

ADMINISTERING MEDICINE TO STUDENTS - AR

- I. Students will not be permitted to take medications while at school unless the following conditions are satisfied:

If medication must be administered by school personnel, including epinephrine for known anaphylaxis, it must be done under the following conditions:

- A. A completed "Medication Authorization" signed by a physician or certified nurse practitioner and parent/guardian must be presented to the principal or school health staff (See attached form). It is the responsibility of the parent to submit an updated authorization form each year to the principal or school health staff. (See attached page 5).
- B. The medication must be delivered directly to the school health staff, Principal or designee by the parent in its original, labeled container. All containers and written messages must include the student's name. All medications will be securely stored in the health suite. Students are not permitted to have prescription or over-the-counter medications in their possession while at school or in transit to or from school with the exception of prescribed inhalers and Epi-pens. **Although not a medication, it is permissible for students to be in possession of sunscreen without parent and school prior permission.**
- C. Medications prescribed and dispensed by health professionals of the School Based Health Center (SBHC) can be transported on the date of first issuance from school to home by the student. The medication labels will include:

Student's Name
Name of medication
Date prescribed
Dosage
Practitioner's name

- II. Parents may come to the school to administer medicine to their child, but must report their plan to do so IN ADVANCE to the school principal or school health staff.
- III. It shall be required that a parent or guardian administer the FIRST DOSE of the medication in order to closely monitor unexpected side effects. The first dose of medication dispensed at a SBHC will be administered at the Center.

ADMINISTERING MEDICINE TO STUDENTS

- IV.** The school nurse will conduct a weekly review of all medication being administered at school as well as the records of administration and make recommendations to the principal as needed-
- V.** The principal and/or School Health Supervisor shall establish:
- Who may or may not administer medicine
 - A lockable or otherwise secure area to store medicine
 - A procedure to ensure that medication is administered in a proper and timely manner
 - A procedure to dispose medicine that has not been picked up by parents within 10 days of the final dosage
 - A procedure for disposal of "sharps" using a puncture proof container
 - An expectation among the school and school health staff that there should be no hesitation about calling a parent, a physician or "911" in case of unusual behavior, side effects, or any other problem which may be related to the use or misuse of medication by students.
- VI.** Except in the case of a life threatening emergency, students should be able to self-administer the medication which has been ordered. Eg., tablets, pills; apply ointments; and to use injectibles or inhalers.
- VII.** Records of medication administered to students by school personnel should be retained until the beginning of the next school year and may then be destroyed. Note should be made on a student's Health Inventory Form when the student receives medication at a school for a chronic health problem.

VIII. UNKNOWN ANAPHYLAXIS

PURPOSE

- A.** To assist a student at the time of a life-threatening emergency. To assure the safe administration of epinephrine in an emergency situation. To ensure proper training in administering an Epi-pen.

All TCPS Staff will complete the on-line Safe School Training Course "Health Emergencies: Life Threatening Allergies" by September 30th of each school year.

- B.** The school nurse shall be authorized to obtain and store auto injectable epinephrine in an unlocked cabinet to be used in emergency situation.
- C.** The school nurse will ensure that designated school personnel are trained in Epi-pen administration. The supervisor of Transportation and Safety will ensure that all bus drivers receive training in Epi-pen administration. When available, the Supervisor of Transportation and Safety will dispense the Epi-

pens to the TCPS field trip bus driver who will transfer them to the trained school personnel on the bus. At the end of the field trip, the Epi-pen will be returned to the Department of Transportation.

Each incident at the school or at a related school event that required the use of auto-injectable epinephrine will be documented on a standardized Maryland State Department of Education form and submitted to the Department (see attached page 6 & 7).

D. PROTOCOL UNKNOWN ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Definition:

Anaphylaxis is a very serious sudden, intense, rapidly progressing whole body allergic reaction that can be fatal. It can occur in a person who has hypersensitivity to foods, insect stings, medications, or other allergens (identified or unidentified). The risk is higher in people with asthma. The purpose of this protocol is to provide designated trained staff with a recommended standard by which to respond to this life-threatening event in students with no known history of anaphylaxis.

NOTE: For students with a known history of anaphylaxis, follow the student’s health care provider orders for when to administer epinephrine. In the absence of provider orders, this standard protocol should be used.

SUSPECT ANAPHYLAXIS IF STUDENT PRESENTS WITH OR COMPLAINS OF:

- A. Onset of progressive symptoms that occur rapidly;
- B. Possible exposure to an allergen (most often foods, insect stings, or medications; or student’s known allergen);
- C. Student meets one of the criteria below:

Criteria 1: Complaint of one or more throat, lung, or heart system signs and symptoms:

Body System	Signs and Symptoms
Throat	Swelling of the mouth, throat or tongue; tightness of throat; feeling like the throat is closing; difficulty swallowing; hoarseness or change in quality of voice
Lung	Coughing; wheezing; shortness of breath; difficulty breathing; noisy breathing; “air hunger” or gasping for air
Heart	Dizzy/lightheaded; fainting; weak or unobtainable pulse; loss of consciousness or unresponsiveness. If able to obtain: weak or absent pulse; fall in blood pressure

Criteria 2: Complaint of skin signs and symptoms with symptoms in another body system (i.e. hives with nausea and vomiting; generalized itching and feeling of impending doom):

Body System	Signs and Symptoms
Skin	Hives; <u>generalized itching, tingling and/or swelling of face or extremities</u>
Gastrointestinal	Nausea; abdominal pain or cramps; vomiting; diarrhea
Mental	Uneasiness; agitation; panic; feeling of impending doom

FOR A PERSON DETERMINED TO BE OR PERCEIVED TO BE IN ANAPHYLAXIS ADMINISTER EPINEPHRINE IMMEDIATELY

1. Select appropriate epinephrine auto-injector based on dosage below*:

Grade	Weight	Age	Epinephrine Dosage	Epinephrine Formulation
Pre-Kindergarten through 2 nd grade	Less than 55 lbs (25 kg)	Less than 8 years of age	0.15 mg	Epinephrine Auto-Injector 0.15 mg
3 rd grade through 12 th grade	Greater than 55 lbs (25 kg)	8 years of age or older	0.3 mg	Epinephrine Auto-Injector 0.3 mg

2. Administer epinephrine auto-injector intra-muscularly into the outer thigh. NOTE: For students who also have asthma, always administer epinephrine first then Albuterol if ordered
3. Simultaneously call 911 (or direct someone to call 911). Specify that an anaphylactic reaction has occurred and that paramedics are needed.
4. Administer CPR if indicated and trained to do so.
5. Observe student for continued or worsening signs of anaphylaxis.
6. If symptoms of anaphylaxis continue without improvement, worsen, resolve or lessen and then return and EMS has not arrived, then repeat the same epinephrine dose, if available, 5-10 minutes after the initial dose according to local policy.
7. Stay with student until EMS arrives.
8. Place student in a reclining position with legs elevated until EMS arrives.
9. Give nothing by mouth.
10. If possible, monitor and record heart rate, respirations, and blood pressure.
11. Anyone receiving epinephrine must be transported by EMS for continued medical evaluation and care.

**MARYLAND STATE
SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM**

This order is valid only for school year (current) _____ including the summer session.

School: _____

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or prescriber.
- * Non-prescription medication must be in the original container with the label intact.
- * An adult must bring the medication to the school.
- * The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: None expected Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year

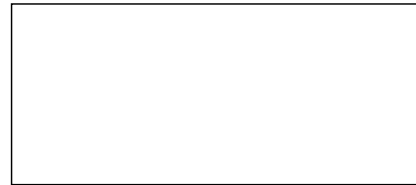
Prescriber's Name/Title: _____

(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

A verbal order was taken by the school RN (Name): _____ for the above medication on (Date): _____

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____

Signature

Date

School RN approval for self carry/self administration of emergency medication: _____

Signature

Date

Order reviewed by the school RN: _____

Signature

Date

Maryland State Department of Education (MSDE) – School Health Services Form
Report of Anaphylactic Reaction/Epinephrine Administration

Demographics and Health History

1. School District: _____ Name of School: _____
2. Type of Person: Student Other _____ Age: _____ Gender: M F Ethnicity: Hispanic/Latino Yes No
3. Race/Ethnicity: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White Other
4. History of allergy: Yes No Unknown If known, specify type of allergy: _____
- If yes, was allergy action plan available? Yes No Unknown History of anaphylaxis: Yes No Unknown
- Previous epinephrine use: Yes No Unknown Diagnosis/History of asthma: Yes No Unknown

School Plans and Medical Orders

5. Does student have an Individual Health Plan (IHP)/Emergency Plan (EP) in place? Yes No Unknown
6. Does the student have a student specific order for epinephrine? Yes No Unknown

Epinephrine Administration Incident Reporting

7. Date/Time of occurrence: _____ Vital signs: BP ____/____ Temp _____ Pulse _____ Respiration _____
8. If known, specify trigger(s)/exposure that precipitated or may have precipitated this allergic episode:
- Food Insect Sting Exercise Medication Latex Other (specify) _____ Unknown
- If food was a trigger, please specify which food _____
- Please check: Ingested Touched Inhaled Other (specify) _____
9. Did reaction begin prior to school? Yes No Unknown
10. Location where symptoms developed:
- Classroom Cafeteria Health Office Playground Bus Other (specify) _____
11. How did exposure occur?
- _____

12. Symptoms: (Check all that apply)

- | | | | | |
|--|--|---|---|--|
| <u>Respiratory</u> | <u>GI</u> | <u>Skin</u> | <u>Cardiac/Vascular</u> | <u>Other</u> |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Abdominal discomfort | <input type="checkbox"/> Localized swelling | <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Profuse sweating |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Flushing | <input type="checkbox"/> Cyanosis | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> General itching | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Nasal congestion/runny nose | <input type="checkbox"/> Oral itching | <input type="checkbox"/> General rash | <input type="checkbox"/> Faint/Weak pulse | <input type="checkbox"/> Metallic taste |
| <input type="checkbox"/> Swollen (throat, tongue) | <input type="checkbox"/> Nausea | <input type="checkbox"/> Hives | <input type="checkbox"/> Headache | <input type="checkbox"/> Red eyes |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Lip swelling | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Stridor | | <input type="checkbox"/> Localized rash | <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Uterine cramping |
| <input type="checkbox"/> Tightness (chest, throat) | | <input type="checkbox"/> Pale | (rapid heart rate) | |
| <input type="checkbox"/> Wheezing | | | | |

Maryland State Department of Education (MSDE) – School Health Services Form

Report of Anaphylactic Reaction/Epinephrine Administration

13. Location where epinephrine administered: Health Office Other (specify) _____

14. Location of epinephrine storage: Health Office Other (specify) _____

15. Epinephrine administered by: RN LPN Self Other (specify) _____ Time: _____

Dose of epinephrine administered: 0.15 mg 0.30 mg

Source of Epinephrine: student provided stock epinephrine Other Unknown

16. Parent/guardian notified of epinephrine administration: Yes No Time: _____

By whom: _____

17. Was a second dose of auto injectable epinephrine required due to a biphasic reaction (i.e. reoccurring/worsening of anaphylactic symptoms)?
 Yes No Unknown

If yes, was the dose administered at the school prior to Emergency Medical Systems (EMS) arrival? Yes No Unknown

Approximate time between the first and second dose _____

Disposition

18. EMS notified at: (time) _____ By whom: _____

Transferred to hospital emergency department: Yes No If "No," provide reason: _____

If yes, transferred via Ambulance Parent/Guardian Other

19. Outcome: _____

School Follow-up (To be completed by School Nurse)

20. Were parents/guardians advised to follow up with student's primary care provider? Yes No

21. Were arrangements made to restock auto injectable epinephrine? Yes No

22. Notes: _____

23. Form completed by: _____ Date: _____
(Please print)

Signature: _____ Title: _____

Phone number: (____) _____ - _____ Ext.: _____

School address: _____

Submit completed form to:

Maryland State Department of Education, School Health Services Section
Attention: Alicia Mezu, MSN/Ed, RN or Mary Jo Harris, MS, RN
Fax: (410) 333-8148

IX. Narcan Administration

A. Purpose:

To establish guidelines and regulations governing utilization of the Nasal Narcan administered by the Talbot County Health Department. The objective is to treat Opioid Overdoses and reduce fatal Opioid Overdoses.

B. Background:

Drug overdoses have become a serious public health challenge In Maryland and across the country in Maryland, the total number of overdose deaths has risen steadily since 2010, mainly due to the increase in heroin-related deaths. According to the Department of Health and Mental Hygiene, as it has become more difficult and expensive to obtain prescription opioids, people have switched to cheaper and more accessible heroin. To address these concerns and save the lives of Marylanders, a goal was set to reduce overdose deaths by 20% by the end of 2015.

C. Definitions:

Naloxone is known as an "Opioid Antagonist" (Antidote). It is fast acting treatment, effective within one to eight minutes of exposure. It is safe to carry and administer, with no potential harmful side effects, and impossible to abuse. Narcan competes with the presence of illicit opiate in the brain. Because it stays in the system for approximately 30 minutes, the recipient of Narcan may need an additional dosage to counteract an extreme overdose.

2. Opiates:

Form and include Hydrocodone, Oxycodone, Morphine, etc. Illicit opiate is Heroin. Prescription Opiates usually have a predictable dose response (the user knows what to expect) and the consumption of the illegal opiate substances lead to highly unpredictable, often volatile human response, resulting in an overdose. Opiates are commonly used to relieve pain and sedate patients. Prescription opiates work on certain receptors in the body including the brain, respiratory system, and the gastrointestinal tract. At normal levels, they cause decreased transmission of pain. At excessive levels (overdose) opiates may cause slowing of vital functions of respiration and level of consciousness.

3. Opiate Overdose:

Effect on the respiratory system (no oxygen) and central nervous system with a decreased level of consciousness. Overdose can be reversed if done in a timely manner.

4. Opiate Overdose Signs:

Person who is not breathing (blue lips and blue skin), limp body, slow pulse, unconsciousness, choking sounds/gurgling, may be experiencing an opiate overdose.

5. Mucosal Atomizer Device (MAD):

Safe and effective delivery method using nostrils of the patient. This device turns medication into a fine mist in order to absorb through nasal mucosa. Needles are not involved. This device painlessly delivers two milligrams of Naloxone per dose.

6. Opioid Response Kit:

The Kit will contain the following supplies: Narcan 2mg/ml, Atomizer, rescue breathing barrier, gloves, and instruction card.

D. Policy:

The Talbot County Health Department will train all Talbot County Public School selected staff in the administration of Narcan. The Opioid Response Kit will be located in the medical emergency bag located in the Health Office.

E. Procedure:

Nasal Narcan use. When using the Nasal Narcan kit maintain universal precautions. Determine unresponsiveness. Call 911. Attempt to rouse and stimulate. Shake the person and yell their name "Are you alright? Wake up." If no answer, do a sternal rub by making a fist and rubbing your knuckles up and down the breast bone. If 911 has not been called, call 911.

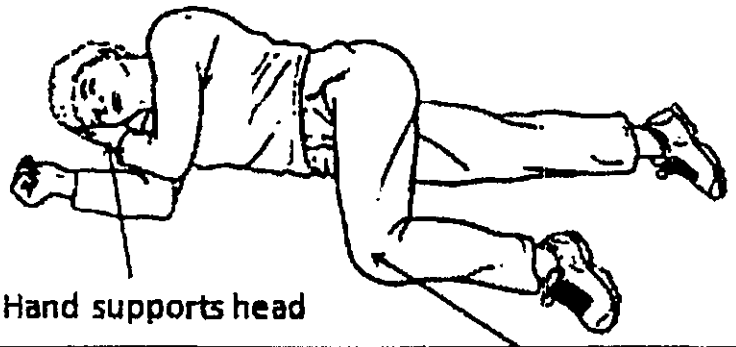
- Obtain Narcan. Remove caps from needleless syringe.
- Screw nasal atomizer into top of syringe
- Remove cap from prefilled vial of naloxone
- Gently twist naloxone vial into delivery device until you feel it "catch."
- Tilt the head back so the naloxone will not run out of the person's nose.
- Spray one-half (1cc) of the naloxone up each nostril.
- Assess breathing, look, listen, and feel. If shallow, short breaths, less than 8 breaths per minute, or if not breathing, start rescue breathing right away. This is the quickest way to get oxygen into the body and one of the most important things you can do to prevent someone from dying from an opioid overdose.
- Rescue Breathing -Step by Step. Lay the person on his/her back on a flat surface.
- Place rescue breathing barrier/bag valve mask over airway.
- Tilt the chin to open the airway.
- Remove anything blocking the airway.
- Pinch the person's nose closed completely.
- Cover his/her mouth with your mouth and blow 2 regular breaths about one (1) second each or use the bag valve mask to deliver two (2) breaths.
- Allow 1-3 minutes for the naloxone to work.
- If breathing is not restored after 2-3 minutes, give a second dose of naloxone. Continue resuscitation as necessary.
- If the person is awake, place him/her into the recovery position. This keeps the airway clear and prevents choking/aspiration if vomiting occurs. See attachment I.
- Stay with the person and provide care as directed until EMS arrives. Give full report.
- After event, notify the school nurse if he/she was not present during the procedure.

Attachment I

Recovery Position



Face & body turned to side



Hand supports head

Be it knee supports body