

DIABETES SKILLS CHECKLIST

Trainee's Name: _____
(Please Print)

Date: _____

Trainee's Signature: _____

Trainee's Initials: _____

DOCUMENTATION	TRAINEE'S INITIALS
Authorization for Diabetes Management Form	
Emergency Health Care Plan (EHCP)	
Blood Glucose Monitoring Log	
Insulin/Carbohydrate Worksheet	
Dispersion of Medication Form	

AUTHORIZATION FOR BLOOD GLUCOSE MONITORING	TRAINEE'S INITIALS
Knowledge and understanding of action plan for glucose levels	
Physician and parent/guardian signature	

HYPOGLYCEMIA/HYPERGLYCEMIA	TRAINEE'S INITIALS
Signs and symptoms of low blood glucose (symptoms vary from person to person but generally remain consistent for an individual): hunger, anxiety, flushing, sweating, palpitations, fast heartbeat, tremors, shaking, impaired or blurred vision, dizziness, weakness/fatigue, headache, irritability, personality change, uncharacteristic behavior, introverted behavior, and/or aggressive behavior. Symptoms can progress to unconsciousness, coma or seizures if left untreated For Treatment: refer to <i>Procedure & Guidelines for Managing Diabetes in the School</i>	
Signs and symptoms of high blood glucose: extreme thirst, frequent urination, dry skin, hunger, blurred vision, drowsiness, and/or decreased healing Treatment refer to <i>Procedure & Guidelines for Managing Diabetes in the School Setting</i>	
Signs and symptoms of untreated ketonuria: nausea, vomiting, abdominal pain, rapid breathing, dehydration, lethargy, and ultimately ketoacidosis Treatment refer to <i>Procedure & Guidelines for Managing Diabetes in the School Setting</i>	

PROCEDURE FOR BLOOD GLUCOSE MONITORING	TRAINEE'S INITIALS
Wash hands and have the student wash their hands	
Gather equipment (lancet, gloves, cotton ball, monitor, strips, and sharps)	
Put on disposable gloves if assisting/performing student care	
Turn on monitor; ensure test strip code matches if applicable	
Obtain blood specimen by finger-stick; encourage using side of finger near finger pad	
Place blood on test strip, then cover finger with cotton ball to stop bleeding	
Allow monitor to determine reading and if needed, assist student with treating blood sugar results by following guidelines on the Diabetic Authorization/Emergency Health Care Plan	
If student is independent with skill, allow him/her to remove and dispose of lancet in sharps container. If student is assist care or dependent care, cautiously remove lancet and place in sharps container	
Document findings and treatment on the Diabetic Monitoring Log and on the Daily Activity Log	

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INSULIN	TRAINEE'S INITIALS
Recommended storage for insulin pens at room temperature: Humalog Opened – 29 Days Un Opened – Expiration Date Novalog Opened – 28 Days Un Opened – Expiration Date	
Recommended storage for vials: Vials Opened – 28 Days Un Opened – Expiration Date Refrigerate when possible	
Verify insulin dosage prior to self-administration / nurse-administration	
NEEDLES	TRAINEE'S INITIALS
Needles to be disposed of in sharps container	
GLUCAGON	TRAINEE'S INITIALS
Observe student for signs of unresponsiveness	
Call 911 and parent/guardian; notify school site administration staff	
Place student on his/her side	
Prepare Glucagon Injection according to directions	
Withdraw Glucagon from vial	
Cleanse area of skin with alcohol	
Administer subcutaneous Injection	
Provide snack as soon as student is able to eat safely	
Document on appropriate form	
URINE KETONE TESTING	TRAINEE'S INITIALS
<i>Refer to Authorization for Blood Glucose Monitoring for guidelines</i>	
Verify expiration date on bottle	
Date bottle when opened	
For open bottles, do not use past the expiration date on the label instructions	
Do not remove desiccant from bottle	
Do not touch test area of test strip	
Replace bottle cap immediately and tightly	
Read results fifteen (15) seconds after urine applied	
Compare test area of strip to color chart on bottle for results	
DISCONNECTING THE INSULIN PUMP	TRAINEE'S INITIALS
Wash hands	
Follow guidelines on Diabetic Authorization/Emergency Health Care Plan	
Review insulin pump instructions/booklet for guidelines on student specific pump	
Disconnect pump	
Gather Glucagon for immediate availability in case student becomes unconscious or unable to eat by mouth	
Notify parent/guardian of pump disconnection and review blood glucose readings	
Document findings and treatment on Diabetic Monitoring Log and on Daily Activity Log	

Instructor's Name: _____
(Please Print)

Instructor's Signature: _____

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DIABETIC MONITORING LOG

Student Name: _____

Correction Factor:

- 1 unit of insulin for every _____ mg/dl above or below blood glucose target of _____

Insulin to Carbohydrate Ratio:

- 1 unit of insulin for every _____ grams of carbohydrate eaten.

[illegible]

Initial: / **Signature:**

_____ / _____
 _____ / _____
 _____ / _____
 _____ / _____

Codes for
Outcome:

PC – Parent/Guardian Called
SH – Sent Home
RC – Return to Class
ER – Emergency Response

Print Front & Back

DIABETIC MONITORING LOG

Student Name: _____

Correction Factor:

- 1 unit of insulin for every _____ mg/dl above or below blood glucose target of _____

Insulin to Carbohydrate Ratio:

- 1 unit of insulin for every _____ grams of carbohydrate eaten.

Date/Time	FSBS	Ketones	Carb Count	Insulin for FSBS	Insulin for Carb Count	Total Insulin Dosage	Snack/Comment	Out-come	Initial

Initial: / **Signature:**

_____/_____
 _____/
 _____/
 _____/
 _____/_____

Codes for Outcome:

PC – Parent/Guardian Called
 SH – Sent Home
 RC – Return to Class
 ER – Emergency Response

Print Front & Back

DIABETES: School Supply List

- ____ Authorization for Diabetes Management Form, Flexible Insulin Therapy (FIT) and
Emergency Health Care Plan (EHCP)
- ____ Blood Glucose Meter
- ____ Back-Up Batter for Meter
- ____ Test Strips
- ____ Lancets
- ____ Lancing Device/pen
- ____ Alcohol Swabs/Antiseptic Wipes
- ____ Cotton Balls
- ____ Ketone Test Strips
- ____ Glucose Tabs
- ____ Glucose Gel or Cake Icing Gel
- ____ Snacks
- ____ Glucagon Emergency Kit
- ____ Insulin
- ____ Insulin Pen/Syringes

REQUEST FOR INSULIN ADJUSTMENT

Student Name: _____

*Any request for changing carbohydrate ratio and/or correction factor must stay within the ranges prescribed by the physician on the Authorization for Diabetes Management Form.

Insulin to Carbohydrate Ratio:

☐ Breakfast: 1 unit of insulin for every _____ grams of carbohydrate eaten.

☐ Lunch: 1 unit of insulin for every _____ grams of carbohydrate eaten.

Correction Factor:

☐ Breakfast: 1 unit of insulin for every _____ mg/dl above or below blood glucose target.

☐ Lunch: 1 unit of insulin for every _____ mg/dl above or below blood glucose target.

Parent/Guardian Signature

Date

Carb Consumption Worksheet

Student Name:				
Food	Amount of Food Item Eaten			
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
Drink				
	100%	75%	50%	25%
	100%	75%	50%	25%

Student Name:				
Food	Amount of Food Item Eaten			
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
Drink				
	100%	75%	50%	25%
	100%	75%	50%	25%

Student Name:				
Food	Amount of Food Item Eaten			
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
Drink				
	100%	75%	50%	25%
	100%	75%	50%	25%

Student Name:				
Food	Amount of Food Item Eaten			
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
Drink				
	100%	75%	50%	25%
	100%	75%	50%	25%

Student Name:				
Food	Amount of Food Item Eaten			
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
Drink				
	100%	75%	50%	25%
	100%	75%	50%	25%

Student Name:				
Food	Amount of Food Item Eaten			
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
Drink				
	100%	75%	50%	25%
	100%	75%	50%	25%

Student Name:				
Food	Amount of Food Item Eaten			
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
Drink				
	100%	75%	50%	25%
	100%	75%	50%	25%

Student Name:				
Food	Amount of Food Item Eaten			
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
	100%	75%	50%	25%
Drink				
	100%	75%	50%	25%
	100%	75%	50%	25%

INSULIN/CARBOHYDRATE WORKSHEET

NAME: _____

DATE: _____
(Refer to Diabetic Monitoring Log for Time)

Finger-Stick Blood-Sugar: _____

Goal Blood Sugar: - _____

$$\text{Total: } \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \text{ Insulin Dose}$$

(Correction Factor)

Food Product/Amount: _____

Carb Count: _____

Total Carbohydrate Count: _____

$$\text{Total Carbohydrate Count: } \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \text{ Insulin Dose}$$

(Carb Ratio)

$$\boxed{\hspace{2cm}} + \boxed{\hspace{2cm}} = \text{Total Insulin Dosage: } \boxed{\hspace{2cm}} \text{ Rounded To: } \boxed{\hspace{2cm}}$$

(Insulin Dose) (Insulin Dose)

Comments: _____

☐ Parent/guardian and student reviewed math calculations and/or insulin dosage.

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DATE: _____
(Refer to Diabetic Monitoring Log for Time)

Finger-Stick Blood-Sugar: _____

Goal Blood Sugar: - _____

$$\text{Total: } \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \text{ Insulin Dose}$$

(Correction Factor)

Food Product/Amount: _____

Carb Count: _____

Total Carbohydrate Count: _____

$$\text{Total Carbohydrate Count: } \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \text{ Insulin Dose}$$

(Carb Ratio)

$$\boxed{\hspace{2cm}} + \boxed{\hspace{2cm}} = \text{Total Insulin Dosage: } \boxed{\hspace{2cm}} \text{ Rounded To: } \boxed{\hspace{2cm}}$$

(Insulin Dose) (Insulin Dose)

Comments: _____

☐ Parent/guardian and student reviewed math calculations and/or insulin dosage.

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INSULIN/CARBOHYDRATE WORKSHEET

NAME: _____

DATE: _____
(Refer to Diabetic Monitoring Log for Time)

Finger-Stick Blood-Sugar: _____

Goal Blood Sugar: - _____

$$\text{Total: } \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \text{ Insulin Dose}$$

(Correction Factor)

Food Product/Amount: _____

Carb Count: _____

Total Carbohydrate Count: _____

$$\text{Total Carbohydrate Count: } \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \text{ Insulin Dose}$$

(Carb Ratio)

$$\boxed{\hspace{2cm}} + \boxed{\hspace{2cm}} = \text{Total Insulin Dosage: } \boxed{\hspace{2cm}} \text{ Rounded To: } \boxed{\hspace{2cm}}$$

(Insulin Dose) (Insulin Dose)

Comments: _____

☐ Parent/guardian and student reviewed math calculations and/or insulin dosage.

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DATE: _____
(Refer to Diabetic Monitoring Log for Time)

Finger-Stick Blood-Sugar: _____

Goal Blood Sugar: - _____

$$\text{Total: } \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \text{ Insulin Dose}$$

(Correction Factor)

Food Product/Amount: _____

Carb Count: _____

Total Carbohydrate Count: _____

$$\text{Total Carbohydrate Count: } \underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \boxed{\hspace{2cm}} \text{ Insulin Dose}$$

(Carb Ratio)

$$\boxed{\hspace{2cm}} + \boxed{\hspace{2cm}} = \text{Total Insulin Dosage: } \boxed{\hspace{2cm}} \text{ Rounded To: } \boxed{\hspace{2cm}}$$

(Insulin Dose) (Insulin Dose)

Comments: _____

☐ Parent/guardian and student reviewed math calculations and/or insulin dosage.

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DAILY DIABETES SCHOOL ASSESSMENT TIME SCHEDULE/WORKSHEET

Student Name: _____

SCHOOL DAYS:	Monday	Tuesday	Wednesday	Thursday	Friday
Blood Glucose (Morning)					
Breakfast					
Insulin (Breakfast)					
Leave for School (Car/Bus)					
Arrive at School					
Blood Glucose					
Mid-Morning Snack					
Blood Glucose (Lunch)					
Insulin (Lunch)					
Lunch					
Blood Glucose					
P.E.					
Afternoon Snack					
Blood Glucose					
Blood Glucose					
Leave School (Car/Bus)					
Arrive Home					

Procedure for Creating and Maintaining a Diabetes Workbook

Purpose: This procedure establishes guidelines for the creation and maintenance of a diabetes workbook that will be kept in the School Health Clinic.

Procedure: I. Supplies needed

- A. Notebook, 3-ring binders work well
- B. Exterior label
- C. Multiple sections, with dividers and labels
- D. Clear sleeves/page protectors for protecting forms (if available)

II. General documentation guidelines

- A. Each diabetic student's documentation should be filed in alphabetical order by last name.
- B. Most recent documentation should be kept on top.
- C. All discontinued physician orders or Emergency Health Care Plans should be removed from working sections of the binder.

III. The first section of the binder

- A. Should include general information that will apply to all diabetic students. Information may include, but is not limited to:
 - 1. How glucagon can save your life
 - 2. Treating lows by age
 - 3. Symptoms of hypoglycemia
 - 4. Symptoms of hyperglycemia
 - 5. Guidelines on use of Insulin pen

IV. The remaining sections are specific, with each diabetic student having a labeled and subdivided section.

- A. A student's section should be labeled with the student's name.
- B. Each student's section should contain the following five labeled subsections.
- C. Only the physician or the School Health Nurse may update the student's levels of care/responsibility.
 - 1. Authorization for Diabetes Management Form, Flexible Insulin Therapy Orders (FIT), and the Emergency Health Care Plan (EHCP)
 - 2. Diabetic Monitoring Log
 - 3. Insulin/Carbohydrate Worksheet, if applicable
 - 4. Dispersion of Medication and Individual Medication Administration Forms
 - 5. School Health Nurse Progress Notes

***Note:** A copy of the Emergency Health Care Plan for a diabetic student should be kept in both the Diabetes Workbook, as well as in the Health Care Plan binder in the School Health Clinic. Additionally, copies of the Medication Dispersion Forms for glucagon, etc., should be filed in the Diabetic Workbook as well as in the binder with the other medication forms for the School Health Clinic. Duplication of these forms will ensure easy access in case of an emergency situation.

Diabetes: Legal Aspects

Overview: Federal laws that protect children with diabetes consider diabetes a condition that interferes with the educational experience; it is considered a disability. Any school that receives federal funding must reasonably accommodate the special needs of children with diabetes. The required accommodations should be provided within the student's usual school setting with as little disruptions to the school's and the student's routine as possible. Federal law requires an individualized assessment of any child with diabetes. The required accommodations should be documented in a written plan developed under the applicable federal law such as a *Section 504 Plan* or *Individualized Education Program (IEP)*.

References: Section 504 of the Rehabilitation Act of 1973
<http://ed.gov/about/offices/list/ocr/504faq.html>

Individuals with Disabilities Education Act
<http://ed.gov/about/offices/list/ocr/504faq.html>

Americans with Disabilities Act
www.ed.gov/ocr/disability.html

Child with a Disability
<http://ed.gov/about/offices/list/ocr/504faq.html>

American Diabetes Association
www.diabetes.org

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

Nurse Practice Act (2001). Chapter 464 Florida Statutes
<http://www.flsenate.gov/statutes/index.cfm?App>

Nurse Practice Act:

The Nurse Practice Act, Chapter 464 F.S., regulates the practice of nurses in Florida. In section 464.003(3)(a) the "practice of professional nursing" is defined as "the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but are not limited to:

- I. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others,
- II. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments,

- III. The supervision and teaching of other personnel in the theory and the performance of any of the above acts”.

The Florida Department of Health School Health Program recommends that special care needs to be taken when delegating diabetes related services to unlicensed assistive personnel. The School Health Registered Nurse (RN) is responsible for training and monitoring the individual designated to perform these services (s.1006.062 F.S.).

Unsafe Delegation:

In keeping with the Nurse Practice Act (Chapter 464 F.S.), the delegation rule (64B9-14 F.A.C.), and position statements from the National Association of School Nurses, delegating diabetes related tasks to unlicensed assistive personnel in the following circumstances would be considered unsafe, and should not be done:

- I. When students are newly diagnosed and the *Emergency Health Care Plan* has not been written or approved
- II. When the student is medically fragile with health complications or multiple health problems that require nursing assessments before performing any authorized task
- III. When the student has a history of non-compliance with treatment plans or following local guidelines and safety precautions, therefore making standing orders subject to frequent changes pending nursing assessments
- IV. When the student who has been authorized to function independently by the health care provider cannot consistently demonstrate competence in diabetes related tasks in the school setting, these students must be referred back to the health care provider for further evaluation and training before delegating their care to an unlicensed assistive person.
- V. When the unlicensed assistive person has not been trained or has not demonstrated competence in the assigned activity/task

Safe Delegation:

The School Health Registered Nurse (RN) should use professional judgment and consider the following criteria to determine when and to who to delegate diabetes related health care services. For the student who needs assistance with some or all of the diabetes related services:

- I. An *Emergency Health Care Plan* written by the School Health Registered Nurse (RN) and approved by the parent/guardian should be in place.

- II. The School Health Registered Nurse (RN) has received specific written orders related to sliding scale dose administration of insulin from the health care provider in charge of the medical management. The School Health Registered Nurse (RN) should request that, whenever possible the prescribed method of insulin administration be by pump or pen to limit the potential for medication errors related to drawing up insulin into a syringe. The School Health Registered Nurse (RN) has arranged to be available for supervision, monitoring and consultation in an emergency.
- III. The delegated, unlicensed assistive person has completed an initial, in-depth diabetes related training and is willing to participate in ongoing related training, as well as student-specific training.
- IV. The delegated unlicensed assistive person has demonstrated competence in blood glucose monitoring and insulin administration.
- V. The delegated unlicensed assistive person has demonstrated competence in recognizing the signs and symptoms of hypoglycemia or hyperglycemia and in responding with the student specific interventions, including if necessary, glucagon injections.
- VI. The delegated unlicensed assistive person has demonstrated competence in carbohydrate counting and insulin dose calculation based on anticipated carbohydrate intake if required by a student specific *Emergency Health Care Plan*.
- VII. The delegated unlicensed assistive person has a history of only providing services that are within the range of knowledge, skills, and abilities for the position.
- VIII. The delegated unlicensed assistive person is certified in Cardiopulmonary resuscitation (CPR) and first aid (strongly recommended).

Diabetes Glossary of Terms

Blood Glucose Level: the amount of glucose or sugar in the blood obtained by monitoring/ testing the student by using a drop of their blood and a specially calibrated device

Bolus: a dose of insulin delivered when a student eats or to lower high blood glucose levels in response to a high blood glucose reading

Carbohydrate Counting: the method of calculating the number of grams of carbohydrates in the food a student eats

Correction Factor: 1 unit of insulin for every _____ mg/dl points that the blood sugar is above or below (the/target blood sugar)

Delegation: the transference of authority to a competent individual to perform a selected task or activity in a selected situation

Diabetes: a chronic condition in which the body cannot properly metabolize glucose

Type 1: Most common type in children
An auto-immune disease
Pancreas produces very little or no insulin

Type 2: More common in adults
Pancreas can make insulin, but either doesn't make enough or the insulin is not used efficiently

Diabetic Ketoacidosis (DKA): high blood glucose values (above 250 mg/dl) with the presence of persistent large amounts of ketones resulting in the blood becoming acidic which occurs as a result of not enough insulin; people with DKA usually complain of nausea, vomiting, abdominal pain, rapid breathing and sometimes have a "fruity" odor on their breath; students in this condition need immediate insulin and medical attention

Glucagon: a hormone produced in the pancreas that raises the level of glucose in the blood; also available as an injection that may be given to a diabetic in an emergency to raise extremely low blood glucose levels

Glycosylated Hemoglobin (HbA1c): the two (2) to three (3) month average of blood glucose values expressed in percent; the normal range varies with different labs and is expressed in % (such as 4-6%)

Goal Blood Sugar: target blood sugar (number assigned by physician)

Hyperglycemia: a condition in which blood glucose levels rise to an unacceptable level and may occur due to an imbalance of food, exercise and/or insulin; symptoms may include: excessive thirst, dry mouth, frequent urination, headache, fatigue, and blurred vision

Hypoglycemia: a condition in which blood glucose levels are low; symptoms may include: behavioral changes, pale complexion, hunger, sweating, sudden weakness, headache, confusion, a dazed look, drowsiness, non-responsiveness to questions; if untreated, may lead to: seizures, convulsion, or loss of consciousness

Emergency Health Care Plan (EHCP): a student specific plan of care developed by the School Health Registered Nurse (RN) describing the way health related services will be provided to specific students in the school setting

Insulin: a hormone secreted by the islet cells in the pancreas that allows the body's cells to absorb glucose for energy; used as a medication when the body does not make enough insulin to maintain proper blood glucose levels

Insulin to Carbohydrate Ratio: 1 unit of insulin for every ____ grams of carbohydrates eaten

Licensed Practical Nurse (LPN): any person licensed in this state to practice practical nursing

Ketones: the chemical produced by the body when a person has high blood glucose levels and not enough insulin to metabolize the glucose

Mg/dl - Milligrams per deciliter: a unit of measurement used in blood glucose monitoring to describe how much glucose is in a specific amount of blood

Non-Medical Assistive Personnel: an individual who has been trained and delegated to perform health related services for students while they are in school

School Health Registered Nurse (RN): a professional registered nurse, licensed to practice in Florida who is employed by the local county health department or the local school district through a community based agency

Sliding Scale: a medical order for adjusting the insulin dose on the basis of blood glucose monitoring sometimes referred to as supplemental insulin or a correction dose; in some cases the amount of insulin to be given is calculated with a simple mathematical formula specific to the student

Supervision: the provision of guidance by a qualified nurse and periodic inspection by the nurse for the accomplishment of a nursing task or activity provided by unlicensed assistive personnel

Universal Blood & Body Fluid Precautions: measures intended to prevent the transmission of Hepatitis B, Human Immunodeficiency Virus (HIV) and other infections, as well as decrease the risk of infection for health care providers and students; it is not currently possible to identify all infected persons; therefore, blood and body fluid precautions must be used with every student, regardless of medical diagnosis

Unlicensed Assistive Personnel: unlicensed persons who have been assigned and trained to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse

Procedure for Administering Medication

Purpose: This procedure establishes guidelines for School Health Nurses and school personnel who have been trained on the proper administration of prescription and non-prescription medications.

Definitions:

Medicine	<ol style="list-style-type: none">1. A drug or remedy2. The act of maintenance of health, and prevention of disease and illness3. Treatment of disease by medical, as distinguished from surgical treatment
Mediate	<ol style="list-style-type: none">1. To treat a disease with drugs2. To permeate with medicinal substances

Medication Error - administering the wrong medication, administering an incorrect dose of medication, failing to administer a prescribed medication, or administering the medication at the incorrect time or via the incorrect route

Medication Administration Record (MAR) - report that serves as documentation/ legal record of the drugs administered to a student at a facility

Universal Precautions (also, Standard Precautions) - all students and all blood and body fluids will be treated as if known to be infectious with HIV, HBV or other bloodborne pathogens; *Refer to Procedure for Universal Precautions*

Procedure: I. Steps to administering medication

- A. Wash hands.
- B. Obtain medication and supplies.
- C. Review the Dispersion of Medication Form, medication label and expiration date, and the parent/guardian consent for administering medication.
- D. Check the seven (7) rights of medication administration (Note: follow Universal Precautions).
 1. Right student
 - a. Ask the student to state his/her name.
 - b. Repeat the student's name; ask him/her to verify.
 - c. Wait for student response.
 2. Right medication
 3. Right dosage
 4. Right time
 - a. Dose should be given no earlier than thirty (30) minutes before or no later than thirty (30) minutes after dose time to be considered "on time".
 5. Right route
 6. Right form of medication
 7. Right documentation
- E. Administer the medication.
- F. Document on the student's Medication Administration Record immediately.

II. Administering medication via multiple routes.

****Note: Herbal medications are treated as “over the counter” medication. The herbal medication should have a printed label with appropriate age indications, dosing and potential side effects on the label. If such packaging is not available, a physician’s order must be submitted outlining such information.***

A. Oral medications

****Note: Cough drops or lip balms (i.e. Chap Stick) are checked into the School Health Clinic or permitted to be carried by students at the discretion of the school administration or designee only. This decision can vary depending on the school. Check with your school administration or designee on what his/her preferences are. Preferably, this ruling should be in writing.***

1. If student is not able to sit up themselves, position the student sitting up in a comfortable position, leaning slightly forward to prevent aspiration.
 2. Administering medication:
 - a. Dropper - Squirt medication to the back and side of the student’s mouth in small amounts.
 - b. Syringe - Place syringe to the back and side of the student’s mouth. Give the medication slowly, allowing the student to swallow.
 - c. Nipple - Pour medication into the nipple after it has been measured. Allow the student to suck the medication from the nipple. Follow the medication with a teaspoon of water.
 - d. Medicine cup - Place the medication in the cup. If the student is capable of drinking the medication without help, allow him/her to do so. If the student is unable to hold the cup, hold the cup and allow the student to drink the medication.
 - e. Tablet - If the student is able to swallow a tablet, have the student place it on the middle of the tongue; then swallow the tablet with juice or water.
 - i. Un-scored tablets should not be cut. Parent/guardian should be responsible for cutting tablets.
 - ii. Do not force the student to take the tablet if they resist because of the potential for aspiration.
 - f. Capsule - Give the student the capsule and instruct him/her to place the capsule on the back of the tongue, and have the student swallow with lots of fluids. Some capsules may be opened and sprinkled on a spoonful of food. Check with a pharmacist to see if this may be done.
- ### B. Nose drops
1. Ask student to blow nose into a tissue to clear nasal passages first.
 2. Student may be able to give own medication if they are able to sniff the medication. If not, slightly tilt student’s head back and instill the prescribed number of drops into each nostril.
- ### C. Ear drops
1. Tilt student’s head away from the affected ear.
 2. Pull pinna (outer edge of ear) upwards and back. Instill ear drops as ordered.
 3. Student should remain in this position for 5-10 minutes. Then, place a piece of cotton into the ear canal.

- D. Eye drops or ointment
 - 1. Place student in supine position (lying down on his/her back).
 - 2. For drops, pull lower eyelid down and out to expose the conjunctival sac. Drop solution into the conjunctival sac. Close eye gently and attempt to keep eye closed for a few moments.
 - 3. For ointment, pull lower eyelid down and apply ointment along the edge of the lower eyelid from the nose side to the opposite side of the lid.
 - 4. Avoid touching the tip of the medication container to the eye to prevent contamination of the medication.
- E. Rectal medication
 - 1. Provide privacy and position student on left side with right knee slightly bent.
 - 2. Lubricate tip of applicator, if applicable; spread buttocks, and insert applicator or medication. Do not force.
 - 3. Administer the medication; remove applicator, and dispose of it appropriately.
- F. Subcutaneous injection
 - 1. Apply clean gloves and select an injection site.
 - 2. Cleanse site with alcohol swab in a circular motion, starting from center outward. Allow to dry.
 - 3. Remove needle guard and hold syringe in dominant hand. Use non-dominant hand to pinch subcutaneous tissue to be injected.
 - 4. While holding syringe between thumb and forefinger, inject in a dart-like fashion at a 45-90 degree angle. Release bunched skin and use non-dominant hand to stabilize syringe while using dominant hand to aspirate gently on plunger. If blood appears in syringe, withdraw needle and prepare new injection.
 - 5. ***Do not aspirate when injecting anticoagulants (i.e. Heparin, Lovenox) or insulin.***
 - 6. Slowly inject medication and remove the needle. Do ***not*** recap needle.
 - 7. Dispose of needle and syringe in sharps container.
- G. Intramuscular injection
 - 1. Apply clean gloves and determine appropriate site. Use anatomical landmarks to locate exact injection site.
 - 2. Cleanse injection site with alcohol swab in circular motion starting at site and working away from area. Allow to dry.
 - 3. Remove needle guard and hold syringe like a dart between thumb and forefinger of dominant hand. Insert the needle at a 90 degree angle to the student's skin surface.
 - 4. Using non-dominant hand, stabilize syringe while using dominant hand to aspirate on plunger. If no blood appears, slowly inject medication. If blood appears, remove needle and prepare a new dose of medication.
 - 5. Withdraw needle and use alcohol swab to apply pressure to site. Gently massage site.
 - 6. Dispose of syringe and needle directly into sharps container. ***Do not recap.***

H. Topical medications

****Note: Lotions, lip balms, and sunscreens are checked into the School Health Clinic or permitted to be carried by students at the discretion of the school administration or designee only. This decision can vary depending on the school. Check with your school administration or designee on what his/her preferences are. Preferably, this ruling should be in writing.***

1. Apply to clean skin surface.
2. Use a cotton tip applicator or tongue depressor to apply ointment, lotion or salve; never apply with fingers.
3. Cover site with gauze or Band-Aid if indicated.

III. Possible problems with medication administration

- A. Failure to follow any of the seven rights of medication administration.
- B. Medications not given - report to parent/guardian immediately.
- C. Choking - stop giving medication immediately
 1. If student recovers and is breathing normally, medication may be given.
 2. If student is believed to have an obstructed airway, perform the Heimlich Maneuver, activate emergency response, and begin CPR as needed.
- D. Allergic reaction to medication - Refer to Procedure for Anaphylaxis.

SANTA ROSA COUNTY SCHOOL DISTRICT

DISPERSION OF MEDICATION FORM

School Board Policy 5.62 Administering Medication to Students by School Personnel

1. Any medication, either prescription or nonprescription, to be administered to a student on school premises or at school functions (including field trips) must be brought to the school by the parent/guardian/authorized adult representative for retention and administering. No student will be allowed to have medication, prescription or nonprescription, in his/her possession on school premises, on a school bus, or at a school function, with the exception of epinephrine, insulin pens, pancreatic enzymes, or asthma inhalers as permitted by parent/guardian and with physician's signature on the "**Dispersion of Medication Form**".
2. Medication brought to school must be in the original container, properly labeled with the child's name, name of medication, route, dosage, directions, and expiration date. A "**Dispersion of Medication Form**" must be completed for every medication with a method of disposal of any unused or expired medication designated. The medication must be counted jointly by the parent/guardian and a school staff member. The parent/guardian and school staff member must both sign the "**Registry of Medication Form**" for the initial signing in of medication and each time additional medication is brought to the school.
3. Parents/Guardians are encouraged to request prescriptions for medications which limit administration during school hours. First morning doses should be given at home with only mid-day doses administered by a school staff member. Doses missed at home will not be administered by school staff.
4. Medication(s) will not be provided by the school.

****By my signature on this form, I acknowledge receipt of the Notice of Privacy Practices Act in the Code of Student Conduct, and authorize designated Santa Rosa County School District Personnel, Santa Rosa County Health Department School Health Personnel, and any other contracted health care agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.**

.....
This is to verify that, _____ a student at _____
*Student's Legal Name**School*

has my permission to take/have administered to him/her the following medication during the school day:

Name of Medication: _____ Reason: _____
*(Be specific)**(Be specific)*

Dosage : _____ Route: _____ Time Due: _____

Comments concerning medication (i.e., to be taken with food, etc.): _____

Unused/expired medication for my child will be disposed of by: ☐ Parental Pick-Up ☐ School Disposal

List allergies: _____

Parent/Guardian: _____ Date: _____ Phone #1: _____ Phone #2: _____

Signature

EPINEPHRINE/INSULIN PEN/PANCREATIC ENZYMES/ASTHMA INHALER USE ONLY		
Doctor's Order: _____		
Doctor: _____	_____	_____
<i>Signature</i>	<i>Doctor Printed Name</i>	<i>Date</i>

This form complies with applicable Florida Statute and will become the property of the school for filing purposes.

MEDICATION EXPIRATION DATE: _____

(Continued on reverse side)

REGISTRY OF MEDICATION FORM

(Florida Statute 232.46)

Date	Medication	# Meds Counted	Parent/Guardian Signature	Staff Signature

FIELD TRIP SIGN OUT

Date	Medication	# Signed Out	# Returned	Teacher/Staff Signature	School Health Clinic Staff Signature

**By my signature, I acknowledge that I have received training on Medication Administration Procedures this school year.*

MEDICATIONS SIGNED OUT/WASTED

Date	Medication	# Meds Counted	Parent/School Rep/PSA Staff Signature	Parent/School Rep/PSA Staff Signature

MEDICATION COUNT VERIFICATION FORM

Student: _____

Medication: _____

*Note: Always notify your supervisor if the balance is equivalent to any number other than zero.

1. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
_____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
Balance Should Equal Zero _____ Balance

Signature: _____

Date: _____

2. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
_____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
Balance Should Equal Zero _____ Balance

Signature: _____

Date: _____

3. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
_____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
Balance Should Equal Zero _____ Balance

Signature: _____

Date: _____

4. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ **Balance**

Signature: _____ Date: _____

5. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ **Balance**

Signature: _____ Date: _____

END OF SCHOOL YEAR

Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ **Balance**

Parent Signature: _____ Staff Signature: _____
**Obtain signatures for end of year med count when medication is picked up by parent.*

Staff Signature: _____ School Designee: _____
**Obtain signatures for end of year med count when medication is wasted.*

SANTA ROSA COUNTY SCHOOL DISTRICT
MEDICATION PROTOCOL AT SCHOOL
PARENT/GUARDIAN RESPONSIBILITIES
(This form is to be given to the parent/guardian upon medication check in)

Prescription Medications

1. A **Santa Rosa County School District Dispersion of Medication Form** must be completed and signed by the parent/guardian. The physician box must be signed in order for a student to carry any emergency medication on their person (i.e. Epinephrine, Inhaler, Pancreatic Enzymes, and Insulin).
2. A separate authorization form must be filled out for **EACH** medication.
3. Changes in medication require a new authorization form to be completed and signed by the parent/guardian.
4. Medication must be in the original pharmacy-labeled container and must not be expired.
5. A parent/guardian must deliver and pick-up the medications in the School Health Clinic.
6. Morning and evening doses of medication should be given at home.
7. Notify School Health Clinic Staff directly of any medication changes, including discontinued medications.
8. Discontinued medications must be picked up by parent/guardian within one week of the stop date. Unclaimed medications will be destroyed.
9. During the last month of the school year, bring only enough medication to be used by the last day of school. All unclaimed medication will be destroyed after school is dismissed on the last day of the school year. The school will not store any medication over the summer.

Non-Prescription Medications
(Over the Counter)

1. A **Santa Rosa County School District Dispersion of Medication Form** must be filled out for **EACH** medication and must be signed by the parent/guardian.
2. Medication must be in original container (small or travel size) with manufacturer's label intact and must not be expired.
3. No more than a 30 day supply of non-prescription medication may be checked in at one time.
4. A parent/guardian must deliver and pick up the medications in the School Health Clinic.
5. Medication dosage must be age appropriate as stated on the manufacturer's label.
6. Notify School Health Clinic Staff directly of any changes, including discontinuation of any medications.
7. School Health Clinic Staff can only administer the manufacturer's recommended dose of any over-the-counter medication. A physician prescription is required if the dose requested is greater than the manufacturer's recommended dose.
8. When a medication is discontinued it must be picked up immediately. All medication must be picked up by dismissal time on the last day of the school year. All unclaimed medication will be immediately destroyed. The school will not store any medication over the summer.
9. Student will be referred to School Health Nurse by Clinic Staff if the student requests an over-the-counter medication three (3) days in a row or more than five (5) isolated times, unless pre-existing conditions exists.

ACKNOWLEDGEMENT OF MEDICATION ADMINISTRATION TRAINING

Trainee's Name: _____
(Please Print)

Date: _____

Trainee's Signature: _____

Trainee's Initials: _____

I hereby acknowledge that I have received training concerning medication administration in the school environment. I understand that I must follow the seven (7) rights of medication administration and the guidelines provided by the Santa Rosa County School District Board and any other contracted health care agency in accordance with State Law 323.46 and School Board Policy 5.62.

THE SEVEN (7) RIGHTS	EXAMPLE	INITIALS
<i>Right Student</i>	Never give the medication if there is any doubt as to the student's identity. Ask the name, then compare to the bottle label and paperwork.	_____
<i>Right Medication</i>	Do not ever substitute a student's medication with another person's medication.	_____
<i>Right Dosage</i>	Check the dosage on the label carefully. Compare paperwork with the medicine container label. Always administer as per medication label. Administer exactly as called for; no more, no less.	_____
<i>Right Time</i>	Check the time with the label and written orders. A grace period of thirty minutes before or after the stated time is allowed. Certain abbreviations may be used.	_____
<i>Right Route</i>	There are different routes or methods to administer medications. Follow the label orders precisely.	_____
<i>Right Form</i>	There are different forms of medication, for example: tablets, capsules, caplets, syrup, suppositories, etc.	_____
<i>Right Documentation</i>	Document date, time, and initial/sign the Medication Administration Record when medication is administered.	_____

Instructor's Name: _____
(Please Print)

Instructor's Signature: _____

Rev 05/15/2013

Santa Rosa County School District

Medication Error Report

**** This form must be completed and submitted to your immediate supervisor within 24 hours****

Name of School

Date of Event

Time of Error

Name of Student

D.O.B

Prescribed Medication/Dosage/
Route/Time on Dispersion of
Medication Form

Name and Position of Person Witnessing Event

Medication/Dosage/Route/Time Given

Describe event and circumstances leading to error:

Describe Action Taken:

Medication Error Codes (Circle all that apply):

1. Wrong Student

2. Wrong Dose

3. Wrong Time

4. Wrong Medication

5. Missed Medication

6. Parent Error

7. Pharmacy Error

8. Other

Signature (Person Completing Report)

Date Completed

**** DO NOT place this information in the student's Cumulative Health Folder.**

Procedure for Disposal of Medication

Purpose: This procedure establishes guidelines for School Health Nurses, School Health Clinic Staff and school personnel on the proper disposal of medications in the school setting.

Definitions: **Biohazard Waste** - Any solid or liquid waste which may present a threat of infection to humans. The term includes, but is not limited to, discarded sharps, human blood, and body fluids. Also included are used, absorbent materials such as bandages, gauze or sponges which are visibly saturated with blood or body fluids.

Sharps - items that typically include, but may not be limited to, needles for delivering insulin or other medications, and lancets used to obtain blood specimen for testing.

Refer to Universal Precautions

Procedure:

- I. Parent/Guardian pick-up/school disposal of medication
 - A. Always encourage parent/guardian to pick-up medication that has been signed into the School Health Clinic, when applicable.
 - B. Never release medication to students, unless Medication Dispersion Form is completed for student to carry (must include parent/guardian and physician signature).
 - C. Medication should be counted prior to disposal or during parent/guardian pick-up by School Health Clinic Staff and witness. (Witness: parent/guardian, supervisor/co-worker, School Health Nurse, or school employed personnel).
 - D. If a Dispersion of Medication Form is signed by the physician and the medication is sent home with the student, a witness must sign the medication count in addition to the School Health Clinic Staff. Student may not sign.
 - E. Document medication disposal of prescription medication on the Medication Count Verification Form.
 1. Document the date.
 2. Verify the medication count by: adding the total medication count signed-in for the school year, then subtracting the total medication count administered for the school year. Document this number. This total should be equal to the total medication count wasted or picked- up by the parent/guardian.
 3. Document total amount wasted, if applicable.
 4. Circle "med wasted" or "parent/guardian pick-up" on the Medication Count Verification Form.
 5. Sign and ensure witness signature.
 - F. Document medication disposal of Over the Counter (OTC) medication on the back of the Medication Count Verification Form or the Dispersion of Medication Form.

- II. Disposal of labeled containers
 - A. Mark through the name and prescription number on the label with a black marker.
 - 1. Discarded medication labels should not be identifiable.
 - B. Dispose of empty, unidentifiable container into standard garbage can.
- III. Disposal of sharps and non-sharps
 - A. Pills, tablets, capsules, etc. – Empty medicine contents into red biohazard *sharps* container and discard empty, unidentifiable container into standard garbage can.
 - B. Liquids – Discard unidentifiable container and liquid contents into red biohazard bag (*not sharps container*).
 - C. Inhalers – Remove inner cartridge and place inner cartridge only into red biohazard bag (*not sharps container*) and discard unidentifiable, empty outer shell into standard garbage can.
 - D. Nebulizer vials, syringes, Epipen/Epipen Jr., Auvi-Q Auto-Injector, Glucagon, Insulin, Diastat, etc.
 - 1. Remove item from case/container. Do not remove needle cap or tip cover. Place unidentifiable medication item into red biohazard sharps container, and discard empty, unidentifiable outer case/container into standard garbage can.
- IV. Disposal of sharps container
 - A. Assure that a new sharps container is present in the School Health Clinic before disposing of the used sharps container.
 - B. Dispose of sharps container when $\frac{3}{4}$ full.
 - C. Reinforce closure of container with tape.
 - D. Label container with the school name and date.
 - E. Place sharps container in red biohazard bag.
 - F. Notify custodial staff immediately to remove bag.

Dear Parent/Guardian:

As we come to the close of the school year, we would like to remind you to please pick up any medication that has been signed into the School Health Clinic for your child. All medication must be picked up by the date and time indicated below. Any medication that is not picked up will be immediately disposed of by School Health Clinic Staff. The school will not store any medication over the summer.

Please remember that students who **carry**: *epinephrine, insulin pens, pancreatic enzymes, or asthma inhalers* will need to have a new "Dispersion of Medication Form" filled out and signed by both parent/guardian **and** the physician for the following year.

If you have any questions please feel free to call the School Health Clinic.

All medication must be picked up by:

_____	_____
Date	Time

Sincerely,

School Health Technician

Procedure for Emergency Medications

Purpose: This procedure establishes guidelines for the School Health Nurses, school personnel, and School Health Clinic Staff on the administration of emergency medications.

Definitions: **Emergency** - an unexpected, serious occurrence that may cause injury, and which usually requires immediate attention.

Epipen/Epipen Jr./Auvi-Q Auto-Injector - a pen containing Epinephrine, which is a bronchodilator and a vasoconstrictor to be used in the event of an anaphylactic reaction; *Refer to Procedure for Recognizing and Responding to Anaphylactic Events.*

Glucagon - a hormone that stimulates the liver to change stored glycogen into glucose, therefore raising blood glucose.

Diastat - Diazepam rectal gel is an emergency intervention drug used to control prolonged seizures and clusters of seizure activity.

Procedure:

I. Administration of Epipen/Epipen Jr. Injection

- A. Observe student for signs/symptoms of anaphylactic reaction.
- B. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.
- C. Check medication expiration date, physicians order, and student's *Emergency Health Care Plan*.
- D. Immobilize student prior to injection.
- E. Determine appropriate injection site.
- F. Prepare Epipen/Epipen Jr. for administration.
 1. Carefully remove auto-injector from the carrier tube or case.
 2. Grasp the auto-injector in your fist with the orange tip pointing downward.
 3. With the other hand, remove the blue safety release by pulling straight up without bending or twisting it.

NOTE that the needle comes out of the orange tip. **NEVER** put your thumb, finger or hand over the orange tip.

- G. Administer injection intramuscularly (Injection can be given through clothing).
 1. Hold the auto-injector with the orange tip near the outer thigh.
 2. Swing and firmly push the orange tip against the outer thigh until it clicks.
 3. Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh.
 4. Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication.
 5. Remove the auto-injector from the thigh. The orange tip will extend to cover the exposed needle if the correct/full dosage has been administered.
 6. Gently massage the injection site.

- H. Stay with student until EMS arrives.
 - 1. Send Epipen/Epipen Jr. with EMS upon transfer.
- I. Continuously monitor student's: breathing, color, hives, swelling, and vomiting.
- J. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student.

II. Administration of Auvi-Q Auto-Injector

- A. Observe student for signs/symptoms of anaphylactic reaction.
- B. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.
- C. Check medication expiration date, physicians order, and student's *Emergency Health Care Plan*.
- D. Immobilize student prior to injection.
- E. Determine appropriate injection site.
- F. Prepare Auvi-Q for administration.
 - 1. Pull Auvi-Q from the outer case (once the outer case is off voice instructions will guide you step by step through the injection process).
 - 2. Pull firmly to remove the Red safety guard (**NEVER** put your thumb, finger or hand over the black base).

NOTE that the needle comes out of the black base. **NEVER** put your thumb, finger or hand over the black base.

- G. Administer injection intramuscularly or subcutaneously (Injection can be given through clothing).
 - 1. Place black end against the middle of the outer thigh.
 - 2. Press firmly and hold in place for 5 seconds.
 - 3. Auvi-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q is working correctly. Do not pull Auvi-Q away from the student's leg when you hear the click and hiss sound.
- H. Following administration of the Auvi-Q, the black base will lock into place, the needle will retract, the voice instruction system will confirm Auvi-Q has been used and the LED lights will blink red.
 - 1. Stay with student until EMS arrives.
 - 2. Send Auvi-Q with EMS upon transfer.
- I. Continuously monitor student's: breathing, color, hives, swelling, and vomiting.
- J. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student.

III. Administration of Glucagon

- A. Observe student for signs of unresponsiveness.
- B. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.
- C. Check medication expiration date, physicians order, and student's Emergency Health Care Plan.
- D. Place student on left side.
- E. Prepare Glucagon injection for administration.
 - 1. Take out syringe and vial.
 - 2. Remove vial cover and insert liquid into vial with solid white content.
 - 3. Roll the vial between hands until white content is dissolved.
 - 4. Withdraw prescribed amount of glucagon into syringe.
- F. Determine appropriate injection site (subcutaneous).
- G. Cleanse site with alcohol prep if possible.
- H. Administer injection subcutaneously.
 - 1. Apply light pressure to site after injection.
- I. Stay with student until EMS arrives.
 - 1. Monitor student's level of consciousness.
 - 2. Monitor for signs of regurgitation.
- J. Give snack when student is able to respond and is in no danger of choking.
- K. Document on appropriate form(s).

IV. Administration of Diastat

- A. Observe student for signs/symptoms of seizure activity (note time of onset).
- B. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.
- C. Check medication expiration date, physicians order, and student's Emergency Health Care Plan.
- D. Place student on left side.
- E. Provide privacy.
- F. Prepare Diastat for administration. If using Diastat AcuDial confirm prescribed dosage is visible and correct in display window and the Green "Ready" band is visible.
 - 1. Remove cap.
 - 2. Lubricate tip with gel if not pre-lubricated.
 - 3. Separate buttocks.
 - 4. Insert syringe tip into rectum.
 - 5. Inject Diastat while slowly counting: 1-2-3.
 - 6. Hold applicator in place, slowly counting: 1-2-3.
 - 7. Remove applicator slowly.
 - 8. Hold buttocks together, slowly counting: 1-2-3.
- G. Stay with the student until EMS arrives.
 - 1. Monitor respiratory status.
 - 2. Monitor seizure activity.
 - 3. Clear immediate area to prevent harm.
- H. Report the following to EMS:
 - 1. Appearance of seizure activity.
 - 2. Time seizure began and ended.
- I. Label the Diastat container with the time of administration and give to EMS.
- J. Document on appropriate form(s).

Procedure for Recognizing and Responding to Anaphylactic Events

Purpose: This procedure establishes guidelines for School Health Nurses, School Health Clinic Staff, and school personnel to meet the health needs of a student or staff member experiencing anaphylaxis in the school environment.

Definitions: **Anaphylaxis** - a rapid, sudden, severe allergic response that occurs when a person is exposed to an allergen to which he or she has been previously sensitized; anaphylaxis can affect various organs including the skin, upper and lower respiratory tracts, cardiovascular system, eyes, uterus, and bladder.

Allergen - an allergy causing substance; common allergens are stinging insects, foods (particularly peanuts, eggs, and shellfish), medications and contact, such as latex, animal hair, and chemicals; in rare cases, the cause may be idiopathic or unknown.

Antihistamine - a medication designed to counter the effects of a mild allergic reaction; common antihistamines are Diphenhydramine also named as Benadryl.

Epinephrine Auto-injector (Epipen/Epipen Jr. or Auvi-Q Auto-Injector) - an easy to use, disposable, self-administered drug delivery system that provides emergency treatment using Epinephrine, the drug of choice for all anaphylactic episodes; epinephrine works directly on the cardiovascular and respiratory systems to counter the potentially fatal effects of anaphylaxis.

Florida Statute 1002.20(3)(i) (Kelsey Ryan Act) - allows students who are at risk for life-threatening allergic reactions to carry and self-administer an epinephrine auto-injector while attending school or participating in school activities if the school has been provided with parental and physician authorization; the parent/guardian of a student authorized to carry an epinephrine auto-injector assumes all liability with respect to the student's use of the medication.

Epinephrine (adrenaline) - the single most important medication for treating anaphylactic reactions and should be administered at the first sign of a systemic allergic reaction; administering epinephrine early in anaphylaxis improves the allergic chances of survival and quick recovery.

Refer to: *Procedure for Emergency Medications.

Procedure: (Procedures for specific screening will follow on subsequent pages)

- I. Anaphylaxis
 - A. The School Health Registered Nurse (RN) will develop an Emergency Health Care Plan as needed for the students identified as having allergies requiring emergency medical intervention.
 1. Distribute plan/notify appropriate personnel of the student's Emergency Health Care Plan needs.
 2. Encourage student to wear a Medic Alert bracelet.
 - B. Assure that at least two staff members are trained to administer emergency medication for Anaphylaxis.
 1. School staff and paraprofessionals must have an understanding of the management of systemic allergic reactions. It is the responsibility of the school administration or designee to implement annual education.
 2. The School Health Registered Nurse (RN) will be available as needed to provide individual training upon request.
 - C. Recognize the signs/symptoms of a severe allergy. Symptoms may appear within a few seconds, or up to two (2) hours after exposure.

1. Anaphylaxis should never be minimized as death can occur within minutes.
2. Other reactions that may mimic allergic symptoms are hyper-ventilation, anxiety attacks, alcohol intoxication, and low blood sugar.

Common Signs and Symptoms

- Hives, rash, itching (of any body part)
- Vomiting, diarrhea, stomach cramps
- Red, watery eyes, runny nose
- Wheezing, coughing, difficulty breathing, shortness of breath
- Throat tightness or closing; difficulty swallowing, change of voice
- Flushed, pale skin, dizziness
- Swelling (of any body part)
- Fainting, or loss of consciousness
- Itchy scratchy lips, tongue, mouth, or throat
- Impending sense of doom
- Change in mental status

- D. Assist in setting up a safe school environment for the affected student. The best treatment for anaphylaxis is prevention and avoiding substances and situations that are known to trigger extreme allergic reactions.
- E. Maintain documentation of medical records, Emergency Health Care Plan, food allergy lists, and medical training.

II. Emergency Response

- A. Recognize the severity of anaphylactic symptoms.
- B. Administer emergency medication as directed.
 1. Note time medication was delivered; document time on auto-injector and send auto-injector with EMS.
- C. Refer to *Emergency Health Care Plan*: Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.
- D. Document and review event.
 1. Document on the school district's Risk Management's *Incident Report* and appropriate student medical records.
 2. Review response with the school district's Risk Management staff and the School Site Safety Committee.

Differentiating Between a Mild (Local) and a Severe (Systemic) Allergic Reaction:

Sign or Symptom	Mild Reaction	Systemic Reaction
Itching	Yes	Generalized
Hives	Localized Only	Generalized
Flushed Skin	Localized	Widespread
Cyanosis	No	Yes*
Heart Rate	Normal/Slight Increase	Significantly Increased
Blood Pressure	Normal	Decreased*
Peripheral Pulses	Present and Normal	Very Weak to Absent
Mental Status (LOC)	Normal	Decreased to Unresponsive
Breathing Rate	Normal/Slight Increase	Severely Increased/Decreased and/or Absent Respiration
Wheezing	No	Present in All Lung Fields
Stridor	No	Yes

***Call 911 if uncertain about severity of any reaction**

EPIPEN/EPIPEN JR. INJECTION SKILLS CHECKLIST

Trainee's Name: _____
(Please Print)

Date: _____

Trainee's Signature: _____

Trainee's Initials: _____

EXPLANATION/RETURN DEMONSTRATION	TRAINEE'S INITIALS
1. Observe student for signs/symptoms of anaphylactic reaction	
2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff	
3. Check medication expiration date, physician's order and student's <i>Emergency Health Care Plan</i>	
4. Immobilize student prior to injection	
5. Determine appropriate injection site	
6. Prepare Epipen/Epipen Jr. for administration -Carefully remove auto-injector from the carrier tube or case -Grasp the auto-injector in your fist with the orange tip pointing downward -With the other hand, remove the blue safety release by pulling straight up without bending or twisting it - NOTE that the needle comes out of the orange tip. NEVER put your thumb, finger or hand over the orange tip	
7. Administer injection intramuscularly (<i>Injection can be given through clothing</i>) -Hold the auto-injector with the orange tip near the outer thigh -Swing and firmly push the orange tip against the outer thigh until it clicks -Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh -Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication -Remove the auto-injector from the thigh. The orange tip will extend to cover the exposed needle if the correct/full dosage has been administered -Gently massage the injection site	
8. Stay with student until EMS arrives -Send Epipen/Epipen Jr. with EMS upon transfer	
9. Continuously monitor student's: breathing, color, hives, swelling, and vomiting	
10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student	

Instructor's Name: _____
(Please Print)

Instructor's Signature: _____

Rev 05/15/2013

AUVI-Q AUTO-INJECTOR SKILLS CHECKLIST

Trainee's Name: _____
(Please Print)

Date: _____

Trainee's Signature: _____

Trainee's Initials: _____

EXPLANATION/RETURN DEMONSTRATION	TRAINEE'S INITIALS
1. Observe student for signs/symptoms of anaphylactic reaction	
2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff	
3. Check medication expiration date, physician's order and student's <i>Emergency Health Care Plan</i>	
4. Immobilize student prior to injection	
5. Determine appropriate injection site	
6. Prepare Auvi-Q for administration -Pull Auvi-Q from the outer case (once the outer case is off voice instructions will guide you step by step through the injection process) -Pull firmly to remove the Red safety guard - NOTE that the needle comes out of the black base. NEVER put your thumb, finger or hand over the black base.	
7. Administer injection intramuscularly or subcutaneously (<i>Injection can be given through clothing</i>) -Place black end against the middle of the outer thigh -Press firmly and hold in place for 5 seconds -Auvi-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q is working correctly. Do not pull Auvi-Q away from the student's leg when you hear the click and hiss sound	
8. Following complete administration of the Auvi-Q, the black base will lock into place, the needle will retract, the voice instruction system will confirm Auvi-Q has been used and the LED lights will blink red -Stay with student until EMS arrives -Send Auvi-Q with EMS upon transfer	
9. Continuously monitor student's: breathing, color, hives, swelling, and vomiting	
10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student	

Instructor's Name: _____
(Please Print)

Instructor's Signature: _____

EPIPEN/EPIPEN JR. AND AUVI-Q ADMINISTRATION TRAINING

SCHOOL: _____

	Trainee's Name (Printed)	Trainee's Signature	Instructor's Name	Instructor's Signature	Date
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

Procedure for Medications During Off-Campus Activities

Purpose: This procedure establishes guidelines for the proper check-out of medications from the School Health Clinic for off-campus activities.

Procedure: I. Checking-out medication from the School Health Clinic

- A. School personnel who will be in charge of the medication on the field trip must check out the medication in the School Health Clinic.
- B. School personnel must report to the School Health Clinic on the day of the off campus activity to check out medication.
- C. School Health Clinic Staff will count the amount of medication in the container and send the original container with the school personnel.
- D. School personnel will verify the medication count by signing the medication out on the Registry of Medication Form.
- E. By signing the medication out on the Registry of Medication Form, staff are affirming they have been trained in medication administration.
- F. Upon return to campus, school personnel must immediately return any remaining medication to the School Health Clinic and document on the Medication Administration Record any doses of medication that were given during the off-campus activity.
- G. School personnel should sign medication back in to the School Health Clinic upon return to campus.
- H. School Health Clinic Staff will count the returned medication, verify the medication count, and document it on the Registry of Medication Form.

II. Administering medication to students during off-campus activities

- A. Only school personnel who have been trained in medication administration may administer medication during field trips.
- B. School personnel must administer medication using the seven (7) rights of medication administration:
 - 1. Right student
 - 2. Right medication
 - 3. Right dosage
 - 4. Right time
 - 5. Right route
 - 6. Right form
 - 7. Right documentation
- C. Medication must be stored in a location that is not accessible to other students.
- D. Medication must be stored in the proper environment (i.e. correct temperature, out of sunlight, etc.).
- E. If an emergency medication is administered on any off-campus activity immediately call or delegate someone to call 911 and parent/guardian; notify school site administration staff.
- F. Follow emergency medication procedure.

CHAPTER 2.00 – SCHOOL BOARD GOVERNANCE AND ORGANIZATION

REPORTING CHILD ABUSE

2.80

I. Definitions of Child Abuse, Abandonment or Neglect

- A. *Abuse* means any willful or threatened act that results in any physical, mental or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.
- B. *Abandonment* means a situation in which the parent or legal custodian of a child, or in absence of the parent or legal custodian, the care giver responsible for the child's welfare, while being able, makes no provision for the child's support and makes no effort to communicate with the child. This situation is sufficient to evince a willful rejection of parental obligations.
- C. *Neglect* occurs when a child is deprived of or is allowed to be deprived of adequate food, clothing, shelter or medical treatment, or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability, unless actual services for relief have been offered and rejected. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child shall not, for that reason alone, be considered a negligent parent or legal custodian.

II. Prohibition Against Child Abuse, Abandonment or Neglect

The School Board strongly prohibits any action or omission constituting child abuse, neglect, or abandonment by any of its employees, agents, volunteers, or by other persons affiliated in any way with the School District. Further, all employees, agents, and volunteers of the School District must comply with Florida law requiring reporting of child abuse, neglect, or abandonment.

III. Notification of Responsibility

A notice providing the following information shall be posted in a prominent place in each school:

CHAPTER 2.00 – SCHOOL BOARD GOVERNANCE AND ORGANIZATION

- A. All employees of the District have the responsibility to report all actual and suspected cases of child abuse, abandonment or neglect; immunity from liability if they report such cases in good faith; and the responsibility to comply with child protective investigations and all other provisions of law related to child abuse, abandonment, or neglect.
- B. Statewide toll-free telephone number for the central abuse hotline.

IV. Requirements for Reporting Child Abuse, Abandonment, or Neglect

- A. Florida Statute requires that any person including, but not limited to, any
 - 1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care or treatment of persons;
 - 2. Health or mental health professional other than one listed in 1;
 - 3. Practitioner who relies solely on spiritual means for healing;
 - 4. School teacher or other school official or personnel;
 - 5. Social Worker, day care center worker, or other professional child care, foster care, residential, or institutional worker; or
 - 6. Law enforcement officer or judge

who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, shall report such knowledge or suspicion to the Department of Children and Family Services.

- B. Each report of known or suspected child abuse, abandonment, or neglect shall be made immediately to the Department of Children and Family Service's abuse hotline on the single statewide toll-free telephone number. The teacher or staff member may also contact the principal, a school guidance counselor, district office or support person to let them know the case has been reported.
- C. Reporters in the categories specified in A. above, will be required to provide their names to hotline staff. The extent of confidentiality of the reporter's name, with respect to the Department's records, is governed by Florida Statute.

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- D. In accordance with state law, the Department of Children and Family Services, in conjunction with applicable law enforcement agencies, is responsible for investigating allegations of child abuse, abandonment, or neglect.
- E. Complaint Against School District Employee, Volunteer or Agent – If a complaint is made against a School District employee, volunteer, agent or other person affiliated with the School District which, if true, would constitute child abuse, neglect, or abandonment by that person, that complaint shall be immediately forwarded to the Superintendent. The Superintendent shall forward the complaint to the Department of Children and Family Services for investigation as provided by statute. The person accused of child abuse, abandonment, or neglect shall be suspended from duties involving interaction with children pending investigation of the allegations. If the allegations are substantiated by the Department of Children and Family Services, the Superintendent shall take appropriate disciplinary action. School District staff shall in good faith cooperate with, and participate only as directed by, the Department of Children and Family Services and law enforcement during the investigation and with respect to any subsequent criminal proceedings.
- F. When a report of child abuse, neglect, or abandonment has been made to the Department of Children and Family Services or law enforcement agencies, a teacher, staff member, volunteer, or agent should not take it upon himself or herself to interview the child, talk with the suspected abuser, discuss the allegations with other potential witnesses or otherwise investigate the case. Nor should a teacher, staff member, volunteer or agent divulge information relating to the complaint to persons other than school officials, the Child Protection Team, the Department of Children and Family Services, law enforcement, the State Attorney, or other court designee. If a parent, caregiver, or legal guardian desires information related to a complaint of child abuse, that person should be directed to contact the Department of Children and Family Services and/or the applicable local law enforcement agency.
- G. Florida Statute provides that a person required by state law to report child abuse, abandonment, or neglect, but who willingly and knowingly fails to do so, or prevents another from doing so, is guilty of a first degree misdemeanor. Likewise, knowingly and willingly filing a false report of child abuse, neglect, or abandonment or advising another to do so constitutes a third degree misdemeanor.

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H. Child Abuse Prevention Training for School District employees, staff, volunteers shall be provided in compliance with and a specified in Florida Statute.

STATUTORY AUTHORITY:

120.54, 1001.41, 1001.42, F.S.

LAW(S) IMPLEMENTED:

**39.0015, 39.01, 39.201, 39.202, 39.203,
39.205, 39.206, 1001.43, 1006.061, F.S.**

HISTORY:

**ADOPTED: 07/01/2002
REVISION DATE(S): 07/10/2003;01/26/2006
FORMERLY: 2.29**