

State of Alaska

Medication Administration: Delegation Decision Tree Guidelines



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Guideline contributors:

Patricia Barker, BSN, RN

Mary Bell, BSN, RN, NCSN

Nancy Edtl, MBA, BSN, RN, NCSN

Luann Fogels, BSN, RN, NCSN

Krista Grilliot, RN, BSN, NCSN

Maureen Kauleinamoku, MSN, RN

Naomi Walsworth, RN, BSN

Guideline reviewers:

Jordis Clark, MPH, RN NCSN

Marcy Custer, MS, RN

Lois Henderson, RN

Faith Hundley, RN, BSN, NCSN

LeMay Hupp, MPH, BSN, RN, NCSN

Anne McCarron, RN, NCSN

Christy Kinter, RN

Marty Langlois, RN

Elizabeth Miller, MEd, BS, RN, NCSN

Luann Powers, BSN, RN, NCSN

Nancy Sanders, PhD, RN

Contact Information:

Mary Bell, RN, BSN, NCSN

School Health Nurse Consultant

Department of Health & Social Services

Division of Public Health

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

3601 C Street, Suite 322, Anchorage, AK, 99503

907-269-7368 Fax 907-269-3465 mary.bell@alaska.gov

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INTRODUCTION:

Medication administration is one of the most common health-related activities performed in schools. Adherence to medications for students with chronic conditions is important to the student's overall health and to the stability of their condition. A variety of educational, social/emotional and physical consequences are related to medication adherence for these students.¹

The incidence and prevalence of chronic conditions such as asthma, diabetes, severe allergies and seizure disorders in school-age children is increasing. Complex medical problems that were previously handled in acute care settings (i.e. hospitals) are now being managed in the school setting.²

The school nurse is the professional that has the knowledge and skills for delivery of medication, the clinical knowledge and understanding of the student's health and the responsibility to protect the health and safety of students.³ Some schools may only have part-time school nursing services. Even in schools with full time school nursing services, the increased complexity and acuity of students' health care needs puts the school nurse in the difficult position of trying to juggle all the pressing demands for nursing care.⁴

Increasingly, school nurses are being called upon to delegate to and get effective support from other school staff to meet student health care needs.⁴ Delegation is a tool that may be used by the school nurse to allow trained staff to provide standardized routine health services, including medication administration. When a school nurse is not available, the American Academy of Pediatrics (AAP), the National Association of School Nurses (NASN) and the American Nurses Association recommend "trained and supervised unlicensed assistive personnel (UAP) who have the required knowledge, skills and composure to deliver specific school health services under the guidance of a licensed registered nurse."³

Background

Federal law requires that all students attending public school be able to participate fully in his/her 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. 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 (e.g. auto-injectable epinephrine, albuterol, rectal diazepam and glucagon) is critical and vital to the effectiveness of these life-saving interventions. In addition to other needs, students with diabetes require management of injectable medications (insulin and glucagon) for use during school and school-sponsored activities.^{2,3}

In Alaska school districts with school nursing services, policies and procedures for safe and efficient administration of medications with professional oversight by the school nurse should be in place. These policies should be consistent with federal and state laws, nursing practice standards, and established safe practices in accordance with evidence-based information.¹ School nurses should review all school medication orders, establish liaisons with the student's health care provider(s), administer medication, and/or provide effective training and supervision of unlicensed assistive staff who are delegated to administer medication.³

When the school nurse is not available, as in schools with part-time nursing services and/or for school-sponsored activities, a school nurse may delegate certain medication administration duties to school staff. Alaska Board of Nursing Statutes and Regulations license and regulate the practice of nursing in Alaska. Regulations 12 AAC 44.950 – 12 AAC 44.975 contain the standards for delegation of nursing duties (see Appendix A for an excerpt of these regulations). Administration of medication is a specialized nursing task that may be delegated under the

standards set out in 12 AAC 44.950, 12 AAC 44.960 and 12 AAC 44.965. These regulations allow registered nurses to delegate administration of certain medications to a “school setting provider.”

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.

In order for professional school nurses to support parents in this process, and to assure that appropriate training and follow up takes place when a parent authorizes school staff to administer medication, the Alaska Board of Nursing approved the *Medication Administration in the School Setting: Delegation Decision Tree*, see Appendix B. This decision tree was adopted by the Alaska Board of Nursing on April 4, 2012 as an advisory opinion; it is available on the Board of Nursing website at <http://www.dced.state.ak.us/occ/pnur.htm> as well as in this document.

PURPOSE:

This document offers guidance to the registered professional school nurse and school districts with nursing services for implementation of the Delegation Decision Tree, particularly when certain medications may not be delegated as determined by state law.

DEFINITIONS:

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.⁵ 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.”³

Emergency Care Plan (ECP) – This plan, sometimes called an emergency action plan, details the 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) who may have potential responsibilities in an emergent event for the student. The ECP is a component of the Individualized Healthcare Plan (IHP).⁶

Individualized Healthcare Plan (IHP) - This document is a nursing care plan that 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.
- Inclusive of an emergency care plan (ECP), if needed.
- Implemented then evaluated at least yearly to determine need for revision and evidence of desired student outcomes.⁶

Nursing Process - The nursing process is the essential core of nursing practice for the registered nurse. It serves as an organizational framework, founded in nursing theory, providing a systematic approach to the patient's situation. Critical thinking underlies each step of the nursing process. The process is cyclical and dynamic, client centered, interpersonal and collaborative, and universally applicable. The components of the nursing process are the foundation for the standards of practice for school nursing. The steps are identified below as they pertain to the IHP process:

Assessment (Standard 1) The data collection phase helps determine the student's current health status and any actual or potential health concerns.

Diagnosis (Standard 2) The school nurse uses the assessment data to formulate a nursing diagnosis, including a diagnostic label, etiology, and presenting signs and symptoms.

Outcomes Identification (Standard 3) The school nurse identifies desired results for nursing intervention and states these in measurable terms.

Planning (Standard 4) Interventions are selected to achieve desired results.

Implementation (Standard 5) – The IHP is put into practice and care provided is documented.

Evaluation of outcomes (Standard 6) – The school nurse measures the effectiveness of nursing interventions in meeting the identified outcome.^{6,7}

School-sponsored activity – academic, nonacademic and extracurricular activities that may include field trips, special interest groups or clubs, physical recreational athletics and other recreational activities sponsored by the school and/or school district. (34 CFR 104.34(b) and 104.37(a)(2))⁸

Supervision – the Alaska Board of Nursing adopted the National Council of State Boards of Nursing's definition, which is "Supervision is the provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a nursing task delegated to nursing assistive personnel." NOTE: nursing assistive personnel are also known as unlicensed assistive personnel; the term 'trained staff' is used for the same purpose in Delegation Decision Tree documents.

- *Direct Supervision* is the presence of the licensed nurse working with other nurses and/or nursing assistive personnel to observe and direct the assistant's activities. The proximity of this supervision is such that immediate intervention is possible if problems occur.
- *Indirect Supervision* occurs when the licensed nurse is not present and supervision is provided by other than direct observation of the nurses and/or nursing assistive personnel. The absence of proximity of the licensed nurse requires processes being in place for the direction, guidance, support and monitoring of the Licensed Practical Nurse or nursing assistive personnel.⁵

Trained Unlicensed School Staff – school employee who has successfully completed a medication 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).

Unlicensed Assistive Personnel - as defined in AS 08.68.805, 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.

MEDICATION ADMINISTRATION IN THE SCHOOL SETTING: DELEGATION DECISION TREE

Overview

School districts should follow the Delegation Decision Tree to support safe provision of necessary medication(s) when a student requires medication administration in the school setting. A model nursing standard/procedure for delegation is found in Appendix C (Standard/Procedure for Delegation). This sample is a guide only. It is always prudent to have proposed local policies and regulations reviewed by legal counsel.

In districts with school nursing services, the school nurse should develop an Individualized Healthcare Plan (IHP), and an Emergency Care Plan (ECP) for students who require one using the nursing process. (See Appendices D and E for sample general plans) These students include, but are not limited to, students with diabetes, seizure disorders, life-threatening allergies, and, in most cases, asthma. The IHP is developed in consultation and collaboration with parents, health care providers and school administrator.

When the school nurse is available, the nurse should follow Alaska Board of Nursing Regulations, school district policies/procedures and nursing practice standards to provide medication management/administration in the school and for school-sponsored activities.

When the school nurse is not available to provide these services directly, he/she must first complete a nursing assessment to determine if the medication administration task could safely be assigned to school staff. If the task is not safe to delegate to a trained unlicensed school staff, the school nurse should work with the parents, school administrator(s), health services coordinator/supervisor and, as appropriate, the health care provider, to determine the resources needed to meet the student's health care needs.

If the task can be safely delegated, the school nurse must next determine if regulations authorize registered nurses to delegate it. If delegation is allowed, the school nurse follows Alaska Board of Nursing Regulations to delegate, train, supervise and evaluate school staff to administer the medication(s).

If the nurse cannot delegate the medication, the nurse should follow the steps in the decision tree to support the parental delegation process and train school staff accordingly. Sample parental request and authorization forms for training unlicensed school staff in medication administration are found in Appendices F and G.

SUMMARY OF SCHOOL NURSE RESPONSIBILITIES

- The school nurse is responsible for staying up-to-date on nursing statutes and regulations governing the practice of registered nurses in Alaska. The most current version is found at: <http://www.dced.state.ak.us/occ/pnur.htm>. The school nurse is also responsible for practicing within the scope and standards for school nursing set forth by the American Nurses Association, the National Association of School Nurses, and school district policies and procedures for nursing care.
- The school nurse is responsible for developing an Individualized Healthcare Plan (IHP) which may include an Emergency Care Plan (ECP), as needed, for the student whose health condition may affect attendance and/or academic performance. Management of the student's healthcare and medication needs should be addressed in the IHP, including instructions for how these needs will be met when the school nurse is not available.
- The school nurse is responsible for assessing the student, identifying the nursing tasks required, and, on a case-by-case basis, determining (a) if the task(s) can be safely delegated, (b) if Alaska Board of Nursing regulations authorize registered nurses to delegate administration of the needed medication, and (c) what level of training and supervision is required for safe delegation.
- If Alaska Board of Nursing Regulations do not authorize delegation by registered nurses, the nurse is responsible for working with the parent, school administrator, health services coordinator/supervisor

and, as appropriate, the health care provider, to determine the appropriate provisions for the student to address their health care needs within safe boundaries.

- If parental delegation is appropriate for the student and situation, the school nurse is responsible for working with the parent and school administration to select and train appropriate school staff to administer the medication in compliance with the Alaska Board of Nursing *Medication Administration in the School Setting Delegation Decision Tree*.
- The school nurse is responsible for involvement in development of school policy and procedures related to school nursing services provided on field trips and school-sponsored activities based on federal laws and school district policies.

MEDICATIONS DELEGABLE BY REGISTERED NURSES TO UNLICENSED ASSISTIVE PERSONNEL (UAP):

In determining whether aspects of a student's health care may be delegated to an unlicensed person, including medication(s), the nurse must follow the standards set out in the Alaska Board of Nursing Delegation Regulations.

12 AAC 44.950, *Standards for Delegation of Nursing Duties to Other Persons*

12 AAC 44.955, *Delegation of Routine Nursing Duties*

12 AAC 44.960, *Delegation of Specialized Nursing Duties*

12 AAC 44.965, *Delegation of the Administration of Medication*

12 AAC 44.966, *Delegation of the Administration of Injectable Medication*

12 AAC 44.970, *Nursing Duties That May Not Be Delegated*

12 AAC 44.975, *Exclusions*

See Appendix A for Alaska Board of Nursing Delegation Regulation Excerpts.

Steps in School Nurse Delegation⁵:

1. Assess the individual student's condition and circumstances. Consider the complexity, variability and urgency of care. Review the priority of long and short term student needs, the level of clinical decision making, and the predictability of the student's health status. Determine the therapeutic benefits and risks associated with delegating the task/function/activity.
2. Determine who can safely and competently perform the task.
 - a. Assess the staff members' knowledge, skills, abilities and learning needs. Consider the cognitive and technical abilities as well as the context in which the task is to be performed.
3. Use the standardized training curriculum, approved by the Alaska Board of Nursing and the school district, to prepare the school staff person to perform the task. (see *Medication Administration: Guide for Training Unlicensed School Staff*, approved by the Alaska Board of Nursing, available at <http://dhss.alaska.gov/dph/wcfh/Pages/school/default.aspx>) Assess competency of the trained staff using pre- and post-test and return demonstrations included in the training curriculum.
4. Communicate how the task is to be accomplished, when and what information is to be reported, and how to accurately document the care provided, as well as any communication with members of the health care team.
5. Periodically monitor and supervise the individual performing the task to determine that the individual is following correct procedure as well as any unexpected change in the student's condition or situation.
 - a. Determine the extent of the supervision needed. Consider the student's health status and stability of the condition, the predictability of responses and risks, the setting where the care occurs, the availability of resources and support infrastructure, and the complexity of the task being performed.
6. Evaluate the performance of the delegated duty by trained school staff at least every 90 days as per 12 AAC 44.960(c) and repeat the instruction as needed, at least annually. A record of the evaluations must

be documented and maintained. (See sample Training Evaluation Record for Unlicensed School Staff, Appendix H)

7. Evaluate the student outcomes and adjust the IHP accordingly.

The Five Rights of Delegation include:

1. Right task
2. Right circumstances
3. Right person
4. Right communication
5. Right supervision*

* Some literature suggests 'documentation' as the 6th Right

MEDICATIONS NON-DELEGABLE ACCORDING TO ALASKA NURSING REGULATIONS

AAC 44.970. *Nursing Duties That May Not Be Delegated*, include:

- The administration of *injectable medications* except by an advanced nurse practitioner to a certified medical assistant
- Administration of a *non-herbal nutritional supplement*
- Medication management for *unstable medical conditions* requiring ongoing assessment and adjustment of dosage or timing of administration
- PRN-controlled substances* as per 12 AAC 44.965
- Medications that are given via a route other than oral, topical, transdermal, nasal, inhalation, optic, otic or rectal

Because these regulations do not authorize school nurses to delegate administration of certain medications to school staff, the school nurse should work with the parents, administrator, nursing services supervisor and, as appropriate, the health care provider, to consider the best course of action for student access to the needed medications when the nurse is not available. If it is determined that the non-delegable medication can be safely administered by trained school staff when the nurse is not available, the parent may authorize staff to administer the medication and the school nurse may train the school staff using standardized resources approved by the school district. The nurse should follow up the training program effectiveness (see Appendix H for a sample Training Evaluation Record for Unlicensed School Staff) and evaluate outcomes as part of the IHP process.

LIABILITY ISSUES

The National Council of State Boards of Nursing defines accountability as "being responsible and answerable for actions or inactions of self or others in the context of delegation." The school nurse is accountable for actions related to his/her nursing licensure, standards of school nursing practice and to the policies and procedures of the school district.

When a registered nurse delegates a nursing task, she/he is responsible for the act of delegating and for supervising and evaluating the delegated tasks. Ultimately, the school nurse is accountable for all actions performed by trained staff. School nurses delegate responsibly when they determine that the trained staff person has the appropriate training and competency to perform a task safely before delegating these tasks.

Schwab and Gelfman⁹ (2001) have noted:

If the nurse fulfills his/her responsibilities as a supervisor (e.g., makes an appropriate assignment or delegation, trains, and supervises the UAP, and evaluates student outcomes and UAP performance on a periodic basis), the supervising nurse should not be liable for the unpredictable errors of the UAP.

The school nurse must assure that all the criteria for delegation, as defined in Alaska Board of Nursing Regulations 12 AAC 44.950 through 12 AAC 44.975, have been addressed including:

- Assessing the student and situation to determine if the delegation is appropriate;
- Monitoring, supervising and evaluating outcomes of each delegation;
- Documenting the process for training and evaluating the trained staff

The Delegation Decision Tree provides two pathways for appointing unlicensed school staff to provide medication administration. Documentation is key to managing liability in either scenario. When a school nurse is authorized to delegate a medication administration task directly, the full range of supervision and monitoring activity is appropriate and should be documented. When the school nurse trains unlicensed school staff in response to a parent-authorized delegation request, the interface with the trained staff is based on the teaching function. In this context, the nurse is accountable for the content and the methods used in teaching, and evaluation focuses on the effectiveness of the teaching.⁵ Complete documentation that the medication administration skills were taught, learned and correctly practiced provides legal evidence of this process. Sample Alaska Board of Nursing approved standardized medication administration training curricula, with forms to document the process, are available at <http://dhss.alaska.gov/dph/wcfh/Pages/school/default.aspx>.

AS 14.12.115. Indemnification. A school board is responsible for insuring or indemnifying and protecting a school district employee, including paying legal fees and costs arising out of any claim, demand, suit or judgment by reason of alleged negligence, alleged violation of civil rights, or alleged wrongful act resulting in death or bodily injury to any person IF the employee was acting under the direction of the school board and within the course or scope of the duties of the employee. The school nurse and school staff are, therefore, protected by this statute as long as they are acting within their scope of duties and following school district policies and procedures.

School personnel should consult their own district for specific advice on liability.

FIELD TRIPS AND SCHOOL SPONSORED ACTIVITIES

Federal laws require equal access to school activities, including health services on field trips and for school sponsored activities. All children (attending a school receiving any federal monies), including students with special healthcare needs, have the right to fully participate in school-sponsored trips. It is the school's responsibility to provide necessary accommodations so that all students can attend. To deny a student the right to participate in extracurricular activities or field trips discriminates against the student and is in violation of Section 504 of the Rehabilitation Act of 1973. Parents can be offered the opportunity to accompany their students on field trips but the school district cannot require that a parent attend the trip as a condition of the student's participation. The school district must provide a competent staff person to safely provide the care the student needs and, in some cases, this may mean a nurse must attend the event.¹⁰

The school nurse should be involved in development of school policy and procedures related to school health nursing services provided on field trips and school-sponsored overnight trips. Comprehensive policy and procedures should include:

- ✓ Utilization of the Nursing Assessment
- ✓ Accommodations as specified in the IHP, Individualized Education Program (IEP) or 504 Plan
- ✓ Emergency Care Plans
- ✓ Availability of trained staff to provide healthcare services
- ✓ Legal and safe delegation of nursing services
- ✓ Documentation and confidentiality of student information
- ✓ Reasonable accommodations for students with special health care needs
- ✓ Options for cancellation or alteration of the trip if all students cannot be reasonably accommodated¹⁰

The school nurse should address plans for school-sponsored activities and trips with the teacher, school administrator and parent(s)/guardian(s) of a student with special health care needs during the initial IHP process. The student's healthcare needs on field trips are determined through a collaborative process coordinated by the school nurse, reviewed annually and include a nursing assessment, the healthcare provider orders and information provided by the family. Encourage early dialogue for arrangements to be made in sufficient time prior to a trip or activity so that a) the need for accommodations can be assessed, b) adherence to the IHP can be insured, c) training of unlicensed school staff, if necessary, can be completed and d) proper emergency care for the student can be addressed. Convene a 504 or IEP meeting, if indicated. Discuss challenges and student's needs and limitations, and whether the service can be delegated to unlicensed school staff.¹⁰ Follow the Medication Administration Delegation Decision Tree for guidance in planning and implementing care for the student.

School nurses who accompany and provide care for students on **out-of-state** field trips must comply with state-specific nursing regulations from the state in which they are visiting.¹¹ The school nurse should contact the state specific Board of Nursing to determine his/her legal responsibilities. Contact information may be obtained at: <https://www.ncsbn.org/contactbon.htm>. Contact information for select provinces of Canada is included in this web link.

For delegation to unlicensed school staff on **out-of-state** field trips, the Alaska Board of Nursing has recommended that the parent provide the delegation to any unlicensed person who will be administering medications during the activity. Field trip authorization forms should reflect this delegation and arrangements made for back up medical assistance should problems arise on the trip. The parent may want to consider providing a "power-of-attorney" or other legal consent, beyond school district authorization, for the designated unlicensed person to provide further legal authority for administering care for their child when traveling out of state. The school nurse should assist the parent in identifying key individuals and resources available at the trip destination to meet their child's health care needs while traveling.

APPENDICES/FORMS

[Appendix A:](#) Alaska Board of Nursing Delegation Regulation Excerpts

[Appendix B:](#) Medication Administration in the School Setting Delegation Decision Tree

[Appendix C:](#) Sample Standard/Procedure for Delegation

[Appendix D:](#) Sample Individualized Healthcare Plan (general)

[Appendix E:](#) Sample Emergency Care Plan (general)

[Appendix F:](#) Sample Training Evaluation Record for Unlicensed School Staff form

[Appendix G:](#) Sample Medication Administration: Parental Request for Training Unlicensed School Staff to Administer form

[Appendix H:](#) Sample Medication Administration: Parental Authorization for Trained Unlicensed School Staff to Administer form

[Appendix I:](#) Sample Medication Delegation Plan

APPENDIX A

Alaska Board of Nursing Regulation Excerpts

12 AAC 44.950. STANDARDS FOR DELEGATION OF NURSING DUTIES TO OTHER PERSONS.

(a) A nurse licensed under AS 08.68 may delegate the performance of nursing duties to other persons, including unlicensed assistive personnel, if the following conditions are met:

- (1) the nursing duty to be delegated must be within the scope of practice of the delegating nurse;
- (2) a registered nurse must assess the patient's medical condition and needs to determine if a nursing duty for that patient may be safely delegated to another person;
- (3) the patient's medical condition must be stable and predictable;
- (4) the person to whom the nursing duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
- (5) the nurse determines that the person to whom a nursing duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
- (6) performance of the delegated nursing duty would not require the person to whom it was delegated to exercise professional nursing judgment or knowledge or complex nursing skills;
- (7) the nurse provides to the person, with a copy maintained on record, written instructions that include
 - (A) a clear description of the procedure to follow to perform each task in the delegated duty;
 - (B) the predicted outcomes of the delegated nursing task;
 - (C) how the person is to observe and report side effects, complications, or unexpected outcomes in the patient, and the actions appropriate to respond to any of these; and
 - (D) the procedure to document the performance of the nursing duty in the patient's record.

(b) A nurse who has delegated a nursing duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another nurse may assume delegating responsibilities from the delegating nurse if the substitute nurse has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original delegating nurse or the substitute nurse shall remain readily available for consultation by the person, either in person or by telecommunication.

(c) The delegation of a nursing duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The nurse who delegated the nursing duty to another person remains responsible for the quality of the nursing care provided to the patient.

12 AAC 44.955. DELEGATION OF ROUTINE NURSING DUTIES.

(a) Routine nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950. Routine nursing duties are those that

- (1) occur frequently in the daily care of a patient or group of patients;
- (2) do not require the person to whom the duty is delegated to exercise professional nursing knowledge or judgment;
- (3) do not require the exercise of complex nursing skills;
- (4) have a standard procedure and predictable results; and
- (5) present minimal potential risk to the patient.

(b) Routine nursing duties that may be delegated include

- (1) monitoring bodily functions;
- (2) taking and recording vital signs;
- (3) transporting patients;
- (4) non-invasive collection and testing of physical specimens;
- (5) measuring and recording fluid and food intake and output; and
- (6) personal care tasks such as bathing, oral hygiene, dressing, toileting, assisting with eating, hydrating, and skin care.

Authority: AS 08.68.100 AS 08.68.805 AS 08.68.850

12 AAC 44.960. DELEGATION OF SPECIALIZED NURSING DUTIES.

(a) Specializing nursing duties are those duties that do not require professional nursing education to correctly perform, but require more training and skill than routine nursing duties. Specialized nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950.

(b) Specialized nursing tasks that may be delegated include

- (1) changing simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
- (2) assisting patients with self-medication;
- (3) obtaining blood glucose levels;
- (4) suctioning of the oral pharynx;
- (5) providing tracheostomy care in established, stable patients;

- (6) removal of internal or external urinary catheters;
- (7) adding fluid to established gastrostomy tube feedings and changing established tube feeding bags; and
- (8) placing electrodes and leads for electrocardiogram, cardiac monitoring, and telemetry.

(c) A nurse who delegates a nursing duty to another person under this section shall develop a nursing delegation plan that describes the frequency and methods of evaluation of the performance of the delegated duty by the other person. The delegating nurse shall evaluate a continuing delegation as appropriate, but must perform an evaluation on-site at least once every 90 days after the delegation was made. The delegating nurse shall keep a record of the evaluations conducted.

Authority: AS 08.68.100 AS 08.68.805 AS 08.68.850

12 AAC 44.965. DELEGATION OF THE ADMINISTRATION OF MEDICATION.

(a) The administration of medication is a specialized nursing task that may be delegated under the standards set out in 12 AAC 44.950, 12 AAC 44.960, and this section.

(b) Administration of medication may be delegated only to a

- (1) "home and community-based services provider" as defined in 7 AAC 43.1110(8);
- (2) "residential supported living services provider" as defined in 7 AAC 43.1110(15); or
- (3) school setting provider; in this paragraph, "school setting provider" means a person who is employed at a school that provides educational services to students age 21 or younger.

(c) The person to whom the administration of medication is to be delegated must successfully complete a training course in administration of medication approved by the board.

(d) To delegate to another person the administration of routinely-scheduled oral, topical, transdermal, nasal, inhalation, optic, otic, vaginal, or rectal medications to a patient the written instructions provided to the person under 12 AAC 44.950(a)(7) must also include

- (1) directions for the storage and administration of medication, including the brand and generic name of the medication, the dosage amount and proper measurement, timing of the administration, recording the administration, the expected outcome of administration, and any contraindications to administration;
- (2) possible interactions of medications;
- (3) how to observe and report side effects, complications, errors, missed doses, or unexpected outcomes of the medications and appropriate response to such developments; and
- (4) if the delegating nurse is not available on-site, the action that the person must take when medications are changed by order of a health care provider, including how to notify the delegating nurse of the change, how the delegating nurse will receive verification from the health care provider of the

medication change, and how the nurse is to notify the other person if the administration of the change of medication is delegated.

(e) The administration of PRN medication, other than controlled substances, may be delegated under this section if a nurse is not available on-site. Before the administration of PRN medications may be delegated, the nurse shall first assess the patient to determine whether on-site patient assessment will be required before the ongoing administration of each dose of PRN medication. The written instructions provided to the person under 12 AAC 44.950(a)(7) must meet the requirements of (d) of this section, and must also include

- (1) when to administer the PRN medication to the patient;
- (2) the procedure to follow for the administration of the PRN medication, including dosage amount, frequency, and duration; and
- (3) the circumstances under which the person should contact the delegating nurse.

Authority: AS 08.68.100 AS 08.68.805 AS 08.68.850

12AAC 44.966. DELEGATION OF THE ADMINISTRATION OF INJECTABLE MEDICATION.

(a) The administration of injectable medication is a specialized nursing task that may be delegated under the standards set out in 12 AAC 44.950(a), (c), and (d) and this section.

(b) The administration of injectable medication may be delegated only by an advanced nurse practitioner to a certified medical assistant. The certified medical assistant may only perform the delegated duty in a private or public ambulatory care setting, and the advanced nurse practitioner must be immediately available on site when the certified medical assistant is administering injectable medication.

(c) The certified medical assistant to whom the administration of an injectable medication is to be delegated must successfully complete a training course in administration of medication approved by the board.

(d) To delegate to a certified medical assistant the administration of an injectable medication to a patient the written instructions provided to the certified medical assistant under 12 AAC 44.950(a)(7) must also include the information required in 12 AAC 44.965(d)(1) – (3).

(e) The delegating advanced nurse practitioner is responsible for ensuring that the certified medical assistant maintains a national certification and for reviewing a current criminal background check upon hire, to be reviewed at five-year intervals. If the certified medical assistant has been convicted of a crime that, under AS 08.68.270 and 12 AAC 44.705, is substantially related to the qualifications, functions, or duties of a certified nurse aide, registered nurse, or practical nurse, the advanced nurse practitioner may not delegate the administration of injectable medications to that certified medical assistant.

(f) In this section,

- (1) "certified medical assistant" means a person who is currently nationally certified as a medical assistant by a national body accredited by the National Commission for Certifying Agencies (NCCA) and meets the

requirements of this section;

(2) "immediately available on site" means that the advanced nurse practitioner is present on site in the unit of care and not otherwise engaged in a procedure or task that the nurse practitioner may not immediately leave when needed;

(3) "injectable medication" means

- (A) B vitamins;
- (B) diphenhydramine;
- (C) medroxyprogesterone acetate;
- (D) epinephrine delivered by autoinjector;
- (E) ketoralac;
- (F) vaccines;
- (G) purified protein derivative (PPD).

Authority: AS 08.68.100 AS 08.68.805 AS 08.68.850

12 AAC 44.970. NURSING DUTIES THAT MAY NOT BE DELEGATED. Nursing duties that require the exercise of professional nursing knowledge or judgment or complex nursing skills may not be delegated. Nursing duties that may not be delegated include

- (1) the comprehensive assessment of the patient by a registered nurse, and referral and follow-up;
- (2) the focused assessment of the patient by a licensed practical nurse;
- (3) formulation of the plan of nursing care and evaluation of the patient's response to the care provided;
- (4) health education and health counseling of the patient and the patient's family or significant others in promoting the patient's health;
- (5) receiving or transmitting verbal, telephone, or written orders from the patient's health care provider;
- (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
- (7) providing and assessing sterile wound or decubitus ulcer care;
- (8) managing and monitoring home dialysis therapy;
- (9) oral tracheal suction;
- (10) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;

- (11) placement and administration of nasogastric tubes and fluids;
- (12) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition;
- (13) except as provided in 12 AAC 44.966, the administration of injectable medications; and
- (14) administration of a non-herbal nutritional supplement.

Authority: AS 08.68.100 AS 08.68.805 AS 08.68.850

12 AAC 44.975. EXCLUSIONS. The provisions of 12 AAC 44.950 – 12 AAC 44.970 apply only to the delegation of nursing duties by a nurse licensed under AS 08.68; they do not apply when nursing duties have not been delegated, including when a person is acting

- (1) within the scope of the person's own license;
- (2) under other legal authority; or
- (3) under the supervision of another licensed health care provider.

Authority: AS 08.68.100 AS 08.68.805 AS 08.68.850

12 AAC 44.990. DEFINITIONS. As used in this chapter, unless the context otherwise requires,

(NOTE: definitions pertinent to the Delegation Decision Tree are included here)

- (4) "board" means Alaska Board of Nursing;
- (15) "similar position that performs nurse aide duties" means a position that performs duties related to direct patient care; "similar position that performs nurse aide duties" includes unlicensed positions, including personal care attendants, resident aides, and patient care technicians;
- (18) "controlled substance" has the meaning given that term in AS 11.71.900, as revised as of September 19, 2002, adopted by reference;
- (24) "administration of medication" means the direct application of a medication to the body of a patient by injection, inhalation, ingestion, or other means;
- (25) "comprehensive assessment of the patient by a registered nurse" means the initial and ongoing collection of information about the patient to anticipate and recognize changes in the patient's medical conditions or health status, synthesize the biological, psychological, and social aspects of the patient's medical condition, evaluate the impact of health care, make decisions regarding changes in care, plan nursing interventions, evaluate the need for different interventions, and communicate and consult with the other health care providers regarding the patient's medical treatment;
- (26) "delegate the performance of nursing duties" means the assignment by a nurse licensed under AS 08.68 of a specific nursing duty within the nurse's scope of practice for a specific patient to another person as authorized under AS 08.68.805 and 12 AAC 44.950 – 12 AAC 44.970;

(27) "focused assessment" of a patient by a licensed practical nurse means an appraisal of the patient's medical status and condition, contributing to ongoing data collection, and deciding who needs to be informed of the information and when to inform;

(28) "on-site" means being physically present at the location where nursing duties are to be performed under a delegation from a nurse to another person;

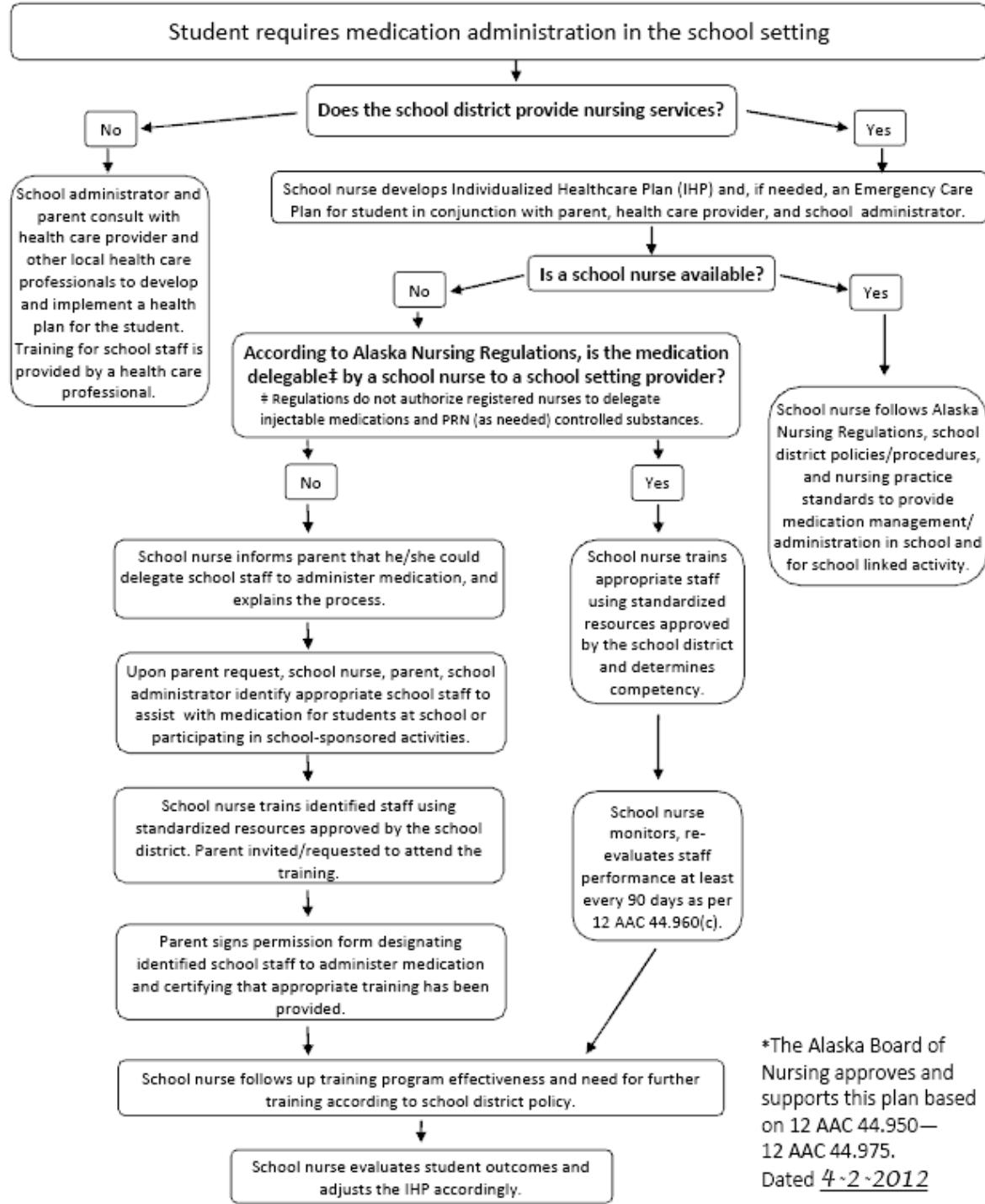
(29) "PRN medication" means medication to be taken as needed by the patient;

(30) "stable and predictable" means that the patient's medical condition is known, through the nurse's assessment, to be consistent and nonfluctuating; "stable and predictable" includes a terminally ill patient with a predictable deteriorating condition;

Authority: AS 08.68.100 AS 08.68.275 AS 08.68.805

Medication Administration in the School Setting

Delegation Decision Tree *



*The Alaska Board of Nursing approves and supports this plan based on 12 AAC 44.950—12 AAC 44.975.
Dated 4-2-2012

APPENDIX C

STANDARD/PROCEDURE FOR DELEGATION (SAMPLE)

This sample standard/procedure language is for school districts with school nursing services as an addition to medication administration policies in school nursing manuals. This sample is a guide only. It is always prudent to have proposed local policies and regulations reviewed by legal counsel.

A. Statement of standard

name of district School District supports delegation and training of school staff as directed by *the Medication Administration in the School Setting Delegation Decision Tree* (Decision Tree). The decision to delegate medications and train unlicensed school staff in medication administration via either school nurse delegation or parental authorization and school nurse training will be made on an individual student basis.

B. Purpose

Appropriate delegation and training of school staff to perform medication administration assures access to immediate care from appropriately trained staff while students are engaged in the school setting and school-sponsored activities.

C. Determinant/need for the standard

Alaska Nursing Regulations at 12 AAC 44.950-12 AAC 44.975 define the scope of practice for registered nurses in the school setting. The Board of Nursing adopted the Decision Tree as an advisory opinion to clarify the school nurse's role related to medication delegation.

D. Procedure

1. The school nurse will work with the parent, health care provider and school administrator to develop an Individualized Healthcare Plan (IHP) which includes an Emergency Care Plan (as needed) for a student who requires one for medication administration in the school setting. These students include, but are not limited to, students with diabetes, seizure disorders, life-threatening allergies, and, in most cases, asthma.
2. The IHP is based on the health care provider written instructions and should include information on how the instructions will be implemented in the school setting. The use of the nursing process in development of the IHP will include school nursing assessment of the student and his/her health care needs and the planning to meet these needs within safe boundaries.
3. The IHP will document how the student's health care and medication administration needs will be addressed when a school nurse is and is not available.
4. Where the student is eligible for services under the IDEA or Section 504 of the Rehabilitation Act, the IHP will be incorporated into the student's Section 504 Plan or IEP.
5. If, according to Alaska Board of Nursing Regulations, the school nurse *can* delegate the medication to school staff, the school nurse will:
 - Train the appropriate staff using the standardized resources approved by the school district and determine competency. Appropriate school staff may include, *but are not limited to*, those who are CPR and first/aid trained, familiar with the condition/disease and/or have performed similar tasks in the past. Staff who accept this responsibility must do so voluntarily.
 - Monitor and re-evaluate staff performance at least every 90 days and document the results on the appropriate form

- Provide further training, as necessary, or consider rescinding the delegation, if needed.
 - Evaluate student outcomes and adjust the IHP accordingly.
6. If the school nurse *cannot* delegate administration of the medication to a school setting provider, the school nurse will:
- Inform the parent that he/she (parent) could authorize school staff to administer medication and explain the process. The parent/guardian should make this request in writing at least two weeks prior to the commencement of a school-sponsored activity, if possible.
 - Work with the parent(s), upon their request, as well as the building administrator to identify the appropriate school staff to assist with medication administration for the student.
 - Appropriate staff may include, *but are not limited to*, those who are CPR and first/aid trained, familiar with the condition/disease and/or have performed similar tasks in the past.
 - A list of appropriate school staff may be developed by the school nurse and administrator ahead of time and provided as options from which the parent may select.
 - Staff who accept this responsibility must do so voluntarily.
 - Train the identified school staff using standardized resources approved by the school district. Invite/request the parent to attend the training.
 - Obtain parental permission in writing designating the identified school staff to administer the medication and verifying that appropriate training has been provided. If the parent was unable to attend the training, assure they have indicated so on the form and have waived this responsibility.
 - Follow up and document the training program effectiveness. Determine the need for further training. The frequency of follow up is determined by the school nurse based on the specific needs of the student and the school staff providing the care.
 - Determine if there is a need to train another staff member and reassign the task. If so, work with the parent and administrator for this reassignment.
 - Evaluate student outcomes and adjust the IHP accordingly.
7. As part of the IHP, the school nurse, parent and administrator agree to the following responsibilities:
- **Activities within the regular school day:** The school and parent will work together to determine whether coverage for medication administration assistance will be needed. If the parent or school nurse cannot attend the activity and the required medication necessitates parental delegation, the school nurse will work with the parent to utilize the above steps in selecting and training appropriate staff.
 - **Activities outside of the regular school day:** The parent is responsible for notifying the school nurse of any school sponsored activity participation outside the regular school day that requires medication administration. The nurse and the parent will then determine if the medication delegation process is appropriate. Notification of the need for parental delegation will be made in writing to the school nurse at least 2 weeks prior to the commencement of the activity.

APPENDIX D**INDIVIDUALIZED HEALTHCARE PLAN (*SAMPLE*)**

STUDENT NAME: _____

DOB: _____ TEACHER: _____ RM/GRADE: _____

Nursing Diagnosis/ Problem	Desired Outcome	Intervention: Procedure, Time/Location of Procedure, Equipment/Supplies (include size) needed. Location of Equipment/Supplies, Positioning, Student Needs, Emergency Plan, Field Trip Accommodations.	Evaluation

IHP Completed by: _____

Date: _____

Scheduled IHP Review Date: _____

APPENDIX E

EMERGENCY CARE PLAN (*sample*)

Student _____ School _____

Birthdate _____ Grade _____ Teacher _____

Parent/Guardian _____ Preferred Hospital _____

Home Phone # _____ Work # _____ Cell # _____

Emergency Contact _____ Phone #1 _____ #2 _____

Physician _____ Phone _____ Fax _____

❖ STUDENT SPECIFIC EMERGENCIES:

If You See This:

Do This:

--	--

If an Emergency Occurs:

1. If life threatening, immediately call 9 1 1
2. Stay with student or designate another adult to do so
3. Call or designate someone to call the principal and/or school nurse
 - a. State **YOUR** name
 - b. State **WHERE** you are
 - c. State **PROBLEM**

TRAINING:

Date _____ **Trainer:** _____ **Staff Name:** _____

Date _____ **Trainer:** _____ **Staff Name:** _____

Date _____ **Trainer:** _____ **Staff Name:** _____

APPENDIX F**(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 certain medications to unlicensed assistance personnel. Examples include but are not limited to: injectable medications, medications via gastrostomy tube and “as needed” controlled substances. 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

APPENDIX G**(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 certain medications to unlicensed assistance personnel. Examples include but are not limited to: injectable medications, medications via gastrostomy tube and "as needed" controlled substances. 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, 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 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.

APPENDIX H (SAMPLE) Training Evaluation Record for Unlicensed School Staff

Student Name _____ **Trained Staff Member Name** _____

Nursing task(s) _____ Initial Training Date _____

RN initials indicate no concerns. “**” indicates concerns described in improvement plan

NOTE: Alaska Nursing Regulations 12 AAC 44.960(c) requires the delegating nurse to perform an on-site evaluation at least once every 90 days after the delegation was made.

School Nurse Signature Initials

Appendix I (SAMPLE) Medication Administration Delegation Plan

Student _____

Trained Staff Person	Medication	Route ¹ (injectables, PRN controlled substances are non-delegable by RN)	Time
Nurse	Storage instructions	<input type="checkbox"/> Oral <input type="checkbox"/> Ophthalmic	<input type="checkbox"/> Scheduled
		<input type="checkbox"/> Otic <input type="checkbox"/> Intranasal	<input type="checkbox"/> As Needed
		<input type="checkbox"/> Topical <input type="checkbox"/> Inhaled	Time Frame ²
Predicted outcomes:		Unexpected outcomes (i.e., potential side effects, contraindications, medication interactions):	Plan for unexpected outcomes ³ :
Documentation plan ⁴ :		Change in medication plan ⁵ :	
Date delegated:	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no
Improvement plan:			

¹ Provide trained staff with general steps for medication administration and route administration procedures

² Indicate time frame for administration, not to exceed 45 minutes

³ Indicate observing for and responding to unexpected outcomes and procedure for reporting

⁴ Indicate where documentation should occur

⁵ Indicate how any change in medication (e.g., dose, time, provider orders) will be communicated

Trained Staff Person	Medication	Route ¹ (injectables, PRN controlled substances are non-delegable by RN)	Time
Nurse	Storage instructions	<input type="checkbox"/> Oral <input type="checkbox"/> Ophthalmic	<input type="checkbox"/> Scheduled
		<input type="checkbox"/> Otic <input type="checkbox"/> Intranasal	<input type="checkbox"/> As Needed
		<input type="checkbox"/> Topical <input type="checkbox"/> Inhaled	Time Frame ²
Predicted outcomes:		Unexpected outcomes (i.e., potential side effects, contraindications, medication interactions):	Plan for unexpected outcomes ³ :
Documentation plan ⁴ :		Change in medication plan ⁵ :	
Date delegated:	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no
Improvement plan:			

¹ Provide trained staff with general steps for medication administration and route administration procedures

² Indicate time frame for administration, not to exceed 45 minutes

³ Indicate observing for and responding to unexpected outcomes and procedure for reporting

⁴ Indicate where documentation should occur

⁵ Indicate how any change in medication (e.g., dose, time, provider orders) will be communicated

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**SEAN PARNELL, GOVERNOR
STATE OF ALASKA**

**WILLIAM J. STREUR, COMMISSIONER
DEPARTMENT OF HEALTH & SOCIAL SERVICES**

**WARD B. HURLBURT, M.D., MPH
CHIEF MEDICAL OFFICER**

**KERRE SHELTON
DIRECTOR, DIVISION OF PUBLIC HEALTH**

**STEPHANIE BIRCH, RN, MPH, MSN, FNP
SECTION CHIEF, SECTION OF WOMEN'S, CHILDREN'S, & FAMILY HEALTH**