

Navigating the New Landscape for Medication Administration at Schools



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Objectives



- Identify laws and regulations impacting the use of medication including Diastat and insulin.
- Develop practical strategies to manage medication at school.
- Examine how to utilize school support services for students with special health needs including diabetes and epilepsy.

The School/Health Landscape



Children spend an average of 34 hours each week at school or in school activities.* **At least 26% of school-age children have a chronic condition.****

The most common diagnoses of children and adolescents are:

- Allergy
- Asthma
- Attention deficit hyperactivity disorder
- Depression, anxiety and other emotional problems
- Migraine or frequent headaches
- Intellectual disability due to any number of causes

* (Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-being. Washington, DC: US Government Printing Office; 2011.)

** (US Dept. of Health and Human Services. The National Survey of Children with Special Health Care Needs Chartbook 2005-2006. Rockville, MD: US Dept. of Health and Human Services; 2008.)

The Medication Landscape



An average of 5.6 percent of students in grades K-12 receive medication on a typical school day; **approximately 350,000 in California.**

McCarthy, A.M., Kelly, M., & Reed, D. (2000). Medication administration in schools. *Journal of School Health*, 70 (9), 371-376.

Common medications dispensed include OTC remedies, analgesics such as aspirin/ibuprofen, stimulant medications for attentional disorders, asthma inhalers, and anti-seizure medications.

The Medication Landscape



PSYCHOTROPIC MEDICATIONS

6% of teens aged 12-19 self-report that they had taken a psychotropic medication in the past month.

- 3.2 % of youth report taking medication for depression and ADHD.
- 1% report using antipsychotics.
- 0.5% report use of anxiolytics, sedatives, or hypnotics.

Data Brief No. 135, Psychotropic Medication Use among Adolescents: United States, 2005-2010, can be found at the National Center for Health Statistics website.

Medication at school; The Legal Aspect



There is only one federal mandate regarding medications at school.

- Under Section 504 of the federal law -- the Americans with Disabilities Act -- schools are required to provide for the health needs of children with chronic health problems.
- **The school *must* provide whatever health assistance is needed to meet the needs of a disabled child - including, and not limited to, the dispensing of medications.**

Guidelines regarding medication dispensing are set at the state level.

- Every school sets its own guidelines regarding medications based on state laws - and those laws vary widely from state to state.
- The CDE Program Advisory on Medication Administration:
<http://www.cde.ca.gov/Ls/he/hn/documents/medadvisory.pdf>



In California...

The California Education Code allows a school district to assist with the administration of medication to any child required to take medication during the school day if that medication has been prescribed by a doctor or surgeon. *CEC 49423*

- For the school district to administer such medication, the parent must provide both a written prescription from the physician detailing the name of the medication along with the amount method, schedule, and a written statement from the parent/guardian expressing their intent for the school to administer the medication. These notes must be updated annually or when there is any change in the prescription.
- The Education Code provides that any medication prescribed by a doctor can be administered at school.



In California...

The Education Codes also allows students to carry and self administer auto-injectable epinephrine and asthma inhalers if the student has an Rx from the doctor. *CEC 49423(b)(2) and CEC 49423.1*

Education Code specifically addresses emergency antiseizure medication (i.e. Diastat)

- Whenever possible, an emergency antiseizure medication should be administered by a school nurse or licensed vocational nurse who has been trained in its administration. A school district, county office of education, or charter school **may choose to participate** in a program to provide nonmedical school employees with voluntary emergency medical training to provide, in the absence of a credentialed school nurse or other licensed nurse onsite at the school or charter school, emergency medical assistance, including the administration of emergency antiseizure medication to pupils with epilepsy suffering from seizures. *CEC 49414.7*
- CDE Antiseizure Medication Law FAQs: <http://www.cde.ca.gov/ls/he/hn/sb161faq.asp>

The Game Changer

American Nurses Assn. et al. v. Tom Torlakson as Superintendent of Public Instruction et al.



In October 2005, the parents of four diabetic students in California public schools, together with the American Diabetic Association, filed a class action in federal court alleging that schools in the Fremont Unified School District and the San Ramon Valley Unified School District had failed to meet their obligations to diabetic students under federal law. Allegations included that the districts had:

- Refused to prepare Section 504 plans for diabetic students
- Refused to include provisions for diabetes care in students' IEPs
- Refused to permit unlicensed school personnel to administer insulin when no nurse was available
- Improperly required that parents or parental designees come to school to administer insulin

Because of these asserted violations of federal law, plaintiffs further alleged, some parents were required to forego employment and some students had to adopt insulin regimens that entailed less frequent injections, less effective control of blood glucose levels, and greater risks to their health.



While some districts at that time were training unlicensed personnel to administer insulin, many were not.

- The CDE had issued advisory statements in 2005 and 2006 that the Nursing Practice Act (B & P Code 2700 et. seq) permits only licensed health care providers to administer insulin in schools. Moreover, some nurses have refused to train unlicensed school personnel to administer insulin out of concern for possible disciplinary action by the Board of Registered Nursing and/or concern for student safety.

At the time the suit was filed, the CDE had recognized that there were seven categories of persons specifically authorized in statutory exceptions to the Nursing Practice Act (NPA) allowed to administer insulin at school:

- Students
- Nurses/Physicians
- Other licensed employees
- Contracted licensed persons
- Parent/guardian
- Parent designee
- Trained unlicensed personnel during emergencies.



In July 2007, the plaintiffs in the federal litigation entered into a settlement agreement with the Department, the Superintendent and the State Board of Education.

- The Department agreed to issue the August, 2007 Legal Advisory summarizing the rights of diabetic students under federal and state law.
- In the Advisory, **the CDE adds an eighth category of authorized persons**, permitting insulin to be administered by a “voluntary school employee who is unlicensed but who has been adequately trained to administer insulin pursuant to the student's treating physician's orders as required by the Section 504 Plan or the IEP.”
- The Nurses Associations alleged the legal advisory was inconsistent with the Nursing Practice Act (NPA) and was thus an illegal regulation implemented by the department without compliance with the Administrative Procedure Act (APA).

In January 2009, a California Superior Court judge agreed with the American Nurses Association (ANA) and ruled that insulin injections can only be administered by qualified health care professionals, and not by unlicensed trained school personnel. The California Court of Appeal affirmed the Superior Court’s decision in June 2010. The American Diabetes Association appealed again, and the California Supreme Court granted review in September 2010.



The Court Concluded:

... **California law does permit trained, unlicensed school personnel to administer prescription medications, including insulin,** in accordance with written statements of individual students' treating physicians, with parental consent, and persons who act under this authority do not violate the [Nursing Practice Act.] Because schools may administer prescription medications only in accordance with physicians' written statements, state law in effect delegates to each student's physician the decision whether insulin may safely and appropriately be administered by unlicensed school personnel or instead whether a particular student's medical needs can be met only by a licensed health care provider. State law, however, presents no categorical obstacle to the use of unlicensed personnel for this purpose.



The Fine Points

The Court analyzed the NPA’s “medical orders exemption,” that allows any person to carry out medical orders prescribed by a licensed physician “provided, such person shall not in any way assume to practice as a professional, registered, graduate or trained nurse.” the Court stated that a person carrying out a physician’s medical orders is not assuming to practice nursing and is not violating the NPA.

The language of the NPA defines the practice of nursing as functions “that require a substantial amount of scientific knowledge or technical skill.” However, **the Court found that the routine administration of insulin does not require substantial scientific knowledge or technical skill**, and is therefore not a function limited to nurses under the NPA.

In Summary....



“Finding no merit in arguments to the contrary,” the Court opined, “we conclude California law does **permit trained, unlicensed school personnel to administer prescription medications, including insulin**, in accordance with written statements of individual students’ treating physicians, with parental consent, and that persons who act under this authority do not violate the NPA.”

This is a *very broad decision* that covers many more settings and situations than public schools in CA — e.g., licensed care facilities, including child care, In Home Supportive Services programs, etc.

<http://www.cde.ca.gov/ls/he/hn/documents/anavtorlakson2013.pdf>

Medication Errors



Why Is It Important?

- Who's impacted?
- Who's giving medication at school?
- Who's watching?
- What can be done about it?



The Six Rights of Medication Administration



- Right Person
- Right Medication
- Right Dose
- Right Time
- Right Route
- Right Documentation

Medication Errors



In a real-life case, an eighth-grade student with ADHD was not responding to methylphenidate (Ritalin). He began to develop new symptoms and ended up in the emergency department, unconscious.

The school nurse had been absent for a week, and medications were being administered by the school secretary, who, for three days had given the student another student's methadone (a powerful narcotic pain medication with significant side effects).

The medication had been kept in an envelope listing only the handwritten generic name, not the student's name. The methadone was mistaken as methylphenidate.

***What red flag jumps out about this scenario????**

Medication Errors



In a strikingly similar case, it was a school nurse who actually prevented a different child from suffering a methadone overdose when a prescription for methylphenidate was dispensed incorrectly by a pharmacist.

I'm not sure a school secretary or teacher would have noticed the pharmacy dispensing error. Both medications start with m-e-t-h and are taken in similar doses.



Medication Errors



Nurses:

- While 5 percent of schools in CA have a full-time school nurse, 69 percent have only a part-time nurse, and 26 percent have no nurse at all. <http://caselaw.findlaw.com/ca-supreme-court/1641614.html>
- Errors increase if nurses are responsible for more than 3 schools.
F
- Nurses have to deal with conflicting regulations and state nurse practice acts resulting in poor interpretation and implementation of policies.

Ficca, M., & Welk, D. (2003) Issues of medication administration practices in Pennsylvania schools. *The Journal of School Nursing*, 22(3), 148-155.

Canhan, D.L., Bauer, L., Concepcion, M., Luong, J., Peters, J., & Weilde, C. (2007). An audit of medication administration; a glimpse into school health offices. *The Journal of School Nursing*, 32(1) 21-27.

Medication Errors



McCarthy, Kelly, & Reed, 2000

Unlicensed Assistive Personnel (UAP):

- 75% of school nurses report that UAPs dispense medications to students.
 - 75% of schools where unlicensed personnel dispense drugs have training programs.
 - In most cases the training is two hours or less in length.

McCarthy, A.M., Kelly, M., & Reed, D. (2000). Medication administration in schools. *Journal of School Health*, 70 (9), 371-376

- Errors increase when more than three different UAPs administer medication.

Ficca, M., & Welk, D. (2003) Issues of medication administration practices in Pennsylvania schools. *The Journal of School Nursing*. 22(3), 148-155.

Medication Errors



UAPs are three times more likely to make medication errors.

Reported errors include:

- Missed dose (80%)
- Giving an overdose or double dose (22.9%)
- Giving medicines without authorization (20.6%)
- Giving the wrong medicine (20%)
- Unspecified mistakes (29.8%)

Medication Errors



Inadequate Documentation

- Lack of documentation that medication was given
- Inconsistent/poor documentation
- No authorization
- Expired orders & authorization forms
- Inaccurate transcription

Storage Problems

- Poor temperature control
- Unsecured medication (cabinets not locked)
- Transfer of medication (school to home, field trips)
- Inaccurate counts or no counts

Medication Discrepancies

- Expired medication
- Medication not accurately labeled
- Inaccurate counts/no counts

Administration Errors

- Don't deliver medications promptly/at all
- Wrong medication given
- Wrong dose given
- Medication given by wrong route

Medication Errors: So What?



Student and family anxiety

- Lack of confidence in school
- Distrust
- Legal Consequences
- BRN notification

Physical pain

Health status worsens

- Seizures
- Diabetes
- Asthma
- ADHD

District

- Risk Management involvement
- Training Programs implemented
- Human Resources response, possible disciplinary action
- Standards/Protocols
- Staff Supervision changes

Hospitalization

Why Medication Errors Occur



- Poor communication
- Confusion over responsibilities
- Poor documentation
- Policies exist, but aren't current or comprehensive
- Lack of training
- Lack of training
- Competing demands of school nurse's time
- Complexity of school/health office duties
- Myriad of and multiple interruptions

Practical Strategies/Best Practice Guidelines

- Comprehensive training programs
- Adequate documentation
- School policy and procedures
- Legal review/support
- Community agency collaboration



Medication Administration Training Tips



...The new treatment methods and new medication delivery technology may also require *extensive training and supervision of designated school personnel performing those services.*

CDE Program Advisory on Medication Administration, 2005

Medication Administration Training Tips



When a school nurse assigns a nursing task, the nurse becomes the supervisor of the task *(as defined by CA Ed Code)*.

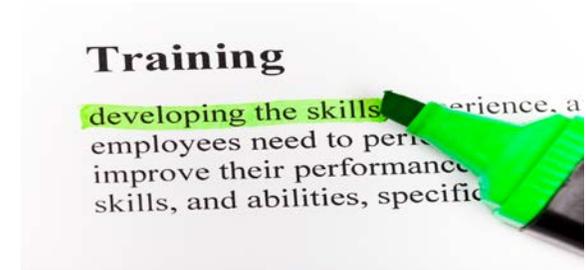
- This does not mean that the UAP is operating under the nurses license.
- Ed Code allows for the legal assignment of the task, the nurse is not delegating, but assigning the UAP task legally.

Supervision includes the responsibility to ensure that the procedure is assigned to those who are qualified to perform them, both legally and practically.

Training is an ongoing process and a management tool, not a single event.

- Often formally done annually, however may need to happen more often depending on complexity of student need, ability of staff, turnover of personnel, etc.

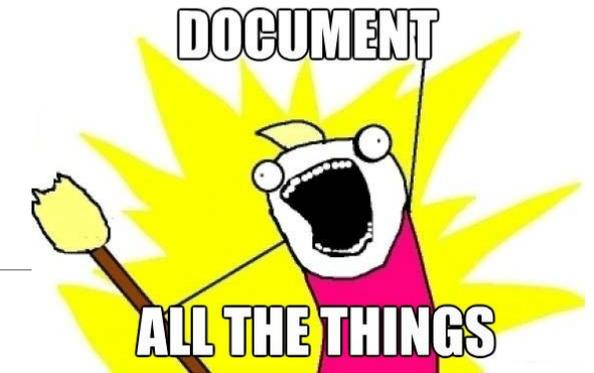
Medication Administration Training Tips



TRAINING PROGRAMS SHOULD INCLUDE:

- Documentation of training; sign in sheets including name/date
- Learning objectives
- Hand-outs & instructional tool
- Checklist for procedures
- Pre/post tests
- Online/webinar training modules
- An established data base of training schedules, (particularly if using EHRs)
- Evaluation of training by participants
- Opportunity for supervisor to give UAPs feedback on performance
- Periodic monitoring of UAP by School Nurse
- Regular support of trainees by School Nurse

Documentation



SHOULD INCLUDE:

- Medication orders
 - Consents
 - Medication administration forms
- Care plans (IHPs)
 - Daily
 - Emergency
 - Disaster
- Training logs
- Student Records
 - Medication log
 - EHRs'
- Documentation available for assigned staff (only) to review
- Phone order checklist
 - i.e. when UAPs take phone orders, a checklist of information that needs to be obtained by the ordering authorized health care provider
- Audits

MEDICATION ADMINISTRATION CHECKLIST

Student Name:	DOB:
School:	Grade:
Site Nurse:	Weight:
INITIATED BY:	Date
REVIEWED BY:	Date
This tool is to be utilized to help develop a safe medication administration plan.	

INITIALS	
__ __	Does the student have a new diagnosis?
__ __	Is this a new medication or a dose change?
__ __	Does the student need a nursing assessment prior to administering the medication?
__ __	Must this medication be given at school?
__ __	Is the site nurse expecting this order?
__ __	Did you check the 5 rights?
__ __	Is the order complete?
__ __	What is the dose? Is the dose clearly written in mg or ml?
__ __	What is the route of administration?
__ __	How will the medication be measured?
__ __	Do you have all the appropriate equipment to administer?
__ __	What level of assistance is needed for this student to take the medication?
__ __	Any special needs for this student?
__ __	Is there permission to self-administer?
__ __	Will the student be permitted to carry medication?
__ __	What is the expiration of the order and medication?
__ __	Does the label match the order?
__ __	Documentation in record (EHR)?
__ __	Does the UAP need training or support to give the medication safely?
__ __	

SIGNATURE:	INITIALS
SIGNATURE:	INITIALS

School Policy & Procedure

DETAILED PROCEDURES FOR THE

SAFE ADMINISTRATION OF MEDICATION IN THE SCHOOL SETTING.



- Identify the licensed health professional who supervises the:

- Safekeeping of medications
- Accessibility of medications
- Administration of medication

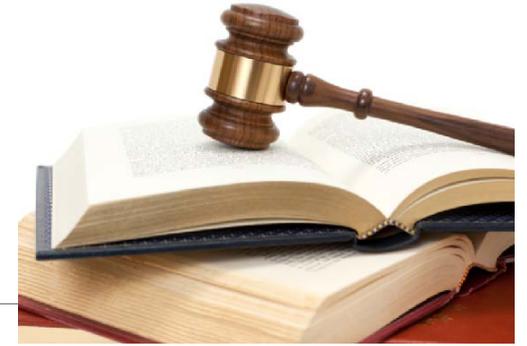
- Establish systematic review of documentation records for QI

- Reduce medication errors
- Verify controlled substance counts

- Also consider:

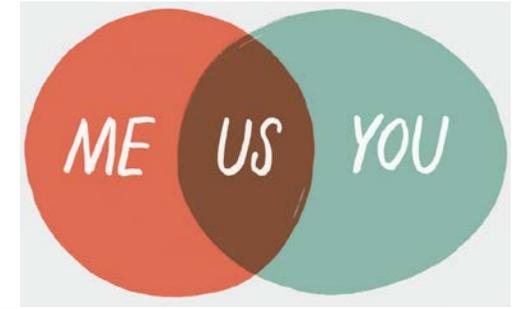
- Planning ongoing training programs
- Establish/follow effective communication systems
- Promote accurate implementation of Rx instructions
- Determine guidelines for protecting student confidentiality
- Create system of accountability for those who self carry/administer meds

Legal Review & Support



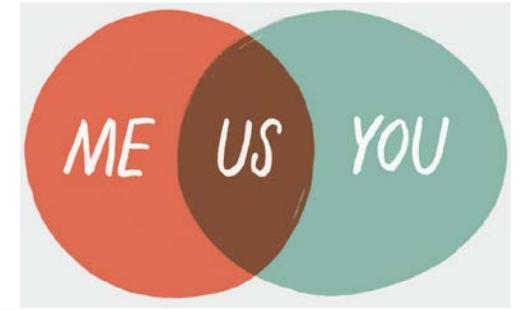
- Federal Laws
 - The Americans with Disabilities Act
 - The Rehabilitation Act known as “Section 504”
 - IDEA
- County Offices of Education
- California Department of Education
- Board of Registered Nursing/Nurse Practice Acts
- HIPPA/FERPA
- School Board Policies
- Legal Standards
 - Not laws/codes/statutes
 - Realistic and essential set of statements about the practice of school nursing
 - May be considered in court as to soundness of practice along with other policies, guidelines, etc.
- Professional Organizations
 - American Academy of Pediatrics Committee on School Health
 - California School-Based Health Alliance
 - National Association of School Nursing
 - American School Health Association
 - California School Nurses Organization

Community Agencies Collaboration



- Local Hospitals
- Local and Statewide Public Health Departments
- Statewide and Regional Health Plans
- Professional Organizations
- Local and Statewide Legislative Offices

Community Agencies Collaboration



Strong communication systems among schools and providers can support medication-administration services for students at school.

- Providers need to understand what schools can/cannot do when administering medication.
- Emphasis on prescribing medication therapies that are administered outside of school hours, if possible
- Providers can support schools with the development of sound school medication policies and procedures.
- Providers and community agencies can support advocacy efforts that support state laws, regulations, or standards that establish specific policies that support safe and effective administration of medications

Example: Local children's hospital and administration of Solu-cortef.

Using your School Support Services



Integrating School Support Services into Student Health Care

- Ensures extension of safe care throughout the day
- Collaborative Model
 - Nutrition Services
 - Transportation
 - Special Education
 - 504

Nutrition Services



- Introduce students to cafeteria workers where there may be a danger of:
 - Low Blood Sugar
 - Seizure
 - Food Allergy
- Train food service staff in emergency care response/how to notify proper school staff to respond appropriately
- Review care plans/medication plans with food service staff when there's an identifiable need
- Ensure CPR certification in place where appropriate
- Education regarding special diets

Transportation Services



- Ensure that Transportation Department recognizes student with special needs/taking medication
- Create a plan for Field Trips and for to & from school trips
- Train drivers to respond in emergencies (safety and confidentiality)
- Provide copies of care plans to take on bus and share with paramedics or ER if necessary
- Train bus aides appropriately:
 - Medication assistance (Diastat, glucagon)
 - Seizures
 - Respiratory concerns (trachs, oxygen)

Special Education/504

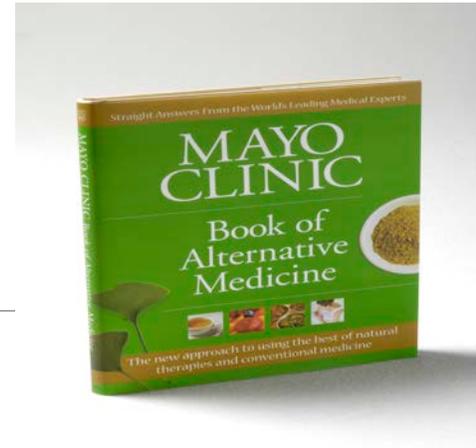


- Participate on evaluation/planning teams
- Appropriate documentation of need included in plans
- Identification of designated staff included in plans
- Outreach to students who may potentially qualify for 504 plans

Medication can never be a condition of attending school.

Medication can never be a condition of receiving special education evaluations, services or accommodations.

Alternative Medications



- Herbal and homeopathic medications are not tested by the US Food and Drug Administration for safety or effectiveness.
- Lack of safety information for these medications limit their appropriate use at school.

These medications may not be administered without a written physician order.

Over the Counter Medications



There is no law expressly governing the administration of over-the-counter (OTC) medications to students.

Per the CDE Program Advisory on Medication Administration:

- All over-the-counter (OTC) medications administered in school under *CCR Title 5 Article 4.1* shall have a written statement from the authorized health care provider and the parent or guardian (*CCR, Title 5, sections 600 and 601[b]*).
- LEAs desiring to administer selected OTC medication in school with a written statement from solely the parent or guardian do so only if the LEA's school physician or other authorized health care provider working with the LEA authorizes standard protocols/procedures for the administration of selected OTC medications.
 - Procedures developed for administering selected OTC medication in school and authorized by the school physician or other authorized health care provider working with the LEA, be approved by the governing board of the LEA.
 - Before administering any selected OTC medication that has not been prescribed by the student's authorized health care provider, the parent or guardian be notified that selected OTC medications may be administered at the parent or guardian written request.
 - All designated school personnel responsible for administering OTC medications in school be trained in compliance with protocols/procedures.

Outside the Regular School Day



- Section 504 prohibits schools from discriminating against children with disabilities.
- If the student requires medication in order to participate in a school sponsored event (including field trips, outdoor science school, sporting events, clubs, and dances), **the school must ensure that the child receives the necessary medication** 34 C.F.R. 104.37.
- Failure to provide the medication may also be a violation of Title II of the Americans with Disabilities Act.

Parent Responsibilities



- Have child take medication at home if possible
- Notify school of all medications that your child takes, including dosage and physician name
- Annually provide school with notes signed by parent/physician (licensed in CA); update notes when any changes occur.
- Deliver medication to school (adult must do this), unless child authorized to carry.
- Ensure all controlled substances are counted/logged in when delivered. Sign log
- Each medication in it's original, labeled container (by pharmacist licensed in the U.S.).
- Pick up all discontinued, outdated, and/or unused medication before the end of the school year.
- Know and follow the medication policy of your child's school.

Resources



- CDE Medication Administration <http://www.cde.ca.gov/Ls/he/hn/medication.asp>
- CDE Medication Monitoring Announcement www.cde.ca.gov/sp/se/ac/medmonitor.asp
- National Assn. of School Nurses Medication Administration in the School Setting
<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/86/Medication-Administration-in-the-School-Setting-Amended-January-2012>
- American Academy of Pediatrics Policy Statement – Guidance for the Administration of Medication in School <http://pediatrics.aappublications.org/content/124/4/1244.full>
- Orange County Department of Education Health and Wellness www.ocde.us/health

Whatever You Do.....Think Safety!

