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| TENNESSEE STATE BOARD OF EDUCATION | |
| GUIDELINES FOR THE USE OF HEALTHCARE PROFESSIONALS AND HEALTH PROCEDURES IN A SCHOOL SETTING | 4.205 |

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INTRODUCTION

The purpose of administering medications and health care procedures in school is to help each child maintain an optimal state of health to enhance his or her education. Medications should be limited to those required during school hours and necessary to provide the student access to the educational program. The intent of the guidelines is to reduce the number of medications given in school yet assure the safe administration of medications for those students who require them. Nothing in the guidelines requires schools to assist students with self administration of medications or procedures. However, any school which provides such assistance is required to follow these guidelines.

The guidelines also provide information for administering the increasing number of medical and nursing procedures that are performed in the school setting. The guidelines specifically address the role of unlicensed personnel in the school setting in regard to the assistance of students in the self administration of medications and student assistance with other medical/nursing procedures.

These guidelines were initially approved by the Tennessee Board of Nursing and the State Board of Education for implementation during the 1996-97 school year. The guidelines provide information for compliance with Tennessee Code Annotated Section 49-5-415 that requires certain health care procedures, including the administration of medications during the school day or at related events, to be performed by appropriately licensed health care professionals. In June 2002, Tennessee Code Annotated Section 49-5-415 (b) was amended to allow "...school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse" to administer Glucagon in the event of a diabetic emergency in the absence of the school nurse. The guidelines have been revised to address this change in law and to provide further clarification for medical and nursing procedures performed in the school setting.

The intent of the guidelines is to give direction to local school systems to adhere to state law. The guidelines have been written according to national recognized standards established by the National Association of School Nurses and the National Council of State Boards of Nursing, and in accordance with the Tennessee Nurse Practice Act.

School systems, both public and non-public, are required to provide data on an annual basis related to the self administration of medications and health care procedures including the administration of medications. This report also includes other school health information and is required at the end of each school year and must be submitted on a form designed by the Departments of Health and Education. The Department of Education will distribute this form each year to both public and non-public school systems.

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PERSONNEL

Health and Education organizations and professionals use different vocabularies. To assure an understanding of the roles of health care professionals, role definitions are outlined below followed by a listing of related definitions.

Licensed Health Care Professionals

Advanced Practice Nurse (APN) A Nurse who has a Master of Science in Nursing [MSN] and is certified by a national certification board. As an Advance Practice Nurse, they can diagnose, prescribe treatments, diagnostics, and medications. There are specialty areas of certification that include Family Nurse Practitioner, Pediatric Nurse Practitioner, and School Nurse Practitioner.

Registered Nurse (RN) A nurse licensed to practice in Tennessee who has successfully passed the national licensure examination for Registered Nurses after completing a Board of Nursing approved program leading to an Associate, Baccalaureate, or Master's degree in nursing or a 3-year Diploma hospital based program. The RN is the primary professional who will coordinate health services in the school setting.

Licensed Practical Nurse (LPN) A nurse trained in the basic nursing techniques and direct patient care who assists and practices under the direction or supervision of the Registered Nurse under the Tennessee Nurse Practice Act. The educational background of an LPN is generally one year of training in a hospital based program or technology center program. An LPN works under the direction of an RN in providing health services in the school. The LPN must receive periodic, on-site supervision by an appropriately licensed health care provider (RN, MD, DO, Dentist).

Ancillary Personnel

Ancillary personnel must complete appropriate training provided by appropriate health care professionals (RN, MD, DO, Dentist) and must have continued supervision by appropriately licensed health care professionals (RN, MD, DO, Dentist).

Unlicensed Assistive Personnel (UAP) Any individual not holding a license from the Health Related Boards. An unlicensed individual who is trained to function in an assistive role to the Registered Nurse in the provision of student related activities or responsibilities. This person is not licensed or governed by a Health Regulatory Board. According to TCA Section 49-5-415, unlicensed assistive personnel may only assist students in the self administration of medications or standby to assist a student to do their health care procedure based on the assessment and direction of the Registered Nurse.

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Certified Nursing Assistant (CNA) CNAs are not licensed health care professionals. Although they may assist students in some areas, they do not satisfy legal requirements for licensed health care professionals.

DEFINITIONS

Accountability: As used in this document, being responsible and answerable for actions or inactions of self or others.

Allergic Reaction: A life-threatening allergic reaction to a foreign substance is called anaphylaxis. School persons must respond immediately.

Assessment of Health: The systematic collection and analysis of information or data about an individual's health situation to determine the individual's general state of health, patterns of functioning, and the need for health services, counseling, and education; a licensed function of physicians and nurses. Health assessment of students by school nurses includes data collection, data analysis, and the identification of relevant nursing diagnosis in order to plan interventions and accommodations, make appropriate referrals and collaborate with others (e.g.: with families, educators, and health care providers) to promote students health and learning. (Schwab, 2001) p. 613.

Assisted Administration: Assisting a student in the self ingestion, application, injection, or inhalation of medication according to directions of the legal prescriber, or monitoring the self administration of medication.

Authorized Medication: Prescription or non-prescription drugs for which the parent or guardian has submitted a written request for administration.

Blood Glucose Monitoring: Blood glucose is essential for the body to function. Blood sugar testing may be ordered to check the blood sugar level. Low blood glucose can become life threatening and needs appropriate treatment.

Catheterization, Clean Intermittent: Some students have medical conditions that impair bladder control. A flexible, thin tube is inserted into the bladder in order to drain the urine. Catheterizations must be performed using appropriate clean technique, several times a day.

Competent: A student who possesses the cognitive ability for self administration of own medications regardless of physical capabilities.

DNR: Do Not Resuscitate. All DNR requests should be referred to school system administrators and attorneys.

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Delegation: “(Nursing). The transfer to a competent individual of the authority to perform a selected nursing activity in a selected situation, with the nurse retaining accountability for the outcome. Nursing delegation is governed by the nurse practice act and rules and regulations of the state board of nursing.” (Schwab, 2001).

Emergency: A serious situation that arises suddenly and threatens the life, limb, or welfare of one or more persons; a crisis. An emergency creates a type of implied consent when the individual is unable to consent to treatment that is immediately necessary. (Schwab, 2001)

Epi Pen: A syringe pre-filled with a medication called epinephrine that is ordered by a doctor to treat life threatening allergic reactions. It relaxes the airway muscles and raises blood pressure.

Gastrostomy: A gastrostomy is a surgical opening through the surface of the abdomen into the stomach. A flexible tube (G-tube) or “T” shaped device (G-button) is inserted into the surgical opening to provide nutrition, hydration, or medications. This method is used to bypass the usual route of feeding by mouth when there is obstruction in the esophagus, swallowing is impaired and the student is at risk for choking, or is unable to take in enough food by mouth to obtain adequate nutrition.

Glucagon: A polypeptide hormone identical to human glucagon that increases blood glucose by stimulating the liver to release glucose and release amino acid (alanine) from the muscles. Glucagon can be administered by injection in the case of a diabetic, hypoglycemic emergency.

Health Care Professional: An individual with specialized educational preparation, knowledge, and skill who is licensed under state statute to provide specific health care services to clients, such as a nurse, physician, occupational and physical therapist, speech language pathologist, clinical physiologist and social worker. (Schwab, 2001)

Health Care Procedure: Related to TCA Section 49-5-415, defined as any clinical activity or task performed by a licensed health care professional who is deemed competent and who practices within the boundaries of their regulatory board for the well being of a student as prescribed by a licensed health care provider (MD, NP, DO, Dentist, PA).

Herbal Supplement: In the United States, herbal products are marketed under the provisions of the Dietary Supplement and Herbal Education Act of 1994. This act prohibits their sale for diagnosis, treatment, cure, or prevention of any disease. Currently in the U.S. there are no official standards governing the production of herbal supplements.

IDEA: Individuals with Disabilities Education Act of 1997 (PL 105-17) 20 USC 1400 et.ceq.

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IEP: Individualized Education Plan that is "...a written statement for a child with a disability that is developed and implemented in accordance with [34 C.F.R.] §§ 300.341-300.350." It is developed through a collaborative process with the child's parent(s)/guardian and an interdisciplinary team in the child's school.

Individual Health Plan (IHP): A health care plan developed by a Registered Nurse for children with acute or chronic health issues. Parents and other health care providers involved with the child participate in the development/approval of the plan.

Invasive: Penetration of a deep body tissue or organ.

Licensure: Permission by a competent government agency, in Tennessee that agency is Health Related Boards, or authority to an organization or individual to engage in a practice or activity, granted on the basis of education and examination.

Licensed Practical Nurse (LPN): An individual, licensed in the State of Tennessee, who has preparation in and has an understanding of nursing but does not have the same degree of education and preparation as required of a Registered Nurse. The LPN carries out medical orders prescribed by a physician, nurse practitioner, or dentist under the direction of a Registered Nurse or nurse practitioner, physician, or dentist

Nurse Practice Act: A statute enacted by the legislature of a state and the Administrative Rules and Regulations that delineates the legal scope of the practice of nursing within the geographical boundaries of the jurisdiction.

Nursing Assessment: The first step in the nursing process where important subjective and objective information is collected, organized, analyzed, and measured against usual outcomes.

Licensed Prescriber: As used in this document, refers to physicians, Medical Doctor (M.D.) and Doctor of Osteopathy (D.O.), dentists, podiatrists, and certified Nurse Practitioners legally authorized to prescribe medications.

Long-term medication: Medication utilized for treatment of chronic illness and includes both daily and PRN (as needed) medication.

Medication: "[Drug] Any substance that when taken into a living organism, may modify one or more of it's function; any medicine or preparation for internal or external use of humans, intended to be used for the cure, mitigation, or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, other otherwise established as a drug; includes prescription and non prescription medication." (Schwab, 2001)

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Non-prescription drugs: Medications which may be obtained over the counter without a prescription from a licensed provider.

Occupational Therapist: A person certified by the State of Tennessee to practice occupational therapy. [TCA 63-13-102]

Parental Consent: Written consent from a parent/guardian that is required before a student can be administered medication or be a recipient of health care procedures in the school setting. Health care procedures also require an order from the student's health care provider.

Physician's Desk Reference (PDR): A drug reference book published by Medical Economics Company with information from participating drug manufacturers. The information is an exact copy of the product's government approved labeling based on the Code of Federal Regulations 201.100(d)(1).

Physician's Orders: Statements written by a student's physician/health care provider which direct the medical care at school. The orders are valid for one year unless changed or time-limited by a physician. Nurse Practitioners, Dentists, or Physician Assistants may also write orders for some children. The physician's order gives school systems permission to carry out a procedure in the school setting but does not meet the criteria for LPN supervision as defined in the Nurse Practice Act.

Physical Therapist: A person licensed in the State of Tennessee to practice physical therapy. [TCA 63-13-102]

Prescription drugs: Medications requiring a written order for dispensing, signed by a licensed prescriber.

Procedure: In health care, a specific treatment; in law, the administrative requirements in legal proceedings. (Schwab, 2001)

Protocol: A written outline of direction relative to standards of practice for a health condition or health care procedure

Qualified: Ability to competently demonstrate the use of equipment and performance of procedures necessary to provide health care services that are specialized. The level of competence for a Registered Nurse is established by professional standards of nursing practice and agency guidelines.

Registered Nurse (RN): A professional nurse, licensed by the State of Tennessee, who performs "...for compensation any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral, and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care." [TCA 63-7-103]

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Research Medications: Medications that are experimental and not in the Physician's Desk Reference (PDR) but may be prescribed for a child as part of participation in a research study.

Respiratory Therapist: Any person, licensed by the State of Tennessee, who is employed to engage in the "...practice of respiratory care under the order of a licensed physician who functions in situations of unsupervised patient contact requiring individual judgment." [TCA 63-6-402]

School Nurse: A professionally educated Registered Nurse whose role it is to strengthen and facilitate the educational process by improving and protecting the health status of the students.

Scope of Practice: The legal boundaries of the nursing profession as set out in the Nurse Practice Act outlined in TCA 63-7-101 through 209 and the Administrative Rules of the Tennessee Board of Nursing.

Section 504 of the Rehabilitation Act of 1973: Protects against the discrimination of people with disabilities. This applies only to schools that receive any type of federal funding.

Self Administration: The ingestion, application, injection, or inhalation of own medication by a student in school OR in the case of a physically challenged student, student directed administration by a designated individual.

Stable: A health condition which has remained unchanged for the past four weeks and is expected to remain so OR a self limiting health condition which is expected to resolve in four weeks or less.

Standards of Care: The acceptable level of nursing care that is established by a professional practice organization within the boundaries of the Nurse Practice Act.

Standardized Procedures: The minimum safe standards of practice utilized in basic and specialized health care procedures.

Suctioning, Oral: A means of clearing the mouth/buccal cavity of mucus or secretions through the use of a vacuum device through the mouth. This is performed when a student is unable to adequately clear secretions on their own. This can be performed by anyone who has been trained in the appropriate procedure for the child.

Suctioning, Tracheal: A means of clearing the airway of mucus or secretions through the use of a vacuum device through the tracheotomy. This is performed when a student is unable to adequately clear secretions on their own. Only a licensed health care professional may perform tracheal suctioning.

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Tracheostomy: A surgical opening into the trachea (windpipe) in the neck to allow the passage of air into the lungs.

Training: The preparation for the performance of health care procedures.

Technology Dependent: The need for a medical device that compensates for the loss of body functions that are vital which require on-going nursing care or monitoring by trained personnel to avert death or further disability.

Universal Precautions: General barrier techniques designed to reduce exposure of personnel to body fluids containing the human immunodeficiency virus or other bloodborne pathogens. Schools systems must provide annual training to all staff members.

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HEALTH CARE PROCEDURES

In health care, a procedure is a specific treatment. School nursing staff and any other school personnel, including transportation personnel, who perform or assist with procedures which may involve blood borne pathogens must receive annual training on blood borne pathogens; be offered Hepatitis B vaccine; have appropriate cleaning supplies, and be supplied with gloves. Exam quality, non-latex, powder free gloves must also be available for students or staff with a known or potential sensitivity to latex.

Any child with acute or chronic health issues should have a health assessment completed by a Registered Nurse. As warranted by the child's condition or diagnosis, an Individual Health Plan (IHP) will be completed by the Registered Nurse. Per T.C.A. 49-5-415, any health care procedure a student is not capable or competent to perform must be performed by a licensed health care professional. Documentation of procedure must conform to standard nursing guidelines and include the name of the procedure, name of the person performing the procedure, date, time, results of the procedure or the reason procedure was omitted. A Physician's orders and parental authorization are required for any health care procedures performed by a licensed health care professional in the school setting.

Most activities of daily living do not require documentation. However, unusual occurrences or special circumstances require notification to the school nurse and/or documentation.

- Activities of Daily Living: Those activities that are commonly deemed to be Activities of Daily Living (ADL) do not need to be performed by a licensed health care professional. Activities that can be performed by Unlicensed Assistive Personnel or a Teaching Assistant may include but are not limited to:
 - Toileting
 - Bathing
 - Diapering
 - Dressing
 - Feeding
 - Transferring
 - Positioning
 - Application and removal of Protective and Supportive Devices
 - Recording Intake and Output
 - Vital Signs

In general, nursing assessment, physician's orders and parental authorization are not needed for ADL's although some of the listed items may require a check off or competency evaluation by a Registered Nurse or Therapist

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- Common Emergencies: The following conditions may require first aid and/or immediate emergency care provided by a school staff person. Examples of conditions and school staff interventions may include but are not limited to:
 - Seizures: Vagal Nerve Stimulator Magnet, Emergency Seizure Protocol
 - Respiratory Distress: Reliever Inhaler, assisted nebulizer treatment, rescue breathing
 - Bleeding: Pressure to site, elevation, shock prevention
 - Heat/Cold Emergency: Application of blanket, ice pack
 - Cardiac Arrest: CPR, activate EMS
 - Choking: Heimlich maneuver
 - Fainting: Protect from injury, elevated feet
 - Major Trauma: Activate EMS, Airway management
 - Diabetic Emergency: Glucagon injection if training completed
 - Allergic Reaction: Epi pen if training completed

School personnel must respond appropriately in any emergency situation. Many children with known health problems or certain diagnoses should have an Individual Health Plan (IHP) that includes emergency care procedures, a nursing assessment, physician's orders, and parental authorization. In addition, it is recommended that the school protocol include parental or guardian notification, school nurse notification, and activation of EMS as appropriate for any emergency situation.

- Procedures Done By Students Without Assistance: If a student has been taught to perform his/her own procedure and does not need assistance, space must be made available for the student to perform this task. If a student is performing an invasive procedure, that student should have a minimal bi-annual nursing assessment of competency and proficiency as well as an IHP. Physician's orders and parental authorization are highly recommended but are not required for procedures done by a student without assistance. It is not the intent to make a child or adolescent feel the school system or school nurse is attempting to remove their personal choice or ability to manage their own medications or procedures. Every attempt should be made on an individual basis to allow a child who is independent to continue self management. It is prudent for the student and the nurse to work out a method of reporting or asking for assistance on an as needed basis.
- Procedures Done By Students With Assistance: An IHP that includes a nursing assessment, physician's orders, and parental authorization are required. The nursing assessment will determine whether or not Unlicensed Assistive Personnel (UAP) can assist the student.
- Other Health Care Procedures: Health care procedures must be performed by licensed health care professionals. Although nurses can legally perform

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procedures, there are new procedures and equipment being utilized daily that may be unfamiliar to the nurse in the school setting. As part of the nurse's job responsibility and as appropriate, the nurse may need specific orientation or training regarding a procedure or equipment in the school setting.

- Exemptions By Law: Tennessee law permits certain emergency procedures to be performed by school personnel with appropriate training. Those laws include T.C.A. 68-140-510 training for epinephrine injections which allows any lay person who has been trained to administer epinephrine, and amended T.C.A. 49-5-415 (b) regarding Glucagon administration which states

"...school personnel who volunteer under no duress or pressure and who have **been properly trained by a Registered Nurse employed or contracted by the Local Education Agency** [emphasis added] may administer Glucagon in emergency situations to a student based on that student's individual health plan (IHP)...training to administer Glucagon shall be repeated annually and competencies shall be documented in the employee's personnel file."

No school system is required to have volunteer school staff trained to administer Glucagon. This is a choice each school system will make based on their needs and the availability of school staff who volunteer. To assure school systems that choice to provide this service will be in compliance with the law and guidelines, the school system will be required to purchase *PEDS: Pediatric Education for Diabetes in Schools* by Zombeck from the PADRE Foundation. Training will be done by the Registered Nurse using the PEDS manual and *Quality Nursing Interventions in the School Setting: Procedures, Models, and Guidelines* by Hootman from the National Association of School Nurses. Both manuals are required to be purchased by school systems.

- New medical technology: As questions arise about new technology, interventions, or treatments it is important to contact the Registered Nurse overseeing School Health Services in the local school system. The school nurse may contact the Department of Health for further information or assistance.

SELF ADMINISTRATION OF MEDICATIONS

PROVIDING ASSISTANCE

Assistance in the self administration of medications by unlicensed personnel in the school setting or emergency medication administration under the following circumstances does not constitute the unlawful practice of nursing provided:

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- All training of school personnel providing assistance with self administration of medications shall be done by a Registered Nurse employed or contracted by the local school system.
- Training for school personnel in the assistance with self administration of medications shall be repeated annually and competencies shall be documented in the employee personnel file. It is strongly recommended that backup personnel be trained for each school site.
- Training for school personnel who volunteer to administer Glucagon in an emergency must be student specific and based on the student's IHP. It is recommended there be a minimum of two staff members trained at a school to insure adequate provision for emergency situations.
- The student is competent to self administer the authorized and/or prescribed medication with assistance.
- The student's condition for which the medication is authorized and/or prescribed is stable.
- The administration of medication is properly documented on a student Medication Administration Record (MAR).
- Guidelines for self administration of medications are followed.

GUIDELINES

1. Medications should be limited to those required during school hours and necessary to maintain the student's enrollment and attendance in school.
 - a. The individual assisting with medication self administration must visually observe the student self administer the medication **OR** in the case of a cognitively competent but physically challenged student, perform that portion of self administration for which the student is physically incapable.
 - b. Each dosage of medication shall be documented and the documentation easily retrievable. Documentation shall include date, time, dosage, route and the signature of the person assisting the student in self administration.
 - c. In the event a dosage is not administered as ordered or any other medication error occurs, a Medication Error Form must be filled out and routed to the appropriate administrative person in the local school system

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or routed per the protocol of a contracted agency. The School Nurse and parent/guardian must be notified in the event of a medication error.

- d. A procedure shall be established for providing communication with the parent(s) or guardian regarding any problems with administration of the medication.
 - e. To assure safety and accountability, nursing supervision shall be provided to personnel assisting with the self administration of medication to insure local school board policies and State guidelines are being followed.
2. All prescription drugs given at school shall be prescribed by a licensed prescriber on an individual basis as determined by the child's health status.
- a. Prescription medication must be brought to school in the **original, pharmacy labeled container**. The container shall display:
 - Child's Name
 - Prescription Number
 - Medication Name and Dosage
 - Administration Route or Other Directions
 - Date
 - Licensed Prescriber's Name
 - Pharmacy Name, Address, and Phone Number
 - b. Require a written parental/guardian request which shall include:
 - Child's Name
 - Name and Address of Parent/Guardian
 - Name of Medication, Dose, Route, Time of Administration
 - Discontinuation Date
 - Reason medication is needed
 - Current Parent's/Guardian Phone Number in case of Emergency
 - c. All prescriptions for long term medications shall be renewed at least annually.
 - d. Changes in prescription medications shall have written authorization from the licensed prescriber and parent. The change will be noted on the medication administration record (MAR) without obliterating the previous information. Only an RN or LPN can make changes on the MAR. Changes can include but are not limited to: time, dose, addition, discontinuation, etc.
3. All non-prescription drugs given in school shall:

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- a. Be brought in with the **original label listing the ingredients, dose schedule, and child's name affixed to the container.**
 - b. Require a written parental/guardian request which shall include:
 - Child's Name
 - Name and Address of Parent/Guardian
 - Name of Medication, Dose, Route, Time of Administration
 - Discontinuation Date
 - Reason medication is needed
 - Current Parent's/Guardian Phone Number in case of Emergency
4. For all prescription and non-prescription drugs a written request shall be obtained from the parent(s) or guardian requesting that medication be given during school hours. The request must include the parent's or guardian's name and phone number in case of emergency. It is the parent's or guardian's responsibility to ensure that the written request and medication are brought to the school. The parent or guardian must state that the child is competent to self administer the medication with assistance. Local school board policies related to "Zero Tolerance" may require all medications, prescription and nonprescription, be brought to school and delivered to appropriate or designated school personnel by a responsible adult.
 5. All medications must be stored in a secure, separate, locked drawer or cabinet. Medications requiring refrigeration should be refrigerated in a secure area. If possible, a separate refrigerator should be available for student medications. If medication requiring refrigeration is kept in a refrigerator used for food storage, the medication must be put in a leak proof, locked container. Emergency medications such as Glucagon kit and the Epinephrine kit must be kept in a secure area near the student and readily available for timely, emergency use. The student's individual health plan (IHP) will determine availability and parameters for use of emergency medications.
 6. Nothing in these guidelines is intended to prohibit schools from allowing students with asthma to keep prescription, metered dose reliever inhalers with them and readily accessible for self administration with parental authorization. Students with asthma **must** have reliever inhaler available for **immediate** use, therefore every effort should be made to facilitate the child's ability to carry their reliever asthma medication.
 7. Students with asthma must have an IHP developed by the Registered Nurse. The IHP can serve as the Asthma Action Plan. There should be a mechanism to include self reporting of reliever inhaler use and frequency that can be documented on the student MAR and included in the annual report.

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8. The parent or guardian shall be responsible at the end of the treatment regimen for removing any unused medication from the school. When the duration of a medication is complete or out of date, the parent/guardian shall be advised to pick up the medication. After notification attempts, per local school system policy, if not picked up in 14 days the medication shall be destroyed by the school nurse, documented and witnessed by at least one other school staff person.

ALTERNATIVES

- Work with the licensed prescriber and the parent(s) or guardian to adjust medication administration time so administration is not needed during the school hours.
- Hire a Registered Nurse or contract with a local community agency, e.g., local health department, home health agency, or local hospital for a Registered Nurse to come into the school and administer medications.
- Allow a parent, guardian, or parental adult designee, per local school system policy, to come to the school to administer medication(s) to their child.

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COMMONLY ASKED QUESTIONS

1. Who is authorized to perform health care procedures in the schools?

Most health care procedures will be performed by Registered Nurses or Licensed Practical Nurses. However, under certain circumstances, selected procedures may be performed by persons licensed under Health Related Boards.

2. Is every school system required to employ a school nurse?

TCA 49-5-415 requires certain health care procedures, including the administration of medications during the school day or at related events, to be performed by appropriately licensed health care professionals. With regard to public school systems, TCA 49-3-359 (c) (1) states "There is included in the Tennessee BEP an amount of money sufficient to fund one (1) full-time, public school nurse position for each three thousand (3,000) students or one (1) full-time position for each LEA, which ever is greater. An LEA may use such funds to directly employ a public school nurse or to contract with the Tennessee public school nurse program, created by TCA 68-1-1201 (a), for provision of school health services; provided, that after the BEP is fully funded, an LEA must use such funds to directly employ or contract for a public school nurse as provided for in this subsection or must advise the department of education that the LEA has affirmatively determined not to do so, in which case the LEA shall notify the department of the election against providing such service and the alternative arrangement which the LEA has made to meet the health needs of its students."

3. Can a parent designate school personnel to perform health care procedures on their child?

NO, school personnel can not perform health care procedures. School personnel can volunteer to be trained to administer Glucagon in an emergency situation.

4. How do you determine if a child is competent to self administer medications?

According to the Attorney General's opinion, the physical and mental capacity, as well as age should be considered. If a child is eligible under IDEA or Section 504, the IEP-Team could make the decision.

5. Is training required for persons assisting with self administration of medications?

YES. To be consistent and to assure safe care of students, it is required that all school personnel assisting with self administration of medications have a basic training and annual updates from the Registered Nurse related to assistance and documentation of

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medications. Training records should be kept in the personnel file. It is recommended back up personnel be trained at each school site. Training must be provided for school personnel who volunteer to administer Glucagon to a diabetic child in an emergency and to school personnel who administer Epinephrine injections.

6. Is it permissible for a parent to come to school to perform a health care procedure?

YES, but only for their child. However, a parent can not be *required* to come to school to perform the child's procedure.

7. Can a secretary administer Ritalin?

NO, but a secretary could assist a child in the self administration of his/her medication if designated, trained, and the guidelines for self administration are followed.

8. Can a teaching assistant perform any health care procedure?

NO, but they may be assigned to assist in the self administration of medications. If they volunteer, they can also be trained to administer Glucagon to a diabetic child in an emergency situation and the school nurse is not available.

9. What are the duties of an LPN?

The LPN works under the supervision of an RN, physician, or dentist and can perform health care procedures appropriate to the LPN's level of education and experience.

10. Can a child perform a self catheterization?

YES, but the RN should assess the child at least bi-annually to assess problems, techniques and health status. The RN should also develop an IHP for the student.

11. Can a child who is diabetic perform their own glucose monitoring?

YES. If not done by the child, it must be performed by an RN or LPN since glucose monitoring is a health care procedure. There is no provision in the law or guidelines to train school personnel to perform finger stick glucose monitoring.

12. Can a teacher or other school personnel administer epinephrine if a child has a bee sting allergy?

YES, with appropriate training according to TCA Section 68-145-10.

13. Can a volunteer who is a nurse assist with administration of medication or perform a health care procedure in school?

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NO. They are volunteers and not employed by the school system.

14. Can an LPN perform a tube feeding?

YES, under a protocol established by an RN and the student's IHP.

15. Can a teacher wipe off a trach tube?

YES. They can wipe off secretions around the trach or the student's mouth provided they wash their hands before and after.

Does the school need a nurse close by?

YES, a nurse should be available in the school. It is also highly recommended that the teacher working with a child who has a tracheostomy be trained in emergency needs for a child with a tracheostomy.

16. Are schools and school systems required to make reasonable accommodations for students who require health care procedures during off site events such as field trips?

YES.

17. If a child with a health care problem attends a Friday night football game as a spectator, is the school obligated to provide an appropriately trained health care professional to tend to the student if needed?

NO.

18. Does a school board have to approve a policy regarding health care procedures?

YES, TCA Section 49-5-415 specifies that health care procedures must be performed in accordance with policies and rules of local boards of education.

19. Has a job description been developed for school nurses?

NO. Job descriptions are the responsibility of local school systems. However, samples are available through the Tennessee Departments of Health and Education, the Tennessee Nurses Association, and the National Association of School Nurses.

20. Does the implementation of TCA Section 49-5-415 constitute a Coordinated School Health Program?

NO. The eight nationally recognized components of Coordinated School Health Programs are: comprehensive health education, nutrition services, physical education, health services, healthy school environment, family/community involvement,

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counseling/psychological/social services, and health promotion for staff. TCA 49-1-1002 establishes guidelines and standards for Coordinated School Health Programs in Tennessee that are available through the State Departments of Education and Health.

21. Does the law regarding health care procedures apply to private schools?

YES, to most private schools.

22. Is CPR a health care procedure?

NO, but TCA Section 49-5-414 recommends that each public school have at least one, or preferably more, individuals trained in CPR.

23. Is the handling of body fluids a health care procedure?

NO, but Universal Precautions are governed by required local school board policy as mandated by the State Board of Education and OSHA Bloodborne Pathogens Regulations.

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REFERENCES AND RESOURCES

The first and second manuals listed, or the most current version of the manuals, are **required** for all school systems. While the Hootman manual is a standard of practice for School Nurses, it is recognized that parts of the manual do not apply to Tennessee. Other resources are recommended and may be referred to as needed.

REQUIRED*

Hootman, Janice, R.N., PhD: Quality Nursing Interventions in the School Setting: Procedures, Models, and Guidelines. National Association of School Nurses, Scarborough, ME 04074; 1996. **(required)**

Zombek, M. (2001). PEDS: Pediatric Education for Diabetes in Schools. PADRE Foundation, Orange, CA. **(required)**

RECOMMENDED

American Academy of Pediatrics. (2000). Red Book 2000: Report of the Committee on Infectious Diseases (25th Ed). Elk Grove, IL.

American Federation of Teachers. (1997, May) The Medically Fragile Child in the School Setting. (Item No. 451-a 5/97). Washington, D.C.

Schwab, N. C. & Gelfman, M. H. B. (Eds.).(2001) Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, and School Nurses. North Branch, MN: Sunrise River Press.

Web-based resources:

American Academy of Pediatrics: <http://www.aap.org/>

Children's Emergency Care Alliance: <http://www.cecatenn.org/>

National Association of School Nurses: <http://www.nasn.org/>

Tennessee Nurses Association: <http://www.tnaonline.org/>

*Ordering information for required references and resources above:

National Association of School Nurses: 207-883-2117 (fax) 207-883-2683

PADRE Foundation: 714-532-8330 (fax) 714-532-8398