district basis
- Recommendations made in these guidelines should never be substituted for legal counsel in a particular situation.
- The U.S. Department of Education (Sec. 300.174), 2004, provides guidance regarding schools recommending medication for educational and behavioral treatment in the school setting and **prohibits a school from requiring medication for education or behavioral concerns.**

ALWAYS KEEP IN MIND.....

- New medications and procedures with implications for licensed professional registered nurse practicing in school settings are constantly being approved and introduced.
- School nurses and administrators are encouraged to seek interpretation from the Kansas State Board of Nursing (KSBN) if questions arise.
- Specific practice questions regarding performance and delegation of nursing procedures, including medication administration in the school setting should be directed to the attorney Practice Specialist, at RSBN.

RATIONALE

- Important considerations include:
 - who can legally administer medications
 - requirement for healthcare provider orders
 - potential for different rules depending on the route of the medication, etc.

DELEGATION

- School districts must employ or contract with licensed professional registered nurses to assume responsibility for implementing a system of safe administration of medication.
- This may include delegation of medication administration to non-health personnel in the absence of a full-time, on-site nurse, including during field trips, and before or after school events.
 - permission to delegate is dependent upon the type, route and reason for the medication.

DELEGATION

- The licensed professional registered nurse transfers the performance of an activity, skill, or procedure to a delegatee *while maintaining legal responsibility that the task and/or procedure are performed correctly.*
- Clinical reasoning, nursing judgment, or critical decision making **cannot** be delegated.

THE USE OF DELEGATION IS INTERPRETED TO MEAN THAT THE NURSE:

- Determines who can safely and competently perform this task;
- Assesses any learning needs of the individual;
- Provides a standardized training in the procedure;
- Periodically monitors and supervises the individual performing the task to determine that the individual is following correct procedure;
- Determines the extent of the supervision needed;
- Periodically repeats the instruction, minimally twice per school year;
- **Is available for consultation regarding the procedure;** and
- Ensures access to medication in the absence of the nurse.

Individuals delegated and trained to administer medication should be able to:

- Describe their roles in the delivery of medications;
- State the general purpose of medication administration;
- List any needed equipment and supplies;
- Demonstrate proper administration of oral, topical, eye, ear, inhalant, and emergency medications, including proper hand washing;
- Demonstrate appropriate and accurate documentation of medication administration;
- Demonstrate appropriate action if unusual circumstances occur, i.e., medication error, adverse reaction, student refusal, etc.; and
- Know how and when to seek consultation from the supervising nurse.

SCHOOL ADMINISTRATOR

- Assist in development of medication administration policy and procedures and seek school board support for policy
- Provide administrative support for compliance with district medication administration procedures
- Assist nurse in educating staff and parent(s)/legal guardian(s) about the district's commitment to a safe policy related to medications in school
- Be aware of liability issues related to medication administration at school, including insurance coverage, personnel covered, etc.

LICENSED PROFESSIONAL REGISTERED NURSE

- **Understand** Kansas Nurse Practice Act, Kansas Statutes and state guidelines
- Continually **evaluate** district policy and procedures related to medication administration;
- **Assesses** the student's health needs and develops an Individualized Healthcare Plan (IHP), as appropriate
- **Determine** who can safely perform medication administration;
- Provide a standardized **training** course for all personnel who will administer medications;
- Maintain a **record** of training
- Periodically **monitor** performance of UAP through observation of procedures, review of documentation, handling of medications, etc., (at least yearly);

LICENSED PROFESSIONAL REGISTERED NURSE

- Encourage open communication with individuals delegated to administer medication;
- Review and take appropriate action regarding any reported medication error;
- Take corrective action when individual to whom medication administration is delegated does not meet standard performance after consultation and retraining;
- Develop an educational program for all students regarding the appropriate use of medications, including the resolution of minor health problems without the use of medication; and
- Share policies, procedures, and forms with local authorized prescribers.

UNLICENSED ASSISTIVE PERSONNEL

- Participate in district training related to medication policy and procedures;
- Administer medications strictly following the procedure as taught;
- Provide accurate documentation of medications administered;
- Call for consultation with delegating nurse when there is any question, or when a parent/legal guardian does not comply with policy; and
- Provide safe storage and handling of medications as outlined in district policy.

PARENT(S)/LEGAL GUARDIAN(S)

- Cooperate with the district's policy regarding medication administration;
- Provide authorization or prescription from student's health care provider;
- Provide written request from parent/legal guardian to administer medication;
- Provide the school with the medication as outlined in the policy;
- Communicate any changes in student's health status, medication regime, change of health care provider, etc.
- Sign authorization for school to communicate with student's healthcare provider if needed.

- These medication administration guidelines do not supersede or supplant the Kansas Administrative Regulations
 - (K.A.R. 60-15-101 through 60-15-104)
- These guidelines are not legally binding upon local boards of education
 - the regulations are legally binding.

Prescription medication must be brought to school in a container/package dispensed by the pharmacist with the following information clearly stated on the label:

- Name of student
- Name of medication
- Dosage
- Route of administration
- Directions or interval for the drug to be given
- Name of licensed healthcare provider prescribing the medication
- Pharmacy contact information including expiration date of the medication

EXPECTATIONS

- Care must be taken to set clear expectations for packaging of medications in pharmacy container/package.
- Medication in unlabeled bags or containers, loose pills or capsules should not be accepted for safety reasons.
- Medications brought to school in plastic bags, envelopes, lunch boxes, etc., should not be administered, regardless of whether they are labeled.

REQUIRING A SEPARATE PHYSICIAN SIGNATURE

Accomplishes three things:

- Verifies the primary care provider desires the medication to be delivered at school.
- Assists with care coordination as well as opening the lines of communication between the school nurse and the primary care provider.
- Serves as a double check to prevent pharmacy dosing errors, etc.

STOCK EPINEPHRINE IN KANSAS SCHOOLS

- Kansas enacted legislation allowing (not requiring) epinephrine kits in schools
- The language was divided into three separate statutes K.S.A. 65-1680, 65-2872b, and 72-8258 (See **Appendix G: Statutes Pertaining to Epinephrine Kits**).
- To begin an epinephrine program, the school nurse supervisor or school nurse collaborates with
 - district administration
 - local physician
 - consulting pharmacist

Over-the-Counter (OTC) (Non-Prescription) Medication, Natural and Homeopathic Remedies

- OTC medications have therapeutic benefits, as well as risk of potential side effects, and carry the potential for great harm if misused or abused.
- It is *recommended* that written authorization from a primary care provider or specialist accompany nonprescription over-the-counter (OTC) medications, natural and homeopathic remedies
 - to ensure continuity of care and to prevent unintended medication interactions.
- Kansas does not require a physician order for a nurse to administer or delegate OTC medications;
 - however, some states (and school districts) have this requirement.

Complementary and Alternative Medicines (CAMs)

- Because the formulation of herbal, natural and homeopathic remedies is **unregulated**, their potential for harm is great in a school setting where a student's complete medical history and medication history may not be known.
- These medications/remedies should **not** be administered at school without primary care provider or specialist authorization.
- Even with proper authorization, the school must take into consideration the risk inherent to student safety in administering a product that lacks published data about its safety, efficacy, and dosages for children

- No substance should be administered to any child or adolescent without the express written request of the parent or legal guardian.

VERBAL MEDICATION ORDERS

- The licensed professional registered nurse may take a verbal medication authorization from a primary care provider or specialist for prescription medication
 - or a parent/legal guardian for OTC medication
- **must** be followed with a written authorization within 3 to 5 working days.
- UAPs should **not** *under any circumstances* take verbal orders from primary provider or parents/legal guardians.

MEDICATION DOCUMENTATION

- Student by name and birthdate
- Allergies
- Prescribing primary care provider or specialist name and credentials
- Medication
- Route, time & duration of administration
- Potential side effects
- Initial nursing assessment
- Signature of RN responsible for administration
- Signature of UAP, if administration is delegated
- Section for comments and narrative notes

CHANGES TO MEDICATION ORDERS ONCE PRESCRIBED

Any changes in medication, including dosage and/or time of administration must be accompanied by:

- New primary care provider or specialist and parent/legal guardian authorization forms with signatures
- New container/package appropriately labeled by the pharmacist if appropriate
- An additional assessment provided by the licensed professional registered nurse when any change in medication, including dosage and/or time, is made.

Suggested steps for administration of prescribed medication dosage missed by parent at home:

- If a student was to receive medication in the morning, before coming to school, and he/she does not receive that dose, the parent should be urged to come to school to administer it
- If parent administration is not possible, the parent must provide verbal permission to the school nurse over the phone.
- If this continues to occur, it might necessitate adjustment of subsequent dosage times, and the school nurse should be consulted.

- It is essential that the licensed professional registered nurse or delegated UAP be able to unequivocally match the student name, medication, dosage, administration time and route to the student's medication record to avoid medication errors.

Student Specific Emergency Medication in the School Setting

- An Emergency Action Plan must be developed for students whose conditions may warrant intervention with medication
 - glucagon for unconsciousness due to hypoglycemia
 - anticonvulsant medication to be administered for a prolonged seizure,
 - epinephrine for a severe allergic reaction (anaphylaxis).
- The licensed professional registered nurse is responsible for training school staff in the recognition of life-threatening emergencies and the appropriate administration of emergency medications.

Self-administration of Student Specific Emergency Medication

- The student must be able to demonstrate responsibility and proper care and administration of the medication, and
- The school nurse should provide periodic monitoring and education to ensure skills are maintained
- The school should reserve the right to discontinue self-administration of medications if the privilege is abused or the safety of other students is compromised.
- The self-administration of controlled substances should never be permitted in the school setting.

Statute K.S.A. 72-8252. Policies to allow student to self-administer certain medications

- **72-8252. Policies to allow student to self-administer certain medications.** (a) As used in this section:
 - (1) "Medication" means a medicine prescribed by a health care provider for the treatment of anaphylaxis or asthma including, but not limited to, any medicine defined in section 201 of the federal food, drug and cosmetic act, inhaled bronchodilators and auto-injectible epinephrine.
 - Regular monitoring and evaluation of self-administered medications must be the responsibility of the licensed professional registered nurse and should not be delegated.

Medication Administration Outside of Regular Attendance Hours

- Medications used *before or after* school, including OTC medications,
 - are subject to the same requirements
 - should not be maintained on or off school premises without these safeguards.
- (l) "Extended program hours" means **any program** that occurs before or after school attendance hours *and* is hosted or controlled by the school.
- Schools and delegating RNs need to consider the availability of the delegating nurse (e.g. extended contract to cover being on-call) to answer questions that could occur during the before and after school time.

STORAGE OF MEDICATION

- All medications (including OTC medications) must be kept in a locked and secured container or cabinet, in a room that can be locked. (**other** than those approved for self-administration by specific students)
- Medications requiring refrigeration should be kept in a secured refrigerator inaccessible to students or staff and should never be stored with food.
- Use unlocked cabinets or containers for medications used to treat allergic reactions, (anaphylaxis) and to treat asthma, due to the need for immediate access to these medications.

INVENTORY OF MEDICATIONS

- Medications must be inventoried at least every semester by a licensed health professional and another staff member.
 - *controlled substances monthly or bi-weekly.
- Expired medications must be destroyed or disposed of and their disposition clearly documented
- Medications no longer being used should be returned home or destroyed.

MEDICATION INCIDENT (ERROR)

Medication errors may include:

- omitting a medication
- administering a medication to the wrong student
- administering an incorrect dose of medication
- administering a medication at the wrong time
- administering a medication by the wrong route
- Schools should have policies to address handling situations with students who do not appear or refuse to take ordered medication.

Timing

- The licensed professional registered nurse may reasonably work within a timeframe or window of 30-45 minutes of the prescribed time for medication administration based on priorities and nursing judgment without creating an error of omission.
- Any window of time granted to UAPs to whom medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.

DISPOSAL OF MEDICATIONS

- Medications that are out of date or have been discontinued should be picked up by the parent/legal guardian.
- All medications should be picked up at the end of each school year.
 - Parental/legal guardian notifications should be sent home at these times.
- When medications are not picked up after parent/legal guardian notification, they should be destroyed and that process should be witnessed and documented.

DISPOSAL OF NEEDLES AND SYRINGES

- Needles and syringes should be disposed of in a manner consistent with appropriate Occupational Safety & Health Administration (OSHA) guidelines and district policy.
- Consider a policy or plan for **staff**, visitors and events (sports, plays, etc.) that allows for sharps disposal in schools.
- If no other option is available, sharps could be inappropriately discarded, leaving students and staff at risk.

DISASTER PLANNING

Emergency Building Evacuation and Medications

- emergency bag/pack that includes supplies for basic first aid, and a glucose source.
- A list of all students with significant medical conditions and current medication histories
 - Including emergency contact numbers
- Planning for Potential Disaster Situations
- Preparing Your School District for Public Health Pandemics

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 RN.
- 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.

Scheduled Field Trips

- Follow delegation procedures as previously discussed
- School nurses 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.
- Parent/guardians who accompany children to any school sponsored event may administer medication to their own child but not to any other children.
- Upon return from a field trip, any unused medication must be returned to the school nurse or designee and documentation completed in accordance with the school district's procedure.

FIELD TRIPS AND SECTION 504

- 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.

Field Trips Out of State and Out of Country

- School districts should have policies and procedures for out of state and country trips.
- The nurse should contact the boards of nursing in the appropriate state for guidance and permission to practice (including delegation to school staff) in that state or determine if the state grants visiting privileges.
- For trips outside the country, the school nurse should contact the visiting country for guidance and permission.

Resources within the guidelines document

- The forms and documents provided in the appendices are samples only and are not endorsed by Kansas Department of Health and Environment (KDHE) or Kansas State Department of Education (KSDE).
- Sample policies contained in these guidelines may be utilized and adapted, and should be approved by each individual school district's administration and/or board of directors as applicable.

When & Where can you find this amazing document, you ask?

- Scheduled for Publication in September 2017
- KSNO.ORG → RESOURCES
- NASN.ORG → SCHOOL NURSE NET → KSNO → LIBRARY
- <http://www.kdheks.gov/c-f/school.html>
- KSDE TBD

QUESTIONS?

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