

State of Alaska

Emergency Medications Administration: A Guide for Training Unlicensed School Staff



DIVISION OF PUBLIC HEALTH
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Table of Contents	Page
<u>Introduction/Purpose</u>	4
<u>Definitions</u>	5
<u>Guideline Determinants</u>	6
<u>Roles and Responsibilities</u>	9
<u>General Overview</u>	11
<u>Curriculum Content</u>	12
<u>Module 1: Responding to Anaphylaxis</u>	12
<u>Training Materials Needed</u>	12
<u>Curriculum Overview</u>	13
<u>Appendix A-1 Sample Pre-Post Test Anaphylaxis</u>	16
<u>Appendix B-1 Sample Allergy/Anaphylaxis Care Plan</u>	18
<u>Appendix C-1 Epinephrine Administration Checklist</u>	20
<u>Module 2: Responding to Hypoglycemic Diabetes Emergencies</u>	22
<u>Training Materials Needed</u>	22
<u>Curriculum Overview</u>	23
<u>Appendix A-2 Sample Pre-Post Test Hypoglycemic Diabetes Emergency</u>	25
<u>Appendix B-2 Alaska Individualized Diabetes Healthcare Plan</u>	27
<u>Appendix C-2 Glucagon Administration Checklist</u>	33
<u>Appendix D-2 Low Blood Sugar (Hypoglycemia) Management</u>	35
<u>Appendix E-2 Glucagon Administration Handout</u>	36
<u>Module 3: Responding to Seizure Emergencies</u>	39
<u>Training Materials Needed</u>	39
<u>Curriculum Overview</u>	40
<u>Appendix A-3 Sample Pre-Post Test Seizure Emergencies</u>	42
<u>Appendix B-3 Seizure Emergencies PowerPoint Handout</u>	44
<u>Appendix C-3 Sample Seizure Action Plan</u>	56
<u>Appendix D-3 Diazepam Rectal Gel Administration Checklist</u>	58
<u>Appendix E-3 Sample Seizure Observation Record</u>	60
<u>General Handouts and Forms</u>	61
<u>Universal Precautions Handout</u>	61
<u>Medication Administration – General Rules Handout</u>	65
<u>Sample Medication Administration Parental Request for Training Unlicensed School Staff to Administer</u>	68
<u>Sample Medication Administration Parental Authorization for Trained Staff to Administer</u>	69
<u>References</u>	70

Introduction/Purpose

Students with diabetes, seizures, life-threatening allergies and asthma need immediate access to emergency medications (e.g. auto-injectable epinephrine, albuterol, rectal diazepam and glucagon) at all times in the school setting. Federal laws including the Individuals with Disabilities Education Act (IDEA) of 1975 (20 U.S.C. §§1400 et seq, and 34 C.F.R. pt. 300), Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 require that health services for complex student health needs be provided so that students can access their education. Immediate access to emergency medications is critical and vital to the effectiveness of these life-saving interventions.¹ Three of the most common medications are:

- Epinephrine, a life-saving drug used to treat anaphylaxis is most often administered through an auto injector in the school setting, making it accessible for both nursing professionals as well as unlicensed personnel.²
- Glucagon, an injection by the school nurse or trained diabetes personnel for treatment of severe hypoglycemia and is a potentially life-saving treatment that cannot harm a student.³
- Diazepam rectal gel, commonly used in seizure emergency treatment plans, is safe and effective in terminating seizures that could be life-threatening. It can be administered by a medical professional and delegated to trained nonmedical personnel.⁴

The school nurse provides leadership for the provision of health services at school. This role includes working with parents, health care providers and other school personnel to develop individualized healthcare and emergency plans for students with special health care needs.⁵

Experts agree the school nurse should be the key coordinator and primary provider of care and should coordinate the training of an adequate number of school personnel to ensure that if the school nurse is not present, there is at least one adult present who is trained to perform these procedures in a timely manner. This is needed in order to enable full participation in school activities.^{1, 6, 7, 8, 9, 10, 11, 12, 13, 14}

On April 2, 2012, the Alaska Board of Nursing clarified the delegation practices in schools by the adoption of the *Medication Administration in the School Setting Delegation Decision Tree*. The decision tree outlines the steps school nurses should follow in planning for a student who requires a medication in school. The school nurse is responsible for developing and revising the Individualized Healthcare Plan (IHP) for the student and following the steps of the decision tree for both delegable and non-delegable medications.

The medications contained in this curriculum are non-delegable by a registered nurse according to Alaska Board of Nursing Statutes and Regulations.¹⁵ Alaska Board of Nursing Regulations do *not* allow registered nurses to delegate injectable medications, PRN (as needed) controlled substances or those medications given via an unauthorized route. However, these regulations do not apply to parents of students who must have access to an injectable medication, PRN-controlled substance or, for example, a medication via a gastrostomy tube at school. Parents, “under other legal authority” (12 AAC 44.975 Exclusions), may authorize an unlicensed person, including school staff, to perform the administration of medication and/or other healthcare duties needed by their child at school. When parents designate an unlicensed staff person to administer a medication, the Alaska Board of Nursing has decreed that a registered nurse may provide training for that staff person utilizing standardized resources approved by the school district. Refer to the [Medication Administration: Delegation Decision Tree Guidelines](#) for guidance, model policy and sample forms for implementation of the decision tree.

The purpose of this guide is to provide a standardized, evidence-based training program for the school nurse to utilize in training unlicensed school staff in administration of emergency medications at school. Background information is provided in the beginning of this document for the school nurse. The training curriculum follows.

Definitions

Anaphylaxis - Severe allergic reaction with rapid onset, often involving several body systems, which can be life-threatening and must be treated immediately.^{8, 16}

Available - The answer 'no' to the Decision Tree question "Is a school nurse available?" means that a school nurse is not present and/or is not accessible to provide the necessary care and assistance that a student requires when the student is at school or engaged in a school-sponsored activity.

Delegation - The act of transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation. (National Council of State Boards of Nursing 2005) The National Association of School Nurses further defines delegation in the school setting as "a complex process in which the authority to perform a selected nursing task is transferred to a competent unlicensed individual (UAP) in a specific situation."

Epinephrine auto-injector - Self-contained, pre-filled, single dose of epinephrine¹⁶

Emergency Care Plan (ECP) - A detailed set of actions needed for an individual student when there is a risk of predictable medical emergency related to his/her chronic condition. The plan is written in layman's terms to include and share with school staff (such as front office staff, teachers, bus drivers, food services personnel) that may have potential responsibilities in an emergent event for the student. The ECP is sometimes called an emergency action plan.⁵

Emergency Medication – A medication used to treat a life-threatening condition for which immediate student access is vital.¹

Individualized Healthcare Plan (IHP) - This nursing care plan has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals. It should be:

- Written for each student with a healthcare need that affects or has the potential to affect the student's safe and optimal school attendance and academic performance.
- Developed by the school nurse in collaboration with the student, family, educators, and healthcare providers.
- Based on and developed using the nursing process.
- Include an emergency care plan (ECP), if needed.
- Implemented then evaluated at least yearly to determine need for revision and evidence of desired student outcomes.⁵

Hypoglycemic Diabetes Emergency – Severe hypoglycemia where low blood glucose causes inability to swallow, seizures or loss of consciousness and, if not immediately corrected, could be fatal.³

Registered professional nurse (school nurse) – A registered nurse, licensed to practice professional nursing in Alaska and employed in the school setting.

Trained Unlicensed School Staff – A school employee who has successfully completed a medication administration course and periodic updates (at least annually). Trained unlicensed school staff is recognized by the Alaska Board of Nursing as a school setting provider or unlicensed assistive personnel (UAP).

Seizure Emergency – A life-threatening, prolonged, refractory seizure or consecutive seizures without recovering consciousness between seizures, also known as status epilepticus, needing immediate treatment.⁴

Student – Individual enrolled in an Alaska public or private school, age 3 through age 21 years.

Unlicensed Assistive Personnel - As defined in AS 08.68.805, this term is used for persons, such as orderlies, assistants, attendants, technicians, members of a nursing client’s immediate family, or the guardian of a nursing client, who are not licensed to practice practical nursing, registered nursing, medicine or any other health occupation that requires a license in this state.” ‘School setting provider’ is included in this definition and is defined in 12 AAC 44.965 as “a person, who is employed at a school that provides educational services to students age 21 or younger. School setting providers are identified as “trained unlicensed school staff” in this document.

Guideline Determinants

Federal Requirements

Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act and the **Americans with Disabilities Act (ADA)** require that each student with diabetes attending public school be able to participate fully in the academic program. Specifically, this means that students must have access to necessary health care during the school day and for school-sponsored activities, even when they occur outside regular school hours. These laws require that health services for complex student health needs be provided so that students can access their education. Immediate access to emergency medications is critical and vital to the effectiveness of these life-saving interventions.^{1, 2}

Family Educational Rights and Privacy Act (FERPA) specifies when student health information may be shared and when it may not. FERPA protects the confidentiality of student health information. Student health information must be kept private except for situations “where disclosure serves a compelling purpose”, is required by law or when parental permission is obtained.¹⁷

Occupational Safety & Health Administration’s (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030) prescribes safeguards to protect workers against the health hazards caused by bloodborne pathogens. The school’s required Exposure Control Plan identifies the safeguards for handling blood and body fluids. These safeguards include identification and training of staff that are most at risk for exposure, utilization of Universal Precautions for all blood and body fluids, personal protective equipment (PPE) to

prevent exposure, engineering controls in managing contaminated sharps, and proper disposal of regulated waste. OSHA regulations apply only to situations in which school employees may be exposed and do not apply to students (such as a student who is self-administering insulin).¹⁸

State Requirements

Alaska Board of Nursing Statutes and Regulations define and regulate the practice of every licensed registered nurse (RN) and licensed practical nurse (LPN) in Alaska. The Alaska Board of Nursing has the ultimate legal authority to interpret the laws relating to the practice of nursing. The regulations 12 AAC 44.950 through 12 AAC 44.975 specifically address the standards for delegation of nursing duties to other persons, including unlicensed assistive personnel (UAP). In 12 AAC 44.965(b)(3), registered nurses are authorized to delegate the administration of medication to UAP, in the school known as a “school setting provider.” The school setting provider is “a person who is employed at a school that provides educational services to students age 21 or younger.” The person to whom the administration of medication is delegated must successfully complete a training course in administration of medication that is approved by the board. On April 2, 2012, the Alaska Board of Nursing further clarified the delegation practices in schools by the adoption of the *Medication Administration in the School Setting Delegation Decision Tree*. The decision tree outlines the steps school nurses should follow in planning for a student who requires a medication in school. The school nurse is responsible for developing and revising the Individualized Healthcare Plan (IHP) for the student and following the steps of the decision tree for both delegable and non-delegable medications. The decision tree is included in this document (with handouts). It is also posted at the [Alaska Board of Nursing](#) website, as is the current version of the Alaska Board of Nursing Statutes and Regulations. Further guidelines for utilization of the decision tree are available in the *Medication Administration in the School Setting Delegation Decision Tree Guidelines* located on the Division of Public Health’s [School Nursing/School Health](#) program website.

Alaska Statute 14.30.141 *Self-Administration and Documentation of Medication* requires a public school to permit the self-administration of medication by a pupil for asthma or anaphylaxis if the parent and healthcare provider authorize it in writing. The student who is permitted to self-administer medication under this law is permitted to carry and to store an inhaler and/or autoinjectable epinephrine with the school nurse or other designated school official.¹⁹

Alaska Statute 14.12.115 *Indemnification* requires the school board to insure or indemnify and protect school district employees against financial loss and expense, including reasonable legal fees and costs arising out of any claim, demand, suit or judgment for alleged negligence or wrongful act resulting in death or bodily injury to any person as long as the employee acts within the scope of their duties and the policies and procedures of the school district.²⁰

Alaska Statute 09.65.090 *Civil Liability for Emergency Aid* states that a person who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person who reasonably appears to the person rendering the aid to be in immediate need of emergency aid in order to avoid serious harm or death, is not liable for civil damages as a result of an act or omission in rendering emergency aid.²¹

Local Requirements

School district staff, including school nurses and other staff trained to administer medications in schools, must follow their own school district policies and procedures.

Position statements

The American Academy of Pediatrics (AAP)

- [*Guidance for the Administration of Medication in School*](#), 2009

The [National Association of School Nurses](#) (NASN)

- *Allergy/Anaphylaxis Management in the School Setting*
- *Diabetes Management in the School Setting*
- *Delegation, Nursing Delegation to Unlicensed Assistive Personnel in the School Setting*
- *Individualized Healthcare Plans, The Role of the School Nurse*
- *Medication Administration in the School Setting*
- *School Sponsored Trips, Role of the School Nurse*
- *Unlicensed Assistive Personnel – The Role of the School Nurse*

Roles and Responsibilities

Table 2. Roles and Responsibilities for Key Participants in Planning for Emergency Medication Administration

	Healthcare Provider	School Nurse	Parent	Unlicensed School Staff
Planning role	<ul style="list-style-type: none"> • Prescribe needed care • Provide information about a student’s medical needs, level of self-management skill, and ability to self-carry the emergency medication as appropriate. 	<ul style="list-style-type: none"> • Coordinate development of the IHP with parent, healthcare provider, student and other school staff. • Facilitate continuous access to healthcare services for the student. • Work with parent, school administrator, health services coordinator/supervisor and, as appropriate, health care provider to select appropriate school staff to administer the emergency medication when a school nurse is not available. 	<ul style="list-style-type: none"> • Actively participate in IHP development process. Assure communication between healthcare provider, school nurse and other school staff as needed. Advocate for student’s needs. • As appropriate and in a timely manner, request that school staff be trained to assist with emergency medication administration when school nurse is not available. • Assist in identifying and selecting the appropriate school staff to train. 	<ul style="list-style-type: none"> • Participate in the planning process, as appropriate. • Voluntarily agree to be trained in administration of emergency medication(s).

	Healthcare Provider	School Nurse	Parent	Unlicensed School Staff
Training role		<ul style="list-style-type: none"> Using this curriculum, train unlicensed school staff as needed to assure continuous access to health services for the student. Monitor and regularly re-assess quality of skills performed by unlicensed school staff to determine need for additional training. 	<ul style="list-style-type: none"> Participate in the training for unlicensed school staff. Provide authorization for designated trained staff to administer the emergency medication when the school nurse is not available. 	<ul style="list-style-type: none"> Participate fully in learning activities. Pass post-test with 90% score or better and skills mastery at 100% on return demonstration.
IHP Implementation	<ul style="list-style-type: none"> Monitor student's health status; communicate changes to the IHP as needed. 	<ul style="list-style-type: none"> Monitor student responses to care implemented and adjust the IHP accordingly in conjunction with health care provider, parent, student and staff. 	<ul style="list-style-type: none"> Provide and maintain adequate and current amounts of the prescribed medication. Notify school nurse of changes in student's health status. 	<ul style="list-style-type: none"> Document administration of an emergency medication in individual student record. Debrief with school nurse and school administration after giving an emergency medication.

General Overview

Purpose – Registered nurses (school nurses) should use this curriculum to train unlicensed school staff to safely recognize and respond to anaphylaxis, diabetes and seizure emergencies in the school setting. Other curricula will be added using the same training format as needs/medications are identified.

Goal – Safe and effective emergency response and administration of life-saving medication by trained, knowledgeable and skilled school health care team members.

Design - The curriculum is currently divided into 3 modules: 1) responding to anaphylaxis, 2) responding to hypoglycemic diabetes emergencies and 3) responding to seizure emergencies (under development). Each module can be used as a stand-alone training tool to address the specific medication and learning needs of the unlicensed school staff person. Each module is divided into two sections:

- Section 1 contains the knowledge that all trainees need to have to anticipate and respond to the particular emergency needs
- Section 2 contains the specific skills the trainee may need to administer the specific life-saving medication

Each component of the curriculum includes learning objectives, training resources, pre- and post-tests and/or skills checklists for assessing and documenting the trainees' knowledge and capability in performing tasks, and links to handouts that trained staff members may wish to use for further reference.

The trained unlicensed staff person must receive a 90% or better score on the post- test and must be able to provide a return demonstration with 100% mastery. Follow up and documentation of the training program effectiveness is required to determine the need for further training. The frequency of follow up should be determined by the school nurse based on the specific needs of the student and the school staff providing the care.

Curriculum Content

MODULE 1: RESPONDING TO ANAPHYLAXIS

Training Materials Needed

This guide indicates where to locate training information about each component in the curriculum from at least one resource. School nurses should use at least one source below when training an unlicensed school staff member to administer epinephrine. Once the trainee knows the material and can safely perform the skill in question, reviewing the alternative sources should be voluntary.

The curriculum draws on four primary resources. The curriculum (see overview below) utilizes portions of these resources to address the learning objectives. The resource materials are comprehensive and contain further information that may be viewed in addition to meeting the objectives of this training.

- **National Association of School Nurses (NASN)** [*Get Trained for School Staff*](#) PowerPoint Presentation – a comprehensive 20 minute training for the school nurse to present to school staff to train them to administer epinephrine through an auto-injector; downloadable.
- **Food Allergy Research & Education (FARE)** [*How to CARE for Students with Food Allergies*](#) - an interactive, multimedia program designed to help teachers, administrators and other school personnel prevent and manage potentially life-threatening allergic reactions.
- **NEA** [*The Food Allergy Book: What School Employees Need to Know*](#) - a pocket-sized booklet for school employees to learn about food allergies and allergic reactions at school; downloadable or copies are available by calling 877-250-5795.
- **Schools.AllergyHome.org** [*Food Allergies in School: What School Staff Need to Know*](#) - a school nurse resource containing 5 modules, which can be viewed separately, to train staff in food allergies.

Curriculum Overview – Responding to Anaphylaxis

Section I: Knowledge				
Component	Learning Objectives	Teaching Resources	Assessment	Handouts (Optional)
Curriculum overview and prerequisites	<ul style="list-style-type: none"> • Discuss how training will be evaluated • Administer pre-test to assess knowledge • Review Universal Precautions • Review general medication administration guidelines 		Pre/Post Test on Anaphylaxis and Epinephrine Administration – Appendix A-1	In General Handouts and Forms: <ul style="list-style-type: none"> • Universal Precautions Handout • Medication Administration: General Rules Handout
Introduction to anaphylaxis	<ul style="list-style-type: none"> • Define anaphylaxis • Recognize major allergens 	NASN Get Trained for School Staff PPT – slides related to allergic reactions, anaphylaxis and common allergens FARE CARE for Students with Food Allergies – Intro to Food Allergy in the School Setting NEA The Food Allergy Book: What School Employees Need to Know – Severe Allergic Reactions, Common Food Allergens Schools.AllergyHome.org - Food Allergies in School: What School Staff Need to Know – Part 1 Additional resources: FARE online information- About Anaphylaxis, Allergens		NASN Get Trained Presentation Handout Sample Allergy/Anaphylaxis Care Plan – Appendix B-1
Signs & symptoms of anaphylaxis	<ul style="list-style-type: none"> • Describe mild symptoms • Describe severe 	NASN Get Trained for School Staff PPT – Signs and Symptoms Mild to Severe		NASN Get Trained Presentation Handout

	symptoms	<p>FARE CARE for Students with Food Allergies – CARE Recognize an Anaphylactic Reaction</p> <p>NEA The Food Allergy Book: What School Employees Need to Know – Signs and Symptoms of an Allergic Reaction</p> <p>Schools.AllergyHome.org - Food Allergies in School: What School Staff Need to Know - Part 3</p> <p>Additional resources: FARE online information - Symptoms</p>		Sample Allergy/Anaphylaxis Care Plan – Appendix B-1
Component	Learning Objectives	Teaching Resources	Assessment	Handouts <i>(Optional)</i>
Responding to an anaphylaxis emergency	<ul style="list-style-type: none"> Review the use of an Emergency Care Plan; the recommended emergency protocols; school district policies and procedures Review epinephrine and its use 	<p>NASN Get Trained for School Staff PPT – Allergy Action/Emergency Care Plan, Epinephrine Administration</p> <p>FARE CARE for Students with Food Allergies – CARE Enact Emergency Protocol</p> <p>NEA The Food Allergy Book: What School Employees Need to Know- Responding to Allergic Reactions</p> <p>Schools.AllergyHome.org - Food Allergies in School: What School Staff Need to Know - Part 3</p> <p>Additional resources: FARE online information - Treatment & Managing Reactions</p>		<p>NASN Get Trained Presentation Handout</p> <p>Sample Allergy/Anaphylaxis Care Plan – Appendix B-1</p>
Administer post-test	<ul style="list-style-type: none"> Assess post-Section knowledge 		Pre/Post Test on Anaphylaxis and	

			Epinephrine Administration - Appendix A-1	
Section II: Skills				
Component	Learning Objectives	Teaching Resources	Assessment	Handouts <i>(Optional)</i>
Review student's IHP and Emergency Care Plan	<ul style="list-style-type: none"> Discuss healthcare provider orders and emergency action plan 	Student's IHP/Emergency Care Plan	Epinephrine Administration Checklist - Appendix C-1	EpiPen Patient information Auvi-Q Patient Brochure
Recognition of symptoms	<ul style="list-style-type: none"> Describe general and student specific warning signs of allergic emergency 	Student's IHP/Emergency Care Plan	Epinephrine Administration Checklist - Appendix C-1	
Responding to an individual student's anaphylaxis emergency	<ul style="list-style-type: none"> Demonstrate correct procedure for giving epinephrine by auto-injector 	<p>Epinephrine auto-injector demonstration kit (EpiPen or Auvi-Q training device)</p> <p>Epi Pen web video</p> <p>Auvi-Q web video</p> <p>Both EpiPen and Auvi-Q demos are also available as Smartphone Apps</p>	Epinephrine Administration Checklist - Appendix C-1	

Appendix A-1 SAMPLE Pre-Post Test: ANAPHYLAXIS

1. Anaphylaxis
 - a. is most often triggered by food allergens, latex or insect stings
 - b. is a severe allergic reaction that can be life threatening
 - c. must be treated immediately
 - d. all of the above

2. The most common allergens that cause anaphylaxis are
 - a. milk, egg, peanut, tree nuts, fish, shellfish, soy and wheat
 - b. pollens and dust
 - c. latex, insect stings
 - d. snake venom
 - e. a and c

3. Signs and symptoms of anaphylaxis include
 - a. runny nose, sneezing
 - b. difficulty breathing, wheezing, severe rash/hives
 - c. vomiting, diarrhea
 - d. generalized pain and elevated temperature
 - e. a and b
 - f. b and c

4. The Individual Health Plan and/or Emergency Care Plan lists
 - a. the student's health history
 - b. the students known allergens
 - c. the medications ordered to treat anaphylaxis
 - d. all but a

5. Intervention steps for treating anaphylaxis - *in order* - are
 - a. treat for shock, administer epinephrine, call 911
 - b. recognize anaphylactic reaction, administer antihistamine, call 911
 - c. administer epinephrine, treat for shock, call 911
 - d. recognize anaphylactic reaction, call 911, administer epinephrine

6. Those authorized to administer epinephrine in schools are
 - a. persons who have received standardized school district training in recognition and treatment of anaphylaxis in known anaphylactic students and have parent permission to administer
 - b. persons who are certified in CPR
 - c. Good Samaritan bystanders
 - d. Anyone

7. The steps in epinephrine auto-injector administration - *in order* - are
 - a. Check dose, remove clothing, inject into mid-thigh, hold 10 seconds
 - b. Remove clothing, inject at 90 degrees at outer thigh, remove immediately
 - c. Check dose, follow auto-injector instructions, inject into outer thigh, hold 10 seconds
 - d. Follow auto-injector instructions, remove clothing, inject into upper arm, hold 10 seconds

8. A second dose of epinephrine may be necessary 5-20 minutes after the first dose if symptoms persist or worsen. T F
9. The used auto-injector may be disposed of in the regular waste if placed back in its original container.
T F
10. The “five rights” of medication administration include:
- a. Right time, right medication, right dose, right route, right task
 - b. Right student, right medication, right dose, right time, right route
 - c. Right student, right medication, right physician, right time, right lighting
 - d. Right medication, right dose, right route, right date, right training

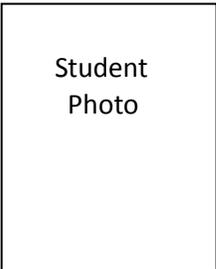
_____ Total score Highest possible score = 10 points Score of 9 points = 90% mastery
Comments:

ANSWER KEY: 1. D, 2. E, 3. F, 4. D, 5. D, 6. A, 7. C, 8. T, 9. F, 10. B

SAMPLE ALLERGY/ANAPHYLAXIS CARE PLAN

Name _____ Birthdate _____ Teacher _____
 School Nurse _____ Phone _____ Fax _____
 Healthcare Provider _____ Preferred Hospital _____

- HISTORY OF ASTHMA:** No Yes-*Higher risk for severe reaction*
- ALLERGY:** (check appropriate) *To be completed by Healthcare Provider*
- Foods (list):
 - Medications (list):
 - Latex: Type I (anaphylaxis) Type IV (contact dermatitis)
 - Stinging Insects (list):
 - Other (list):



RECOGNITION & TREATMENT:

Chart to be completed by Healthcare Provider ONLY		Give CHECKED Medication	
<i>If food ingested or contact w/ allergen occurs:</i>		Epinephrine	Antihistamine
No symptoms noted	<input type="checkbox"/> Observe for other symptoms		
Mouth	Itching, tingling, or swelling of lips, tongue, mouth		
Skin	Hives, itchy rash, swelling of the face or extremities		
Gut+	Nausea, abdominal cramps, vomiting, diarrhea		
Throat+	Tightening of throat, hoarseness, hacking cough		
Lung+	Shortness of breath, repetitive coughing, wheezing		
Heart+	Thready pulse, low BP, fainting, pale, blueness		
Neuro+	Disorientation, dizziness, loss of consciousness		
<i>If reaction is progressing (several of the above areas affected), GIVE:</i>			
The severity of symptoms can quickly change. + = Potentially life-threatening.			

DOSAGE:

- ✓ **Epinephrine:** Inject into outer thigh (through clothing) 0.3 mg **OR** 0.15 mg
- ✓ **2nd Dose given** _____ minutes after first
- ✓ **Antihistamine:** Diphenhydramine _____ mg (Liquid or melts or depends which is available). *To be given by mouth only if able to swallow.*

Other: _____

- This child has received instruction in the proper use of the Auto-injector: EpiPen® or Auvi-Q™ (circle one). It is my professional opinion that this student **SHOULD** be allowed to carry and use the auto-injector independently. The child knows when to request antihistamine and has been advised to inform a responsible adult if the auto-injector is self-administered.
- It is my professional opinion (HCP) that this student **SHOULD NOT** carry an auto-injector.
- This child has special needs and the following instructions apply: _____

Healthcare Provider Signature _____ Phone: _____ Date _____

EMERGENCY PROTOCOL:

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call parents/guardian to notify of reaction, treatment and student's health status.
3. Treat for shock. Prepare to do CPR.

ALLERGY/ANAPHYLAXIS CARE PLAN

Side 2: To Be Completed by Parent/Guardian, Student and School

Allergy/Anaphylaxis Action Plan *(continued)* Student Name _____

Parent/Guardian AUTHORIZATIONS

- I want this allergy plan implemented for my child; **I want my child to carry an auto-injector** and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of an auto-injector.
- I want this plan implemented for my child and I **do not** want my child to self-administer epinephrine.
- I request that school staff be trained in to give emergency medications to my child in the absence of the nurse.**

*Parent must supply auto-injectors for before and after school activities **separate** from the school day supply.

I understand that submission of this form may require the nurse to contact and receive additional information from the health care provider regarding the allergic condition(s) and the prescribed medication.

Parent/Guardian Signature: _____ Phone: _____ Date: _____

EMERGENCY CONTACTS	Name	Home #	Work #	Cell #
Parent/Guardian				
Parent/Guardian				
Other:				
Other:				

Student Agreement:

- I have been trained in the use of my auto-injector and allergy medication and understand the signs and symptoms for which they are given;
- I agree to carry my auto-injector with me at all times;
- I will notify a responsible adult (teacher, nurse, coach, noon duty, etc.) **IMMEDIATELY** when my auto-injector (epinephrine) is used;
- I will not share my medication with other students or leave my auto-injector unattended;
- I will not use my allergy medications for any other use than what it is prescribed for.

Student Signature: _____ Date _____

Approved by Nurse/Principal Signature: _____ Date _____

PREVENTION: Avoidance of allergen is crucial to prevent anaphylaxis.

Critical components to prevent life threatening reactions: Indicates activity completed by school staff

<input type="checkbox"/>	Encourage the use of Medic-alert bracelets
<input type="checkbox"/>	Notify nurse, teacher(s), front office and kitchen staff of known allergies
<input type="checkbox"/>	Use non-latex gloves and eliminate powdered latex gloves in schools
<input type="checkbox"/>	Ask parents to provide non-latex personal supplies for latex allergic students
<input type="checkbox"/>	Post "Latex Reduced Environment" sign at entrance of building
<input type="checkbox"/>	Encourage a No-Peanut Zone in the school cafeteria
<input type="checkbox"/>	Other:

STAFF MEMBERS TRAINED

Name	Title	Location/Room #	Trained By (RN only)	Date

Adapted from the Asthma & Allergy Foundation of America, Alaska Chapter Page 2 of 2
Rev 6/201

Appendix C-1 Epinephrine Administration Checklist

Staff member: _____ Initial Training Date: _____

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
I. State name and purpose of task, and location of supplies.					
II. Identify and gather supplies					
A. IHP and Emergency Care Plan					
B. Epinephrine Auto-injector					
C. Sharps container					
III. Preparation					
A. Review Universal Precautions					
B. Review student's IHP/Emergency Care Plan. 1. Identify when procedure is indicated.					
C. Obtain epinephrine auto-injector and ensure proper dosage.					
IV. Procedure					
A. Enlist other adults for assistance. Send someone to call 911 or activate EMS.					
B. Reassure and calm student. Avoid moving student. NOTE: fatality can occur within seconds if student stands or sits suddenly.					
C. Prepare the epinephrine auto-injector for injection following instructions for the individual injector					
D. Administer the auto-injector per individual injector instructions					
a. Place auto-injector on OUTER THIGH. (May be injected through one layer of clothing) Keep the auto-injector firmly pushed against the thigh at 90° angle (perpendicular) to the thigh.					
b. Hold firmly against the thigh for approximately 10 seconds to deliver the drug.					
c. Remove the auto-injector from the thigh.					
d. Massage the injection area for 10 seconds					

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
E. Monitor the student.					
a. Stay with the student until EMS arrives.					
b. Be prepared to administer a second dose if symptoms continue and second dose is ordered by the health care provider.					
c. Monitor the student's airway and breathing. Observe and treat for shock (i.e., lay student flat with legs raised, cover with blanket). Lay student on side if vomiting. If trained in CPR, begin CPR immediately if the student stops breathing.					
d. If anaphylactic reaction is due to an insect sting, remove the stinger (if present) by scraping with a fingernail, plastic card or piece of cardboard. Apply ice pack. Do NOT push, pinch or squeeze, or further imbed the stinger into the skin which may cause more venom to be injected into the student.					
F. Send the used auto-injector with the student when EMS arrives (preferred) or dispose of it in a sharps container.					
G. Notify parents and school nurse.					
H. Document procedure on student's individual treatment record.					

Staff member signature _____ Initials _____

School nurse signature: _____ Initials _____

MODULE 2: RESPONDING TO HYPOGLYCEMIC DIABETES EMERGENCIES

Training Materials Needed

This guide indicates where to locate training information about each component in the curriculum from at least one resource. School nurses should use at least one source below when training an unlicensed school staff member to administer glucagon. Once the trainee knows the material and can safely perform the skill in question, reviewing the alternative sources should be voluntary.

The curriculum draws on two primary resources:

- **American Diabetes Association (*Safe at School, ADA School Training Curriculum*)¹**

[Diabetes Care Tasks at School: What Key Personnel Need to Know](#)

These linked power-point presentations with accompanying video clips were designed to help school nurses prepare school personnel to provide appropriate care to students with diabetes. The video DVD modules supplement the PowerPoint modules on the CD and could be used as an introduction to the skills taught in Section 2 of the curriculum (see below).

- **National Diabetes Education Program (NDEP) [Helping the Student with Diabetes Succeed](#).**

This comprehensive resource guide is available online for viewing or downloading. It is designed for providing school staff with the knowledge to work together to provide optimal diabetes management for students in the school setting.

¹ Contact Michelle Cassano (mcassano@diabetes.org or (907) 272-1424) if you desire a DVD/CD copy.

Curriculum Overview – Responding to Diabetes Emergencies

Section I: Knowledge				
Component	Learning Objectives	Teaching Resources	Assessment	Handouts (Optional)
Curriculum overview and prerequisites	<ul style="list-style-type: none"> • Discuss how training will be evaluated • Administer pre-test to assess knowledge • Review Universal Precautions • Review general medication administration guidelines 		Pre/Post Test on hypoglycemic emergencies and glucagon administration – Appendix A-2	In General Handouts and Forms: <ul style="list-style-type: none"> • Universal Precautions Handout • Medication Administration: General Rules Handout
Introduction to hypoglycemic emergencies	<ul style="list-style-type: none"> • Define hypoglycemic emergencies • Recognize precipitating factors 	ADA School Training Modules, <i>Glucagon Administration 2008</i> NDEP Helping the Student p. 39		
Signs & Symptoms of hypoglycemic emergency	<ul style="list-style-type: none"> • Describe symptoms as they worsen • Define blood glucose levels necessitating immediate response 	ADA School Training Modules, <i>Glucagon Administration 2008</i> NDEP Helping the Student p. 39		Low blood glucose handout – Appendix D-2
Responding to a hypoglycemic emergency	<ul style="list-style-type: none"> • Review the use of the Diabetes IHP and algorithm • Review glucagon and its use 	ADA School Training Modules, <i>Glucagon Administration 2008</i> NDEP Helping the Student p. 40-41		Alaska Individualized Healthcare Plan – Appendix B-2
Administer post-test	<ul style="list-style-type: none"> • Assess post-Section knowledge 		Pre/Post Test on hypoglycemic emergencies and glucagon administration - Appendix A-2	

Section II: Skills				
Component	Learning Objectives	Teaching Resources	Assessment	Handouts <i>(Optional)</i>
Review student's Diabetes IHP/ algorithm	<ul style="list-style-type: none"> Discuss healthcare provider orders and emergency response protocols 	Student's Diabetes Individualized Healthcare Plan	Glucagon Administration Checklist – Appendix C-2	
Recognition of symptoms	<ul style="list-style-type: none"> Describe general and student specific signs of hypoglycemia 	Student's Diabetes Individualized Healthcare Plan	Glucagon Administration Checklist – Appendix C-2	
Responding to an individual student's hypoglycemic emergency	<ul style="list-style-type: none"> Demonstrate correct procedure for giving a glucagon injection 	<p>Glucagon injection demonstration kit - available from the pharmaceutical companies Lilly and Novo Nordisk. To obtain kits, contact the company directly.</p> <ul style="list-style-type: none"> Eli Lilly Glucagon Training Kit 1-800-545-5979 Novo Nordisk Glucagon Training Kit 1-800-727-6500 <p>Glucagon Administration is also available as a Smartphone ap.</p> <p>Further resources: Glucagon Video – Windows Media Player NY Glucagon Emergency Administration Training PPT slides 15-36 UT Glucagon School Staff Training ppt slides 27-32</p>	Glucagon Administration Checklist – Appendix C-2	Glucagon Administration Handout – Appendix E-2

Appendix A-2

SAMPLE Pre/Post Test: Hypoglycemic Diabetes Emergency

1. Hypoglycemia
 - a. means high blood glucose (sugar)
 - b. is a serious condition that can happen suddenly
 - c. can impair a student's cognitive abilities
 - d. b and c

2. Hypoglycemia is caused by
 - a. too much insulin
 - b. missing or delayed meals or snacks or not eating enough food
 - c. participating in extra, intense, or unplanned physical activity
 - d. all of the above

3. **Severe** signs and symptoms of hypoglycemia necessitating glucagon administration include
 - a. hunger, shaky, sweaty, dizzy
 - b. crying, personality change, drowsy, pale
 - c. unable to swallow, seizure, loss of consciousness
 - d. spacey, slurred speech, confusion, tired

4. The Diabetes Individualized Healthcare Plan includes
 - a. when to call 911
 - b. the student's usual low blood glucose symptoms
 - c. treatment for low blood glucose
 - d. all of the above

5. Intervention steps for a hypoglycemic emergency - *in order* – are
 - a. turn student on side to ensure open airway, notify the school nurse and parent, suspend a pump if present, give glucagon as ordered, call 911
 - b. call 911, turn student on side to ensure open airway, give glucagon as ordered, suspend pump if present, notify school nurse and parent
 - c. notify school nurse and parent, suspend pump if present, turn student on side to ensure open airway, give glucagon as ordered, call 911
 - d. call 911, notify school nurse and parent, give glucagon as ordered, turn student on side to ensure open airway, suspend pump if present

6. Those authorized to administer glucagon in schools are
 - a. persons who have received standardized school district training in recognition and treatment of hypoglycemic emergencies for an individual student with diabetes and have parent permission to administer
 - b. persons who are certified in CPR
 - c. Good Samaritan bystanders
 - d. Anyone

7. The steps in glucagon administration – *in order* – are

- a. Inject sterile water into glucagon powder and swirl; withdraw glucagon dose; select appropriate injection site; insert needle at 90° and inject; withdraw needle and dispose of in sharps container
 - b. Withdraw glucagon dose; inject sterile water in glucagon powder and swirl; insert needle at 90° and inject; withdraw needle and dispose of in sharps container
 - c. Inject sterile water into buttock, arm or thigh; withdraw glucagon dose and swirl; insert needle at 60° and inject; dispose of sharps in sharps container
 - d. Inject sterile water into glucagon powder and swirl; withdraw glucagon dose; select appropriate injection site; insert needle at 90° and inject; recap needle and dispose of in sharps container
8. Glucagon should be injected in the buttock, arm or thigh.
T F
9. The student will need to be monitored following an injection of glucagon while awaiting EMS. The following is true
- a. Observe breathing and prepare to administer CPR, if necessary
 - b. Check blood glucose, if able
 - c. If responsive and alert, offer juice, but no food as blood glucose level will be high
 - d. a and b
10. The “five rights” of medication administration include:
- a. Right time, right medication, right dose, right route, right task
 - b. Right student, right medication, right dose, right time, right route
 - c. Right student, right medication, right physician, right time, right lighting
 - d. Right medication, right dose, right route, right date, right training

_____ Total score Highest possible score = 10 points Score of 9 points = 90% mastery
Comments:

ANSWER KEY: 1. D, 2. D, 3. C, 4. D, 5. B, 6. A, 7. A, 8. T, 9. D

INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH PUMP

HEALTHCARE PROVIDER ORDERS

EFFECTIVE DATE:		End Date:																													
STUDENT'S NAME:		Date of Birth:																													
DIABETES HEALTHCARE PROVIDER INFORMATION		Name:																													
Phone #:	Fax #:	Email																													
SCHOOL:		School Fax:																													
<p>Monitor Blood Glucose – test ...</p> <p><input checked="" type="checkbox"/> If student has symptoms of high or low blood glucose</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Before breakfast</td> <td><input type="checkbox"/> After lunch</td> <td><input type="checkbox"/> Before exercise/PE</td> </tr> <tr> <td><input type="checkbox"/> Before mid-morning snack</td> <td><input type="checkbox"/> Before afternoon snack</td> <td><input type="checkbox"/> After exercise/PE</td> </tr> <tr> <td><input type="checkbox"/> Before lunch</td> <td><input type="checkbox"/> Before leaving school</td> <td><input type="checkbox"/> Other:</td> </tr> </table> <p><input type="checkbox"/> All test results should be entered into pump to determine need for bolus correction.</p> <p>Where to test: <input type="checkbox"/> Classroom <input type="checkbox"/> Health office <input type="checkbox"/> Other: _____</p> <p><input checked="" type="checkbox"/> Without moving student if has low blood glucose symptoms</p>				<input type="checkbox"/> Before breakfast	<input type="checkbox"/> After lunch	<input type="checkbox"/> Before exercise/PE	<input type="checkbox"/> Before mid-morning snack	<input type="checkbox"/> Before afternoon snack	<input type="checkbox"/> After exercise/PE	<input type="checkbox"/> Before lunch	<input type="checkbox"/> Before leaving school	<input type="checkbox"/> Other:																			
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<input type="checkbox"/> Before lunch	<input type="checkbox"/> Before leaving school	<input type="checkbox"/> Other:																													
<p>Insulin Pump Information <input type="checkbox"/> Humalog or NovoLog or Apidra by pump</p> <p>Basal rates during school: _____</p> <p><input type="checkbox"/> Place pump on suspend when blood glucose is less than ____mg/dl and re-activate it when blood glucose is at least ____mg/dl.</p> <p style="text-align: center;">Pump settings should not be changed by school staff.</p>																															
<p>Carbohydrate Bolus</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Give 1 unit of insulin per</td> </tr> <tr> <td style="padding: 2px; text-align: center;">_____ gm carbohydrate at breakfast</td> </tr> <tr> <td style="padding: 2px; text-align: center;">_____ gm carbohydrate at AM snack</td> </tr> <tr> <td style="padding: 2px; text-align: center;">_____ gm carbohydrate at lunch</td> </tr> <tr> <td style="padding: 2px; text-align: center;">_____ gm carbohydrate at PM snack</td> </tr> </table> <p>Bolus should occur: <input type="checkbox"/> before eating, or <input type="checkbox"/> other: _____</p>		Give 1 unit of insulin per	_____ gm carbohydrate at breakfast	_____ gm carbohydrate at AM snack	_____ gm carbohydrate at lunch	_____ gm carbohydrate at PM snack	<p>Correction Bolus for Hyperglycemia</p> <p>Time to be given: <input type="checkbox"/> Before lunch ONLY <input type="checkbox"/> Other: _____</p> <ul style="list-style-type: none"> • Give ___ units of insulin for each ____mg/dl of blood glucose with a target blood glucose of ____mg/dl. • Check ketones if nausea, vomiting or abdominal pain OR if blood glucose >300 twice when tested 3 hours apart. <ul style="list-style-type: none"> ○ Via syringe, give ____ units for moderate and ___ units of rapid-acting insulin for large ketones. Repeat blood glucose test in 2 hours, and repeat additional insulin if moderate or large ketones are still present. <p><input type="checkbox"/> If BG <70 before a meal treat with carbohydrate OR subtract _ unit insulin.</p> <p>Do not give correction dose of insulin more than once every 2 to 3 hours.</p>																								
Give 1 unit of insulin per																															
_____ gm carbohydrate at breakfast																															
_____ gm carbohydrate at AM snack																															
_____ gm carbohydrate at lunch																															
_____ gm carbohydrate at PM snack																															
<p>If infusion set comes out or needs to be changed: <input type="checkbox"/> Change set at school <input type="checkbox"/> Insulin via syringe every 3 hours</p>																															
<p>Exercise and Sports with Pump</p> <p>Temporary Basal Decrease: <input type="checkbox"/> No <input type="checkbox"/> Yes (___% or ___ units for _____ minutes or <input type="checkbox"/> duration of exercise)</p> <p><input checked="" type="checkbox"/> Student should monitor blood glucose hourly.</p>																															
<p>HCP Assessment of Student's Diabetes Management Skills:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Skill</th> <th style="width: 15%;">Independent</th> <th style="width: 25%;">Needs supervision</th> <th style="width: 20%;">Cannot do</th> </tr> </thead> <tbody> <tr> <td>Check blood glucose</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Count carbohydrates</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Calculate insulin dose</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Change infusion set</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Injection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trouble shoot alarms, malfunctions</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Notes:</p>			Skill	Independent	Needs supervision	Cannot do	Check blood glucose				Count carbohydrates				Calculate insulin dose				Change infusion set				Injection				Trouble shoot alarms, malfunctions				<p>Note</p>
Skill	Independent	Needs supervision	Cannot do																												
Check blood glucose																															
Count carbohydrates																															
Calculate insulin dose																															
Change infusion set																															
Injection																															
Trouble shoot alarms, malfunctions																															
<p>Parent/Guardian Authority to Adjust Insulin Dose</p> <p>Dose adjustment allowed up to 20% higher or lower <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																															
Other health concerns:		Allergies:																													
<p><input type="checkbox"/> Glucagon Dose: _____ IM or SC per thigh or arm</p> <p><input type="checkbox"/> Oral diabetes medication(s)/dose: _____ Times to be given: _____</p> <p><input type="checkbox"/> Other medication(s)/dose: _____ Times to be given: _____</p>																															
HEALTHCARE PROVIDER SIGNATURE/STAMP:		Date:																													
UPDATED Change		Date	Initials																												

STUDENTS WITH DIABETES TREATED BY PUMP

STUDENT'S NAME:

- Student's usual LOW blood glucose symptoms:**
- _ Shaky or jittery
 - _ Sweaty
 - _ Hungry
 - _ Pale
 - _ Headache
 - _ Blurry vision
 - _ Sleepy
 - _ Dizzy
 - _ Uncoordinated
 - _ Irritable, nervous
 - _ Argumentative
 - _ Combative
 - _ Changed personality
 - _ Changed behavior
 - _ Unable to concentrate
 - _ Weak, lethargic

ALGORITHMS FOR BLOOD GLUCOSE RESULTS

CHECK BLOOD GLUCOSE

- Student's usual HIGH blood glucose symptoms:**
- | | |
|-----------------------------------|--|
| <i>Hyperglycemia</i> | <i>Emergency levels</i> |
| _ Increased thirst, dry mouth | _ Extreme thirst |
| _ Frequent or increased urination | _ Nausea, vomiting |
| _ Change in appetite, nausea | _ Severe abdominal pain |
| _ Blurry vision | _ Fruity breath |
| _ Fatigue | _ Heavy breathing, shortness of breath |
| _ Other | _ Increasing sleepiness, lethargy |

BELOW 70

70 - 90

91-125

126-300

ABOVE 300

1. Give 15 gm fast-acting carbohydrate
2. Observe for 15 minutes
3. Retest blood glucose.
 - a. If less than 70, repeat 15 gm carbohydrate.
 - b. If over 70, give carbohydrate and protein snack (e.g., crackers and cheese) if not eating a meal within an hour.
4. Notify school nurse and parent if no improvement
5. Student should not exercise

1. Give 15 gm carbohydrate.
 - a. If meal or snack is within 30 minutes, no additional carbs are needed.
 - or
 - b. If student is not going to eat within 30 minutes, give carbohydrate and protein snack.
- If student's blood glucose result is immediately following strenuous activity, give 15 gm carbohydrate snack.**

Student may eat before exercising or recess.

No action needed.

- STUDENT TREATED BY INJECTION**
1. Use correction scale or formula at lunch or every 2-3 hours
 2. Check ketones if symptoms or if blood glucose > 300 twice in a row:
 - a. If ketones are absent or small, encourage exercise and water
 - b. If ketones moderate or large:
 - No exercise; give water
 - Add units of insulin per orders
 3. Notify school nurse and parent
 4. **Provide free, unrestricted access to water and the restroom.**

- STUDENT TREATED BY PUMP**
1. If 2-3 hours since last bolus, treat with correction bolus via pump. Re-check in 2-3 hrs. Trouble shoot pump function.
 - Check for redness at site, tubing for kinks or air bubble, insulin supply
 2. If blood glucose still ≥ 300 mg/dl and not explained, check ketones:
 - a. If ketones are absent or small, encourage exercise and water
 - b. If ketones moderate or large:
 - Give insulin correction dose per orders **via syringe**.
 - No exercise; encourage water
 3. Change infusion set or continue insulin injections every 2-3 hours via syringe.
 4. Notify school nurse and parent
 5. **Provide free, unrestricted access to water and the restroom.**

- CALL 911 if student becomes unconscious, seizures or is unable to swallow**
- o Turn student on side to ensure open airway
 - o Give glucagon as ordered. Keep student in recovery position on side.
 - o If on insulin pump, either place it in 'suspend' or stop mode, disconnect it at the pigtail or clip, or cut tubing. If pump was removed, send it with EMS to the hospital.
 - o Notify school nurse, parent and HCP
 - o Wait 15 minutes; if no response, repeat glucagon.
 - o If responsive, offer juice. Wait 15 minutes and give protein & carbohydrate snack.

- 15 GM FAST-ACTING CARBOHYDRATE =**
- ½ c. juice
 - 3-4 glucose tablets
 - Tube of glucose gel
 - ½ c. regular (not diet) soda
 - 6-7 small sugar candies (to chew)
 - 1 c. skim milk
- Do not give chocolate**

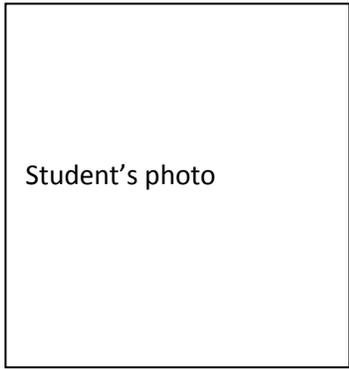
CALL 911 if the student vomits, becomes lethargic and/or has labored breathing.
Notify school nurse, parent and HCP.

- EXERCISE AND SPORTS**
- ✓ Assure has quick access to water for hydration, fast-acting carbohydrates, snacks and monitoring equipment.
 - ✓ Student should not exercise if blood glucose level is below 70 mg/dl or if has moderate to large ketones.

Never send a child with suspected low blood glucose anywhere alone.

INDIVIDUALIZED HEALTHCARE PLAN - DIABETES

SCHOOL AND PARENT PART



STUDENT'S NAME:		PLAN EFFECTIVE DATE:		Student's photo	
<i>Diabetes information</i> Date of Diagnosis:					
<input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/> Other					
SCHOOL INFORMATION					
Grade: _____		Teacher: _____		504 plan on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT INFORMATION:					
Parent/Guardian 1:		Name _____		Call first <input type="checkbox"/>	
Phone numbers:	Home _____	Work _____	Cell _____	Other _____	
Parent/Guardian 2:		Name _____		Call first <input type="checkbox"/>	
Phone numbers:	Home _____	Work _____	Cell _____	Other _____	
Other/emergency:		Name: _____		Relationship: _____	
Phone numbers:	Home _____	Work _____	Cell _____	Other _____	
Additional Times to Contact Parent...		Student treated by pump :			
Student treated by injection		<input type="checkbox"/> Blood Glucose test out of target range <input type="checkbox"/> Carbohydrate bolus <input type="checkbox"/> Correction bolus <input type="checkbox"/> Infusion set comes out/needs to be replaced			
<input type="checkbox"/> Blood Glucose test out of target range <input type="checkbox"/> Routine Daily Insulin injections <input type="checkbox"/> Correction dose					
STUDENT DIABETES SELF-MANAGEMENT PLAN					
Student will manage diabetes independently		Trained staff will supervise student self-care		Trained staff will provide care	
<input type="checkbox"/> Student has signed Agreement for Student Independently Managing Diabetes		<input type="checkbox"/> Verify blood glucose test <input type="checkbox"/> Check carbohydrate count <input type="checkbox"/> Confirm dose <input type="checkbox"/> Supervise insulin self-injection <input type="checkbox"/> Monitor bolus administration <input type="checkbox"/> Trouble shoot pump alarms, malfunction <input type="checkbox"/> Watch infusion set change		<input type="checkbox"/> Test blood glucose <input type="checkbox"/> Count carbohydrates <input type="checkbox"/> Calculate insulin dose and inject as above <input type="checkbox"/> Provide insulin injection <input type="checkbox"/> Administer bolus <input type="checkbox"/> Trouble shoot pump alarms, malfunction <input type="checkbox"/> Change infusion set	
FOOD PLAN	Time	Notes	Monitor/Remind Student		Food at a classroom/school party: <input type="checkbox"/> Student will eat treat <input type="checkbox"/> Replace the treat with a parent-supplied alternative <input type="checkbox"/> Put in baggie to take home with teacher note <input type="checkbox"/> Student should not eat treat <input type="checkbox"/> Modify the treat as follows:
			Yes	No	
Breakfast					
Morning snack					
Lunch					
Afternoon snack					
Extra snack	Before exercise				
	After exercise				
BUS TRANSPORTATION PLAN				<input type="checkbox"/> Student may test blood glucose and self-manage diabetes while on the bus.	
Bus transportation: <input type="checkbox"/> To school <input type="checkbox"/> Home					
<input type="checkbox"/> Test blood 10-20 minutes before boarding school bus home. Student must have blood glucose > 70 mg/dl to board bus ; if ≤ 70 , provide care based on algorithm and call to have student picked up. <input type="checkbox"/> Blood test not required.					
FIELD TRIPS					
<input checked="" type="checkbox"/> School nurse to be notified two weeks before the field trip to assure qualified personnel are available. <input type="checkbox"/> All diabetes supplies are taken and care is provided according to this Plan (copy to accompany trip). <input type="checkbox"/> Lunch and snack times should not change.					
SCHEDULED AFTER- OR BEFORE-SCHOOL ACTIVITIES			List of clubs, sports, etc. that student anticipates:		
If parent wants trained staff coverage for an activity, parent will notify school nurse two weeks before it begins					
ADDITIONAL NOTES					

STUDENT'S NAME:	PLAN EFFECTIVE DATE:
------------------------	-----------------------------

Means student uses this item **AND** parent will provide.

SUPPLY LIST	<input type="checkbox"/> Blood Glucose Test Kit <input type="checkbox"/> Meter <input type="checkbox"/> Sharps container <input type="checkbox"/> cotton balls <input type="checkbox"/> Test strips <input type="checkbox"/> Anti-bacterial cleaner/alcohol swabs <input type="checkbox"/> spot band-aids <input type="checkbox"/> Lancing device and lancet										Glucose meter brand/model:
	<input type="checkbox"/> Insulin <u>Treatment by Injection</u> <input type="checkbox"/> Insulin pen <input type="checkbox"/> Pre-filled syringes (labeled per dose) <input type="checkbox"/> Insulin vials and syringes										Infusion set type: _____
	<u>Treatment by Pump</u> <input type="checkbox"/> Pump syringe <input type="checkbox"/> Sof-serter <input type="checkbox"/> Pump tubing/needle <input type="checkbox"/> Insulin vial and syringes <input type="checkbox"/> Batteries <input type="checkbox"/> Tape										
	Pump type <input type="checkbox"/> Medtronic MiniMed <input type="checkbox"/> Animas <input type="checkbox"/> Omnipod www.minimed.com www.animas.com www.myomnipod.com (800) 826-2099 (877) 767-7373 (800) 591-3455										
	<input type="checkbox"/> Low Blood Glucose (5-day supply) <input type="checkbox"/> Fast-acting carbohydrate drink (apple juice, orange juice, regular soda pop – NOT diet), ≥ 6 containers <input type="checkbox"/> Pre-packaged snacks (e.g., crackers with cheese or peanut butter, nite bite), ≥ 5 servings <input type="checkbox"/> Supply of fast-acting glucose at least equal to 15 gm per day for 5 days (e.g., ≥ 75 gm total)										
	<input type="checkbox"/> Glucagon Kit <input type="checkbox"/> High Blood Glucose <input type="checkbox"/> Urine ketone test strips/bottle <input type="checkbox"/> Urine cup <input type="checkbox"/> Water bottle (Timing device may be wall clock or watch)										
<input type="checkbox"/> 3-day Disaster Kit <input type="checkbox"/> Complete daily insulin dose schedule (separate page) <input type="checkbox"/> Other medications, including glucagon kit <input type="checkbox"/> Blood glucose test kit (testing strips, lancing device, supplies, meter batteries) <input type="checkbox"/> Urine ketone strips/plastic cup <input type="checkbox"/> Vial of insulin and 6 syringes; insulin pens and supplies <input type="checkbox"/> Antiseptic wipes or hand sanitizer <input type="checkbox"/> Insulin pump and pump supplies <input type="checkbox"/> 3-day food supply with meal plan <input type="checkbox"/> Hypoglycemia treatment supplies, ≥ 3 episodes <input type="checkbox"/> Other:											
<input type="checkbox"/> Other											

SUPPLY LOCATIONS		With student	In classroom	In health office	Other		With student	In classroom	In health office	Other
	Daily breakfast, snacks and lunch						Blood glucose test kit Extra kit			
Extra snacks						Pump supplies				
Low blood glucose supplies						Insulin Daily use Extra/emergency				
High blood glucose supplies						Disaster Disaster food				
Other										

SIGNATURES

As parent/guardian of the above-named student, I give permission for the school nurse and/or other trained staff of _____ (school) to perform and carry out the diabetes care tasks as outlined in this Individualized Healthcare Plan.

- o I have reviewed this plan and agree with the indicated instructions. I understand that the school is not responsible for equipment loss or damage, or expenses associated with these treatments and procedures.
- o I understand that the information contained in this plan will be shared with other school staff on a need-to-know basis.
- o I give permission to the school nurse to contact my child's physician/health care provider and discuss my child's care related to this plan.
- o I will notify the school nurse whenever there is any change in my child's health status or care.
- o My child and I are responsible for maintaining the necessary supplies, snacks, blood glucose meter, medications and other equipment.

_____ Student's parent/guardian	Date	_____ Student's parent/guardian	Date
_____ School nurse	Date		

INDIVIDUALIZED HEALTHCARE PLAN - DIABETES

SCHOOL NURSE AND PARENT-AUTHORIZED TRAINED STAFF COVERAGE **WORKSHEET**

School nurse will be on-site

	Mon	Tue	Wed	Thurs	Fri
First period					
Second period					
Third period					
Fourth period					
Fifth period					
Sixth period					
Seventh period					
Field Trip					
Before school starting ___ AM					
After school ending ___ PM					
Other					

Notes/comments:

Schedule for Parent-Authorized Trained Staff

Staff person's Name	Day(s) responsible	Time(s) responsible	Contact phone
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	From: _____ To: _____ or Period: _____	
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	From: _____ To: _____ or Period: _____	
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	From: _____ To: _____ or Period: _____	
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	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Before school starting _____AM	
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	After school ending _____PM	
	Field trip		
	Other		
	Other		

Attach if needed

- Delegation training completion
- Parent delegation authorization

Glucagon Administration Checklist

Staff member: _____ Initial Training Date: _____

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
I. State name and purpose of task, and location of supplies.					
II. Identify and gather supplies					
A. IHP					
B. Glucagon kit					
C. Alcohol wipe, cotton ball					
D. Sharps container					
E. Gloves					
III. Preparation					
A. Review Universal Precautions					
B. Review student's IHP, particularly the ALGORITHMS page. 1. Identify when procedure is indicated.					
C. Obtain glucagon and ensured it has been stored appropriately and has not expired.					
IV. Procedure					
A. Enlist other adults for assistance. Send someone to call 911 or activate EMS.					
B. Turn student on side to maintain open airway.					
C. Wash hands, put on gloves.					
D. Remove cap from glucagon vial, pull needle cover off syringe.					
E. Inject sterile water into glucagon powder.					
F. Swirl gently till dissolved (solution should be clear).					
G. Hold vial upside down. Withdraw prescribed dosage of glucagon using insulin syringe or syringe provided in kit.					
H. Check for air bubbles in the syringe. Tap any visible					

air to the top of the syringe and gently push on the plunger until the air is removed.					
Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
I. Select appropriate injection sites (buttock, arm, or thigh) and cleanse with alcohol wipe, if possible.					
J. Insert needle at 90° and inject into the tissue.					
K. Withdraw needle, apply slight pressure to injection site with cotton ball.					
L. Keep student positioned on side in recovery position; if insulin pump, place on 'suspend' or disconnect.					
M. Dispose of sharps appropriately, wash hands.					
N. Wait 15 minutes, monitor level of consciousness and breathing; check blood glucose if able.					
1. If no response and another dose is available, repeat glucagon procedure.					
2. If responsive and alert enough to swallow safely, offer juice. Wait 15 minutes and give protein and carbohydrate snack, if student is not nauseous or vomiting.					
3. Remain with student until EMS arrives.					
4. Notify school nurse & parent.					
O. Document procedure on student's individual treatment record.					

Staff member signature _____ Initials ____

School nurse signature: _____ Initials ____

Appendix D-2

LOW BLOOD SUGAR (Hypoglycemia) MANAGEMENT for Classroom Teachers, Bus Drivers and Other Support Staff

Student:		School:		Grade/Teacher:	
Parent/Guardian:	Home #:	Work #:	Cell #:		
Parent/Guardian:	Home #:	Work #:	Cell #:		
Trained Diabetes Personnel:					
Insulin administered at school by: Pump ___ Pen ___ Syringe ___ None ___					

Photo Here

<p>Causes of Hypoglycemia</p> <ul style="list-style-type: none"> Too much insulin Missed food Delayed food Extra exercise Excitement 	<div style="border: 1px solid black; display: inline-block; padding: 5px; margin-bottom: 10px;">SUDDEN symptom onset</div>
--	---

MILD SYMPTOMS (alert)	MODERATE SYMPTOMS (not alert)	SEVERE SYMPTOMS
<ul style="list-style-type: none"> _ Hunger _ Irritable _ Anxious _ Crying _ Tired, Drowsy _ Personality change _ Other: _____ 	<ul style="list-style-type: none"> _ Shaky _ Dizzy _ Sweaty _ Pale _ Spacey _ Confusion _ Slurred speech _ Poor coordination _ Behavior changes _ Other: _____ 	<ul style="list-style-type: none"> _ Seizure _ Loss of conscious _ Unable to swallow _ Combative _ Other: _____

If symptoms, take action

- Notify school nurse or trained diabetes personnel.
- Never leave unattended
- Never send anywhere unaccompanied.
- Check blood glucose, if possible. Treat immediately if below 70.
- Always treat with fast-acting carbohydrate source if in doubt or blood glucose reading is unavailable.
- Student should not exercise.
- If away from school, call parent to inform of situation.

<p style="text-align: center;">MILD TO MODERATE</p> <ul style="list-style-type: none"> ✓ Provide carbohydrate source (test blood glucose, if possible) ✓ Wait/observe for 15 minutes ✓ Retreat if symptoms persist or blood glucose reading is under 70. ✓ Provide snack of carbohydrate and protein (e.g. cheese & crackers). 	<p style="text-align: center;">SEVERE</p> <ul style="list-style-type: none"> ✓ Call 911. ✓ Position on side. ✓ Disconnect pump if present. ✓ Contact parent/guardian and school nurse. ✓ Give Glucagon – if ordered and if staff trained to administer the Glucagon is present.
---	--

15 GM fast acting carbohydrate =

- ½ c. juice
- 3 - 4 glucose tablets
- ½ c. regular soda
- 6 - 7 small sugar candies (to chew)

Appendix E-2

Glucagon Administration Handout

I. Overview: Glucagon is a hormone made in the pancreas which frees sugar stored in the liver and raises the blood glucose level. Glucagon is used in an emergency situation to raise the blood glucose level in an unresponsive, hypoglycemic student.

II. Supplies:

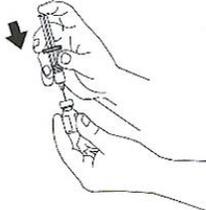
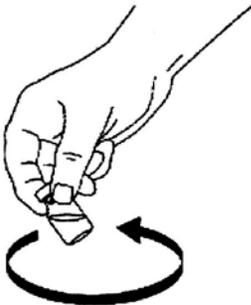
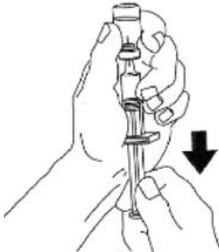
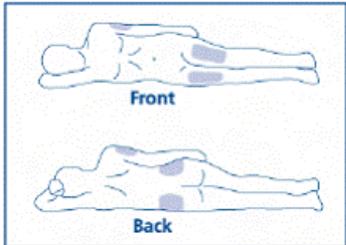
- A. Glucagon kit
- B. Alcohol wipe, cotton ball
- C. Sharps container
- D. Gloves
- E. IHP

III. Preparation

ESSENTIAL STEPS	KEY POINTS/PRECAUTIONS
A. Review Universal Precautions	These measures are designed to prevent spreading infectious disease. Refer to Universal Precautions Handout .
B. Review student's IHP, particularly the ALGORITHMS page. Identify when procedure is indicated	All specialized procedures conducted in the school setting require written licensed prescriber orders and parent/guardian consent. The IHP also contains specific information about the student's target blood glucose level and standard of care instructions based on the test results. Glucagon is needed if the student is unconscious, seizes, or is unable to swallow.
C. Obtain glucagon and ensure it has been stored appropriately and has not expired.	Store at room temperature (68-70 degrees). Avoid direct sunlight. Check expiration date.

IV. Procedure

ESSENTIAL STEPS	KEY POINTS/PRECAUTIONS
A. Send someone to call 911.	
B. Place student on his/her side.	To prevent aspiration. Nausea and vomiting is a common side effect after glucagon administration.
C. Gather supplies	
D. Wash hands, put on gloves.	Refer to Universal Precautions Handout .

ESSENTIAL STEPS	KEY POINTS/PRECAUTIONS
<p>E. Remove cap from glucagon vial, pull needle cover off syringe.</p>	
<p>F. Insert needle through rubber stopper on vial of glucagon and inject entire contents of syringe into vial of glucagon powder.</p>	<p>Diluting solution may be in a vial or prepackaged in a syringe.</p> 
<p>G. Leaving syringe in place, swirl gently until dissolved (solution should be clear and colorless).</p>	
<p>H. Hold vial upside down and slowly withdraw the amount of solution from the vial into the syringe as specified in the student's IHP.</p>	
<p>I. Check for air bubbles in the syringe. Tap any visible air to the top of the syringe and gently push on the plunger until the air is removed.</p>	
<p>J. Select appropriate injection site (buttock, arm, or thigh) and cleanse with alcohol wipe, if possible. Insert needle at 90 ° angle and inject into the tissue.</p>	

ESSENTIAL STEPS	KEY POINTS/PRECAUTIONS
K. Withdraw needle, apply slight pressure to injection site with cotton ball.	
L. Keep student positioned on side in recovery position. If student is on an insulin pump, place pump on 'suspend' or disconnect.	
M. Dispose of sharps appropriately. Do NOT recap needle. <ul style="list-style-type: none"> • Remove gloves and wash hands. 	Refer to Universal Precautions Handout .
N. Wait 15 minutes, monitor level of consciousness and breathing. Check blood glucose, if able. Stay with student until EMS arrives. <ol style="list-style-type: none"> 1. If no response and another dose is available, repeat glucagon procedure. 2. If responsive and alert enough to swallow safely, offer juice. Wait 15 minutes and give protein and carbohydrate snack if the student is not nauseous or vomiting. 3. Notify school nurse and parent. 	<p>After administering glucagon, student should be transported to hospital (in remote area, nearest medical facility). Continued monitoring is important.</p> <p>Student should regain consciousness in 15 minutes. You must be prepared to administer CPR. Do not be surprised if the blood glucose level is high (over 200), nausea or vomiting occurs, the student is incoherent or does not recall being unconscious, and/or if the student has a headache. The student needs to be fed additional simple and complex carbohydrates, as tolerated, to prevent another hypoglycemic episode.</p>
O. Document procedure in student's individual treatment record.	Record: <ol style="list-style-type: none"> 1. Date and time. 2. Amount and type of glucagon given. 3. Site of administration. 4. Student's response and action taken. 5. Signature of personnel performing.

MODULE 3: RESPONDING TO SEIZURE EMERGENCIES

Training Materials Needed

This guide indicates where to locate training information about each component in the curriculum from at least one resource. School nurses should use at least one source below when training an unlicensed school staff member to administer diazepam rectal gel. Once the trainee knows the material and can safely perform the skill in question, reviewing the alternative sources should be voluntary.

The curriculum draws on two primary resources. The curriculum (see overview below) utilizes portions of these resources to address the learning objectives. The Epilepsy Foundation resource materials are comprehensive and contain further information that **may** be viewed in addition to meeting the objectives of this training.

- **Epilepsy Foundation** [Epilepsy Classroom: Introduction to Epilepsy](#) – this is a 13 slide presentation and informational resource that offers practical information about epilepsy and seizures and can be easily incorporated into a staff development training session.
- **Epilepsy Foundation** [Seizure Training for School Personnel](#) – this presentation guide and toolkit is available to order in CD ROM and was developed as part of the School Nurse Training Program. The updated 2013 program is a 60-minute seizure recognition and first-aid training specifically for school personnel. It contains a comprehensive facilitator’s guide, PowerPoint presentation with presenter notes, handouts, evaluation instruments, information on obtaining continuing education units from the Centers for Disease Control and Prevention (CDC) and the *Seizures in Schools: Understanding and Assisting Students with Epilepsy* DVD.

A third resource necessary for this training is the

➤ **Alaska Division of Public Health** *Seizure Emergencies* PowerPoint available on the Alaska Division of Public Health’s [School Nursing/School Health](#) website. This PowerPoint presentation is integral to the knowledge section providing further information for recognizing and managing a seizure emergency including the steps in administration of diazepam rectal gel.

Further resources include two videos available online demonstrating the administration of diazepam rectal gel:

➤ [Administering Diastat](#) (2:09) distributed by **Public Health Tools** and requiring an internet connection and media player to view

➤ [Diastat Administration](#) (3:54) distributed on **You Tube** requiring internet connection and media player to view

Curriculum Overview – Responding to Seizure Emergencies

Section I: Knowledge				
Component	Learning Objectives	Teaching Resources	Assessment	Handouts (Optional)
Curriculum overview and prerequisites	<ul style="list-style-type: none"> • Discuss how training will be evaluated • Administer pre-test to assess knowledge • Review Universal Precautions • Review general medication administration guidelines • Review knowledge of epilepsy and seizure response 	<p>Epilepsy Classroom: Introduction to epilepsy slide presentation</p> <p>Epilepsy Foundation Seizure Training for School Personnel, CD ROM</p>	Pre/Post Test on Seizure Emergencies – Appendix A-3	<p>In General Handouts and Forms:</p> <ul style="list-style-type: none"> • Universal Precautions Handout • Medication Administration: General Rules Handout
Introduction to seizure management and seizure emergencies	<ul style="list-style-type: none"> • Review procedure for managing a seizure • Describe the importance of seizure observation and documentation • Define seizure emergencies 	Module 3 Alaska DPH Seizure Emergencies PowerPoint		<p>Module 3 Alaska DPH Seizure Emergencies PowerPoint Handout – Appendix B-3</p> <p>Seizure Observation Record – Appendix E-3</p>
Signs & Symptoms of seizure emergency necessitating medication intervention	<ul style="list-style-type: none"> • Define status epilepticus • Describe the importance of medical intervention for prolonged or repetitive seizures. 	Module 3 Alaska DPH Seizure Emergencies PowerPoint		Module 3 Alaska DPH Seizure Emergencies PowerPoint Handout – Appendix B-3
Responding to a seizure emergency	<ul style="list-style-type: none"> • Review the purpose of a seizure action plan • Review diazepam rectal gel and its use • Describe the steps in administration of diazepam rectal 	Module 3 Alaska DPH Seizure Emergencies PowerPoint		<p>Module 3 Alaska DPH Seizure Emergencies PowerPoint Handout – Appendix B-3</p> <p>Sample Seizure Action Plan – Appendix C-3</p> <p>Additional handout: Diastat Child Administration</p>

				Instructions
Administer post-test	<ul style="list-style-type: none"> Assess post-Section knowledge 		Pre/Post Test on Seizure Emergencies – Appendix A-3	
Section II: Skills				
Component	Learning Objectives	Teaching Resources	Assessment	Handouts <i>(Optional)</i>
Review student's IHP/Emergency Care Plan/ Seizure Action Plan	<ul style="list-style-type: none"> Discuss healthcare provider orders and emergency response protocols 	Student's IHP/Emergency Care Plan/Seizure Action Plan	Diazepam Rectal Gel Administration Checklist – Appendix D-3	Module 3 Seizure Emergencies PowerPoint Handout – Appendix B-3 Additional handout: Diastat Child Administration Instructions
Recognition of symptoms	<ul style="list-style-type: none"> Describe general and student specific seizure 	Student's IHP/Emergency Care Plan/Seizure Action Plan	Diazepam Rectal Gel Administration Checklist – Appendix D-3	
Responding to an individual student's seizure emergency	<ul style="list-style-type: none"> Demonstrate correct procedure for giving diazepam rectal gel 	Further resources: Administering Diastat video Diastat Administration video	Diazepam Rectal Gel Administration Checklist – Appendix D-3	Additional handout: Diastat Child Administration Instructions

Appendix A-3

SAMPLE Pre-Post Test: SEIZURE EMERGENCIES

1. A seizure is a brief, excessive discharge of electrical activity in the brain that alters one or more of the following:
 - a. Movement
 - b. Sensation
 - c. Behavior
 - d. Awareness
 - e. All of the above

2. Basic seizure management includes all below, **except**:
 - a. Clear the area of anything that could hurt the student
 - b. Do not put anything in the student's mouth
 - c. Restrain the student
 - d. Remain calm and stay with the student
 - e. Document all of student's activity during the seizure
 - f. Position student on their side

3. A seizure would **generally NOT** be considered an emergency if student:
 - a. stops breathing
 - b. has known seizure history and has a seizure lasting **less** than 5 minutes
 - c. has first seizure
 - d. has repeated seizures without regaining consciousness or one seizure lasting more than 5 minutes
 - e. has pupils that are not equal in size after seizure
 - f. is injured, is pregnant, or has diabetes

4. The Individual Health Plan and/or Seizure Emergency Care Plan lists
 - a. the student's health history
 - b. the student's seizure information
 - c. the medications ordered to treat emergency seizures
 - d. all but a

5. Intervention steps for treating a seizure emergency - *in order* - are
 - a. verify medication and dose, call parent, administer correct dose
 - b. recognize seizure emergency, administer correct dose, begin CPR
 - c. administer correct dose, treat for shock, call 911
 - d. recognize seizure emergency, call 911, administer correct dose

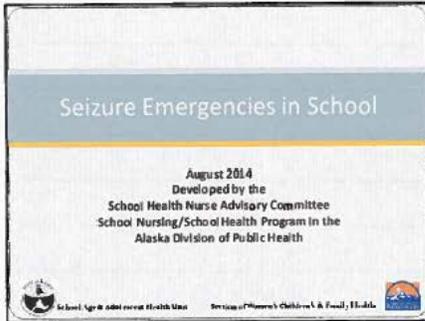
6. Those authorized to administer diazepam rectal gel in schools are
 - a. persons who have received standardized school district training in recognition and treatment of seizure emergency in students with known seizure history and have parent permission to administer
 - b. persons who are certified in CPR
 - c. Good Samaritan bystanders

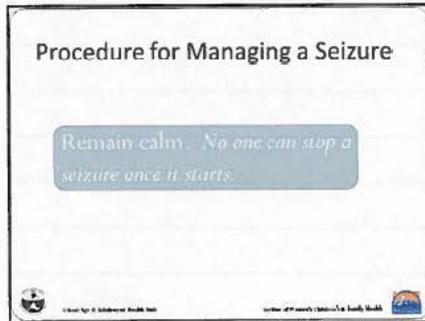
- d. Anyone
7. The steps in diazepam rectal gel administration - in order – are
- Check dose, turn student on side, prepare syringe, insert and administer, count to 3....three times.
 - Remove clothing, insert and administer, remove immediately
 - Turn student to side, prepare syringe, check dose, hold 10 seconds
 - Follow medication instructions, remove clothing, administer, hold 10 seconds
8. The student’s respiratory status should be monitored throughout the seizure and afterwards.
T F
9. Remain calm, no one can stop a seizure once it starts.
T F
10. The “five rights” of medication administration include:
- Right time, right medication, right dose, right route, right task
 - Right student, right medication, right dose, right time, right route
 - Right student, right medication, right physician, right time, right lighting
 - Right medication, right dose, right route, right date, right training

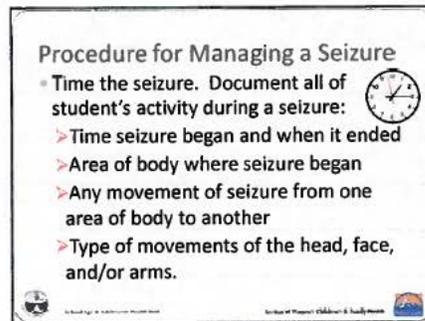
_____ Total score Highest possible score = 10 points Score of 9 points = 90% mastery
Comments:

Answer Key: 1. E, 2. C, 3. B, 4. D, 5. D, 6. A, 7. A, 8. T, 9. T, 10. B

8/11/2014







Procedure for Managing a Seizure

- Check for medical alert I.D. and follow the student's Individualized Healthcare Plan (IHP) and Emergency Care Plan (ECP)/Seizure Action Plan.
- Remain with student during the seizure to monitor progress and safety.
- Put on gloves, if available.



Procedure for Managing a Seizure

- Place student on side. If possible, put something flat and soft under student's head (positioning prevents tongue from blocking airway and helps student not to choke on secretions).
- **DO NOT PLACE ANYTHING IN THE STUDENT'S MOUTH.**



Procedure for Managing a Seizure

- Loosen tight clothing, especially around the student's neck.
- If student is standing or sitting, gently lower student to ground to avoid fall.
- **Do not restrain student** or use force.
- Do not remove from wheelchair unless necessary.



Procedure for Managing a Seizure

- Clear the area of anything that could hurt student.
- Do not give oral medications, food or drink during a seizure.
- Provide emotional support.



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Procedure for Managing a Seizure

After a seizure:

- Keep student on his/her side. Clear secretions from student's mouth with bulb syringe or suction catheter.
- Monitor student's breathing. Check position of head and tongue. Reposition head if is hyperextended.
- Talk with student to determine student's level of awareness. Note if the student is alert, confused, drowsy, etc. and document findings.



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Procedure for Managing a Seizure

After a seizure:

- If the student remains unconscious after the seizure is over, maintain open airway and assess breathing. If necessary, begin rescue breathing or CPR.



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Procedure for Managing a Seizure

After a seizure:

- Determine and document whether or not student is able to move arms and legs, or if change in ability to move.
- Check for injuries and provide care, if needed.
- Check for loss of control of urine and stool. Provide privacy.



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Procedure for Managing a Seizure

After a seizure:

- Remain with student until fully aware of their surroundings. Make student comfortable; allow sleep as needed (could sleep for 30 minutes to a number of hours).
- Do not give food or liquids until fully alert and swallowing reflex has returned.



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Procedure for Managing a Seizure

After a seizure:

- Document length of seizure and what happened during and after seizure.
- Notify school nurse, family and/or healthcare provider. Follow the IHP/ECP to determine disposition of student post-seizure.



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Seizure Emergencies

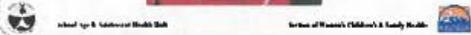
Most seizures are not medical emergencies but **emergency services should be called if:**

- Student stops breathing
- Seizure lasts longer than 5 minutes
- This is first seizure for student
- Repeated seizures without gaining consciousness



Seizure Emergencies cont.

- Student cannot be awakened and is unresponsive to pain after seizure ends
- Pupils are not equal in size after seizure
- There is evidence of student injury
- Student has diabetes or is pregnant
- Seizure occurs in water



Seizure Emergencies

Status Epilepticus = seizure activity lasting longer than 30 minutes or a series of seizures lasting longer than 30 minutes without full recovery of consciousness between seizures. Status epilepticus can lead to respiratory failure, brain damage and death.



Seizure Emergencies
Reducing the time between seizure onset and medical treatment will significantly improve a student's outcome.

Medical intervention may involve administering rectal medication if the child experiences prolonged or repetitive seizures.



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Review the Seizure Action Plan



✓ Administer emergency medications as indicated below
✓ Emergency medication = Diazepam rectal gel



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Diazepam Rectal Gel

- FDA-approved, effective treatment for acute repetitive or prolonged seizures.
- Intravenous diazepam can cause respiratory depression; no instances of serious respiratory depression has been found in published studies of rectal diazepam.



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Diazepam Rectal Gel

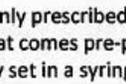
- Most common side effect is sleepiness.
- Other side effects: dizziness, headache, poor coordination, pain, nervousness, slowed speech, diarrhea, and rash.



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Diazepam Rectal Gel

- Most commonly prescribed form of rectal gel is Diastat® that comes pre-packaged as a quick delivery set in a syringe with a flexible, molded tip.
- Diastat Acudial 10 mg or 20 mg syringes are dialed and locked to the prescribed dose. A 2.5 mg Diastat syringe is also available.
- Can be stored for 3 years at room temperature.



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Diazepam Rectal Gel

- Seizure requiring diazepam rectal gel can occur anywhere.
- Measures should be taken to protect privacy of the student as much as possible.



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Diazepam Rectal Gel

- Diazepam rectal gel can be given by a registered nurse or delegated by the parent to trained school staff. Should only be given by trained staff.
- Guidelines for who, when and how the medication should be administered should be addressed in the student's IHP/ECP.

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Procedure for Administration
PREPARATION

1. Review the student's ECP/Seizure Action Plan to identify when procedure is indicated.
2. If procedure is indicated, call or send someone to call emergency medical services (911) and activate the school emergency plan.

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Procedure for Administration

911 should be called and the emergency plan activated whenever diazepam rectal gel is given by school personnel

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Procedure for Administration
PREPARATION CONT.

3. Review procedure prior to administering.
4. Verify the medication order and dose. Verify dial is set to the proper dosage. *Be sure the green rediband is visible.* Ensure that it has been stored properly and has not expired.
5. Obtain assistance of another adult, if possible.
6. Reassure and calm the student.

1-800-454-3343 | Addressed Health Unit | Section of Women's Children's & Family Health

Procedure for Administration
ADMINISTRATION

1. Gather supplies. Wash hands. Put on gloves.
2. Turn student on side (left side preferable) facing you. Maintain open airway.

1-800-454-3343 | Addressed Health Unit | Section of Women's Children's & Family Health

Procedure for Administration
ADMINISTRATION CONT.

3. Drape for privacy and remove enough clothing to access the buttocks.
4. Remove protective cover of diazepam rectal gel by pushing up on cap with thumbs.

1-800-454-3343 | Addressed Health Unit | Section of Women's Children's & Family Health

Procedure for Administration
ADMINISTRATION CONT.

5. Lubricate the rectal tip with lubricating jelly.
6. Bend upper leg forward and separate buttocks to expose rectum.

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Procedure for Administration
ADMINISTRATION CONT.

7. Gently insert syringe tip into rectum. Rim should be snug against the rectal opening.
8. Slowly count to three while gently pushing the plunger.

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Procedure for Administration
ADMINISTRATION CONT.

9. Count to three again before removing syringe.
10. Hold buttocks together while counting to three one more time.
11. Note the time medication was given.
12. Remove gloves and wash hands.

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**Procedure for Administration
POST- ADMINISTRATION**

1. Stay with the student, maintain them on their side in recovery position and monitor them until EMS arrives.
2. Monitor the student for side effects, seizure activity, airway and breathing.
3. Begin CPR immediately if the student stops breathing.

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**Procedure for Administration
POST- ADMINISTRATION CONT.**

4. Reassure student while he/she regains consciousness. Expect seizure activity to continue 5-15 minutes.
5. Send used diazepam rectal gel dispenser with EMS or dispose of it in trash after emptying any remaining gel per manufacturer instructions.

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**Procedure for Administration
POST- ADMINISTRATION CONT.**

6. Notify parents and school nurse.
7. Document administration of diazepam, student's response and activation of the emergency plan.

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Summary

- Follow procedure for managing a seizure including timing the seizure and documenting appropriately.
- Place the student on their side. Monitor breathing. Remain with the student.
- Protect the student from injury during a seizure. Do not restrain them or use force.
- Know when to call for emergency services. Know when to give emergency medications. Follow the student's seizure action plan.



School Age & Adolescent Health Unit

Section of Women's, Children's & Family Health



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School Age & Adolescent Health Unit

Section of Women's, Children's & Family Health



Appendix C- 3 Sample Seizure Action Plan (printed with permission from the Anchorage School District)

SEIZURE ACTION PLAN

This Student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

SECTION A. TO BE COMPLETED BY PARENT/GUARDIAN

Student Name: _____ Date of Birth: _____ Room/Grade: _____
 School: _____ Teacher: _____ Phone: _____ Fax: _____

Contact Information

Parent/Guardian #1: _____ Phone Number Home _____ Work _____ Cell _____
 Parent/Guardian #2: _____ Phone Number Home _____ Work _____ Cell _____
 Other/Relationship: _____ Phone Number Home _____ Work _____ Cell _____
 Treating Healthcare Provider: _____ Phone: _____ Fax: _____
 Seizure triggers or warning signs: _____
 Student's reaction to seizure: _____

SECTION B. TO BE COMPLETED BY HEALTH CARE PROVIDER

Significant medical history: _____

SEIZURE INFORMATION:

Seizure Type	Length	Frequency	Description

- Does student need any special activity adaptations/protective equipment (e.g., helmet) at school? ____ No ____ Yes
 (Explain) _____
- Is student allowed to participate in physical education and other activities? ____ No ____ Yes
 (Explain) _____
- Does student need to leave the classroom after a seizure ____ No ____ Yes If YES, describe process for returning student to classroom _____

BASIC FIRST AID: CARE & COMFORT
 (Please describe basic first aid procedures)

EMERGENCY RESPONSE

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol: (Check all that apply and clarify below)

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact _____
- Notify healthcare provider _____
- Administer emergency medications as indicated below _____
- Other _____

Basic Seizure First Aid:

- ✓ Stay calm & track time
 - ✓ Keep child safe
 - ✓ Do not restrain
 - ✓ Do not put anything in mouth
 - ✓ Stay with child until fully conscious
 - ✓ Record seizure in log
- For tonic-clonic (grand mal) seizure:**
- ✓ Protect head
 - ✓ Keep airway open/watch breathing
 - ✓ Turn child on side

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

SEIZURE ACTION PLAN

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication _____

Does student have a Vagus Nerve Stimulator (VNS)? ____ No ____ Yes, If YES, Describe magnet use _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS (regarding school activities, sports, trips, etc.)

If you want additional care given, describe action here:

If symptoms are _____

Give (medication/dose/route) _____

Possible side effects _____

SECTION C. SIGNATURE BY PARENT/GUARDIAN, HEALTHCARE PROVIDER, SCHOOL NURSE

I want this plan implemented for my child, in school. I hereby give my permission for exchange of confidential information contained in the record of my child between the nurse and physician and my signature is an informed consent to share this medical information with school staff as a need to know for academic success and emergency plan as determined by nurse.

Parent/Guardian Signature: _____ Date: _____

Healthcare Provider Signature _____ Date _____

Print Name _____ Phone _____ Fax _____

Effective Date of this plan _____ Ending Date: _____

Approved by School Nurse

School Nurse Signature: _____ Date: _____

Appendix D-3

Diazepam Rectal Gel Administration Checklist

Staff member: _____ Initial Training Date: _____ Trainer _____

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
I. State name and purpose of task, and location of supplies.					
II. Identify and gather supplies					
A. IHP/ ECP/ Seizure Action Plan					
B. Watch or stopwatch					
C. Diazepam rectal gel pre-filled syringe					
D. Lubricant					
E. Gloves					
F. Drape (blanket, towel or other material)					
III. Preparation					
A. Review Universal Precautions					
B. Review student’s IHP/Seizure Action Plan. 1. Time seizure and identify when procedure is indicated.					
C. Examine diazepam rectal gel syringe and verify dial is set to the proper dosage. <i>Be sure the green rediband is visible.</i> Ensure that it has been stored properly and has not expired.					
IV. Procedure					
A. Enlist other adults for assistance. Send someone to call 911 or activate EMS.					
B. Reassure and calm the student.					
D. Wash hands and put on gloves					
C. Turn student on side to maintain open airway (left side preferable, facing you).					
D. Drape for privacy and remove enough clothing to access the buttocks.					
E. Remove protective cover of diazepam rectal gel by pushing up on cap with thumbs.					

F. Lubricate the rectal tip with lubricating jelly.					
G. Administer the diazepam rectal gel					
1. Bend the student's leg forward exposing the buttocks.					
2. Separate the buttocks to expose the rectum.					
3. Gently insert the syringe tip into the rectum. Rim should be snug against the rectal opening.					
4. Count out loud slowly "1-2-3" while pushing the plunger in.					
5. Slowly count "1-2-3" again before removing the syringe					
6. Slowly count "1-2-3" one last time while holding buttocks together.					
7. Note the time medication was given.					
8. Remove gloves and wash hands.					
9. Monitor and stay with the student until EMS.					
10. Keep the student on side in recovery position to prevent tongue from blocking airway. Talk calmly and reassure student while he/she regains consciousness and is aware of surroundings. Expect seizure activity to continue 5-15 minutes.					
11. Monitor the student's seizure activity, airway and breathing. Begin CPR immediately if the student stops breathing.					
H. Send the used diazepam rectal gel dispenser when EMS arrives (preferred) or dispose of it in the trash after emptying any remaining gel per manufacturer instructions.					
I. Notify parents and school nurse.					
J. Document procedure on student's individual treatment record.					

Staff member signature _____ **Initials** _____

School nurse signature: _____ **Initials** _____

General Handouts and Forms

Universal Precautions Handout

I. Overview

Occupational Health and Safety Administration's (OSHA) *Universal Precautions* refers to a set of protocols for handling body fluids properly to protect against bloodborne pathogens. Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include but are not limited to hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). Bloodborne pathogens can be found in blood, semen, vaginal secretions, and breast milk. Body fluids that do NOT pose a risk of bloodborne pathogen transmission unless visibly contaminated with blood include: urine, stool, saliva, emesis, nonpurulent respiratory secretions, tears, sweat or nasal discharge. Even though these other body fluids may not contain bloodborne pathogens, other infectious pathogens that cause other diseases may be present. Therefore, all blood, body fluids, secretions (including respiratory secretions), excretions (except sweat), non-intact skin and mucous membranes should be handled in a way that will prevent contamination with transmissible infectious agents (NOTE: this method is the Center for Disease Control and Prevention's *Standard Precautions* which evolved from Universal Precautions with additional protective standards).

These precautions include protocols to treat all body fluids as if they are contaminated. Protocols include:

- Good hand washing technique
- Personal Protective Equipment (PPE)
- Cleaning and disposing of body fluids

II. Supplies (for the purpose of medication administration):

- A. Warm, running water.
- B. Liquid soap.
- C. Paper towels.
- D. Plastic-lined and covered waste containers.
- E. Alcohol-based hand sanitizer, if running water not accessible
- F. Disposable gloves designed for medical use (latex or, because of the potential for allergy, non-latex [e.g., nitrile]).
- G. Brooms and dustpans.
- H. Approved germicidal solutions.

III. Procedures

A. Hand Washing

Hands must be washed with soap and water prior to beginning and after any planned procedure or when hands are visibly soiled. Good hand hygiene is the single-most effective procedure to prevent the spread of communicable disease in the school setting.

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
A. Wet hands using warm, running water.	Warm water combined with soap makes better suds than cold water. Running water is necessary to carry away dirt and debris that contain microorganisms.

B. Apply liquid soap and lather well.	Bacteria can grow on bar soap and in soap dishes. Use plain non-antimicrobial liquid soap for most circumstances; use anti-microbial soap for specific circumstances, e.g., control of outbreaks or infections.
C. Rub hands together in a circular motion for 20 seconds.	Friction from rubbing hands together along with the effect of the soap loosening of the germs from the skin work together with the running water for good hand hygiene. Front and back of hands, between fingers and knuckles, under nails, and the entire wrist area are washed.
D. Rinse hands well under running water.	Let water drain from wrists to fingertips.
E. Dry hands thoroughly with an air dryer or pat them dry with a fresh paper towel.	Use paper towels to turn off the water faucet, to open any exit door and to turn off bathroom lights. Dry skin may be cracked and potentially harbor microorganisms. Lotion is recommended after several hand washings.
OR	
A. Apply alcohol-based hand rub to the palm of one hand, then rub hands together covering all surfaces of hands and fingers until dry.	Hand sanitizers should never replace standard hand washing with soap and water but ethanol alcohol-based hand sanitizer can be used when hand washing facilities are not available. Hand sanitizers must have an alcohol base of at least 60% in order to be effective. Apply enough of the product (fragrance-free gel or foaming form preferred) to the palm of the hand that will wet the hands for at least 15 seconds (or longer according to the manufacturer).
B. Wash hands with soap and water as soon as possible.	Follow directions on the label to determine how many applications are recommended before washing hands with soap and water.

B. Gloves – Use and Removal

Gloving prevents blood and body fluids that may contain disease-producing microorganisms, from coming in contact with the caregiver’s skin and prevents the spread of microorganisms to others.

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
A. Wash hands.	Refer to <i>Hand Washing</i> procedure.
B. Apply gloves to both hands.	Individuals with open skin lesions should cover lesions with waterproof bandage prior to applying the gloves. Ensure gloves are intact without tears.
C. Gloves must be worn during entire time when handling body fluids.	Gloves are most often worn during diapering, administering first aid and certain medications, and cleanup of body fluids. Do not touch items with contaminated gloves that you or other people will be touching with your hands later. For example: water faucets, doorknobs, counter tops or other clothing.
D. To remove gloves after use: 1. Grasp outside of glove with opposite gloved hand; peel off; 2. Hold removed glove in gloved hand;	Do not touch skin with contaminated gloves.

<p>3. Slide ungloved fingers under the remaining glove at the wrist; peel off and discard</p> <p>4. Drop gloves into plastic-lined trash container.</p>	
<p>E. Repeat hand washing.</p>	<p>Refer to <i>Hand Washing</i> procedure in this handout.</p>

C. Cleaning and Disposing of Body Fluids

Items soiled with blood, body fluids, secretions, or excretions should be handled, transported, and processed in a manner that prevents skin and mucous membrane exposure and contamination of clothing.

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
<p>A. Wash hands.</p>	<p>Refer to <i>Hand Washing</i> procedure in this handout.</p>
<p>B. Put on gloves when handling or touching body fluids, mucous membranes or non-intact skin of others in the school setting, or handling items or surfaces soiled with body fluids.</p>	<ul style="list-style-type: none"> Refer to <i>Gloves - Use and Removal</i> procedure in this handout. Individuals with open skin lesions should cover lesions with a waterproof bandage prior to applying the gloves.
<p>C. Sharp items (e.g., needles, lancets) must be handled with extreme care to avoid puncturing the skin.</p>	<p>Sharp items are regulated waste and should be disposed of in a sharps container labeled BIOHAZARD. Regulated waste should then be disposed of according to school district policy.</p>
<p>D. Blood and other body fluids can be flushed down the toilet or carefully poured down a drain connected to a sanitary sewer.</p>	
<p>E. Other items for disposal that are contaminated with blood or other body fluids that cannot be flushed down the toilet should be placed in a lined waste receptacle.</p> <ul style="list-style-type: none"> ✓ If saturated to the point of releasing blood or other body fluids if compressed (regulated waste), place in closable plastic container that is: ✓ Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping ✓ Labeled with the standard fluorescent orange or orange-red BIOHAZARD label or color-coded in red bags or red containers 	<p>Immediately tie off the bag from the trash receptacle and dispose of it in appropriate general waste away from students.</p> <p>Bandages that are not saturated to the point of releasing blood or other potentially infectious materials if compressed would not be considered regulated waste. Regulated waste should then be disposed of according to school district policy.</p>

<ul style="list-style-type: none"> ✓ Closed before removal to prevent spillage or protrusion during handling, storage, transport or shipping. ✓ Placed in a secondary container if leakage is possible. 	
<p>F. Body fluid spills should be cleaned up promptly, removing all visible debris first.</p>	<p>Wipe up as much of the visible matter as possible with disposable paper towels and carefully place them in a leak-proof plastic bag that has been securely tied or sealed. This prevents multiplying of microorganisms.</p>
<p>G. For hard surfaces, immediately use a detergent to clean the spill area and follow with a disinfectant.</p>	
<p>H. For soft, non-washable surfaces, such as rugs and upholstery, apply sanitary absorbing agent, let dry, and vacuum.</p>	<p>Cover spills with absorbent material, leave for a few minutes to absorb, gently sweep up and discard in a plastic bag or vacuum. Blot to remove body fluids from the fabric or carpet as quickly as possible; then disinfect by spot-cleaning with a combination detergent/ disinfectant, and shampooing, or steam-cleaning the contaminated surface.</p>
<p>I. Handle soiled, washable material (i.e. clothing and towels) as little as possible, at the location where it was used.</p>	<p>Send soiled clothing home with the student in a sealed, plastic bag. Wash and dry contaminated school-owned towels separately from non-contaminated laundry. Wash in soap and hot water (140-160 degrees F) AND either liquid sodium hypochlorite bleach or dry bleach (which will not affect fabric colors). Dry on warm temperature setting.</p>
<p>J. Rinse non-disposable cleaning equipment (dustpans, buckets), clean with detergent followed by the disinfectant.</p>	<p>Non-disposable rags or mops should be treated as contaminated laundry.</p>
<p>K. Remove and discard gloves into covered, plastic-lined waste container.</p>	<p>Refer to <i>Gloves - Use and Removal</i> procedure in this handout.</p>
<p>L. Wash hands.</p>	<p>Refer to <i>Hand Washing</i> procedure in this handout.</p>

Medication Administration – General Rules

I. Overview: Medication administration to students is one of the most common health services provided in schools. Medication non-adherence at school has been linked to a variety of poor educational, social/emotional and physical outcomes. Many students with chronic health conditions need access to medications at school in order to enhance their overall health, stabilize their condition as well as promote and support their academic achievement.

To provide for the best possible medical outcome, protocols should be in place to prevent medication error. The leadership in developing safe guidelines lies with the professional school nurse, the health care provider and the parent. Training and education of staff and parents will help prevent errors in usage and dosage. General guidelines should be in place for administration of all medications at schools.

II. Supplies

- A. Prescribed medication in original pharmacy-labeled container.
- B. Appropriate dosing device (ex. syringe, cup).
- C. Secure storage area.
- D. Documentation record.

III. Preparation

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
A. Review the student's IHP.	All specialized procedures performed in the school setting require a written order from a licensed prescriber and parent/guardian consent. The school nurse should be notified immediately by trained unlicensed school staff of any change in the medication order.
B. The medication should be brought to school in the original child resistant container with the prescription label or over-the-counter medication manufacturer's label intact. Prescription medication labels should include: student name, name of medication, dosage, route of administration, frequency of administration, health care provider name and phone number, date issued, and prescription number.	Instructions should be clear and name of the student correct for both first and last names on the label.
C. Store medication in a designated locked and secured area. Only designated personnel and self-medicating students should have access to the medication.	Locked storage will prevent potential drug abuse, theft, and possibility of overdose.

IV. Procedure:

ESSENTIAL STEPS	KEY POINTS/PRECAUTIONS
A. Wash hands and put on gloves, if needed	Refer to Universal Precautions Handout
<p>B. Remove the medication from the storage area and follow the 5 rights of medication:</p> <ol style="list-style-type: none"> 1. The right student 2. The right medication 3. The right dose 4. The right time 5. The right route of administration <p>Repeat the 5 rights when administering the medication to the student and when returning the medication to the secured storage area.</p>	<ol style="list-style-type: none"> 1. Confirm that the student to receive the medication is the correct student. An approved safety check is to ask student's name and other identifying information such as birth date or parent/guardian name. Photo identification may be used. 2. Confirm that the medication to be given is the medication ordered by the health care provider, is the medication the parents/legal guardians have given permission to be administered at school and is the medication in the prescription labeled container. 3. Confirm the amount of medication prescribed is the dose of medication to be given to the student. 4. Confirm that the student is getting the medication at the time prescribed. 5. Confirm that the student is getting the medication in the prescribed route (e.g., if injection, using the correct injection device into the correct location)
<p>C. Allow the student to self-administer whenever possible under the observation of trained personnel.</p> <p>If a student is unable to take his/her medication, trained unlicensed school staff should administer the prescribed medicine.</p>	<p>Particularly in younger students, observation by designated trained personnel is necessary to ensure that the student has actually taken the prescribed medicine. This lessens the possibility of a lost or forgotten medication.</p>
<p>D. Document the procedure on the student's individual treatment record. Use a separate record for each medication.</p>	<p>Record:</p> <ol style="list-style-type: none"> 1. Date and time. 2. Amount and name of medication given. 3. Site of administration (e.g., oral, injection site) 4. Student's response and action taken. 5. Signature of personnel performing.
<p>E. Observe student's response to medication. Document and report to parent/guardian and school nurse.</p>	<p>This information may be necessary for student's parent/guardian and/or licensed prescriber to evaluate effectiveness.</p>

V. Additional considerations:

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
A. If vomiting should occur after medication is given, DO NOT	Notify parent/guardian and school nurse.

REPEAT THE DOSE OF MEDICATION UNLESS OTHERWISE DIRECTED BY THE IHP.	
B. Ensure that student’s medication is taken on all school-sponsored events.	Ensure that medication is stored at correct temperature and is under control of trained unlicensed school staff.

General Steps for Medication Administration

Regardless of route or type of medication given, the following general steps for should be followed:

1. Wash hands. Use disposable gloves if indicated.
2. Gather the necessary supplies.
3. Verify the authorization with the prescription label.
4. Review the five “rights”, checking the label for the name, medication, dose, time and route when picking up the container from the secured storage area.
5. Check the expiration date. The school nurse should be alerted if it is expired and it should not be given.
6. Read the label for instructions and follow the directions (e.g., shake well).
7. Review the five “rights”, checking the label for the name, medication, dose, time, and route when preparing the medication.
8. Prepare the medication without touching the inside of the medicine cup or contaminating the inside of the lid. Do not give the medication if it is contaminated.
9. Do not cut or crush an unscored pill without the approval of the pharmacist or health care provider.
10. Do not leave the medication unattended.
11. Review the five “rights”, checking the label for the name, medication, dose, time, and route when returning the medication to the secured storage area.
12. Identify the student by asking his/her name and what medication he/she is to receive. Check the student’s picture on the health record, if available.
13. Explain the procedure to the student.
14. Give the student the correct authorized medication in the correct dose *via the route* specified.
Medications should be given within 30-45 minutes of the scheduled time as instructed in the student’s delegation plan.
15. Verify the student received the medication. Observe the student for unusual reactions.
16. Dispose of used equipment. Remove and discard gloves, if worn. Wash your hands.
17. Document immediately per school procedure, the student’s name, medication, dose, time, route, person administering the medication, and any unusual observations.
18. Report unusual reactions immediately following school procedure.
19. Summarize the student’s compliance with and apparent benefit (or lack of benefit) from taking this medication at school. Give this information to the school nurse, student’s parent/guardian and/or healthcare provider as indicated in the Individualized Healthcare Plan (IHP).

**(SAMPLE) Medication Administration:
Parental Request for Training Unlicensed School Staff to Administer**

Student _____ Birthdate _____ Grade _____

Parent/Guardian _____ Contact _____

Background. All students attending public schools must have access to health care during the school day and for school sponsored activities, if necessary, to enable the student to participate fully in the school program. The federal laws include the Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973.

The Alaska Board of Nursing does not authorize registered nurses to delegate injectable medications and “as needed” controlled substances to unlicensed assistive personnel. However, parental delegation of these medications, when a school nurse is not available to administer them, is allowed in 12 AAC 44.975, Exclusions (2) under “other legal authority.” In an Alaska Board of Nursing advisory opinion dated 4-2-12, the *Medication Administration in the School Setting Delegation Decision Tree* was adopted as a plan to allow parents to delegate to school staff with nurse involvement in training and follow up. The trained school staff must provide care for the student consistent with the Individualized Healthcare Plan (IHP) prepared by the nurse based on healthcare provider instructions and parent input.

Parent Request. I, the parent/legal guardian, understand that in the absence of the school nurse, school staff may be trained to administer _____ to my child.

name of medication(s).

- I hereby request that an appropriate staff person be trained to assist with medication administration for my student.
- I would like to participate in the training.
- I do not need to be present for the training.

Parent signature

Date

Home phone

Cell phone

PLEASE SIGN AND RETURN THIS FORM TO YOUR SCHOOL OFFICE

(SAMPLE) Medication Administration: Parental Authorization for Trained Unlicensed School Staff to Administer

Student _____ Birthdate _____ Grade _____

Parent/Guardian _____ Contact _____

Background. All students attending public schools must have access to health care during the school day and for school sponsored activities, if necessary, to enable the student to participate fully in the school program. The federal laws include the Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973.

The Alaska Board of Nursing does not authorize registered nurses to delegate injectable medications and “as needed” controlled substances to unlicensed assistive personnel. However, parental delegation of these medications, when a school nurse is not available to administer them, is allowed in 12 AAC 44.975, Exclusions (2) under “other legal authority.” In an Alaska Board of Nursing advisory opinion dated 4-2-12, the *Medication Administration in the School Setting Delegation Decision Tree* was adopted as a plan to allow parents to delegate to school staff with nurse involvement in training and follow up. The trained school staff must provide care for the student consistent with the Individualized Healthcare Plan (IHP) prepared by the nurse based on healthcare provider instructions and parent input.

Parent Authorization. I, the parent/legal guardian, understand that in the absence of the school nurse, other trained school staff will administer this medication. I agree to defend and hold named school district employees harmless from any liability resulting from the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. **I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.**

As a parent or guardian of _____, I hereby acknowledge that I have read and understand this form and agree to its content. I have authorized the nurse to train school staff using a standardized curriculum to administer the medication(s) (below) to my child according my child’s IHP when the school nurse is not available.

I attended the training session(s) provided to the school staff identified below, agree that the content was appropriate for medication administration to my child.

I did not attend the training session(s) provided to the school staff identified below but have reviewed the curriculum and agree that the content is appropriate for medication administration to my child. .

Name(s) of school staff authorized to be trained to administer _____ to my child.
name of medication(s)

1. _____ 2. _____ 3. _____

Parent signature

Date

Home phone

Cell phone

PLEASE SIGN AND RETURN THIS FORM TO YOUR SCHOOL OFFICE - if no form is on file, it will be assumed that authorization for parental delegation has not been granted and there will be no trained school staff assigned to your child.

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