

FEBRUARY 15, 2016

## GUIDANCE DOCUMENT FOR MICHIGAN SCHOOLS

### MIDAZOLAM (VERSED) INTRANASAL ADMINISTRATION IN THE SCHOOL SETTING (1)

#### \*DISCLAIMER

While the Michigan School Nurse Advisory Council strives to make the information as accurate and timely as possible, the Council makes no promises or guarantees about the completeness of this document and encourages school districts to seek legal advice when administering midazolam in the school setting. There is no guarantee that the use of guidance in the report will lead to any particular result or outcome. The information in this document was researched in December, 2015.

#### BACKGROUND INFORMATION

In December 2015, The Michigan School Nurse Advisory Council recognized the need to review the safety of administering intranasal midazolam (Versed) for managing seizures in the school setting. The priority of the committee was to ensure children with epilepsy receive prompt and safe treatment to stop prolonged seizure activity. The work of the advisory council will be ongoing but one of the first tasks was to provide a current evidence-based guidance document to school districts across the state informing them about using intranasal midazolam as a rescue medication to treat seizures.

Seizures in children vary by cause, severity, and impact affecting 1.0% of children and adolescents aged 6–17 years (Center for Disease Control and Prevention, 2015). Most seizures self-terminate within five minutes, but for seizures lasting longer medication administration is warranted for seizure cessation. More recently, intranasal midazolam has been used to treat prolonged seizures and is replacing the use of rectal diazepam. Studies have found intranasal midazolam to be effective, consistently faster at stopping seizure activity than rectal diazepam, and a safe option for use outside of the hospital setting (Arya et al., 2015; Ayse & Bicer, 2012; Brigo et al., 2015; Holsti, et al., 2010; Holsti et al., 2007; Humphries & Eiland, 2013; Mula, 2014; Rainbow et al., 2002; Thakker & Shanberg, 2013; Sofou, et al., 2009; Ulgey et al., 2012; Wolfe & Braude, 2010). Adverse drug reactions associated with this type of drug can include shallow or slow breathing (respiratory distress) along with sleepiness, headache, nausea, vomiting, sneezing, coughing and nasal irritation (Mula, 2014; Wolfe & Braude, 2010; Royal Children’s Melbourne Hospital, 2014).

#### ADMINISTRATING INTRANASAL MIDAZOLAM IN THE SCHOOL SETTING

There are legal and safety issues school districts need to consider when intranasal midazolam is prescribed for a student in the school setting. The state of Michigan provides legal and policy guidance about medication administration in schools (see Resources). Intranasal midazolam is currently classified as “off label” and has not yet been approved by the FDA although studies support its efficacy and find it to be a reasonably safe treatment for prolonged seizures. The advisory council recommends

school boards contact their attorneys to help determine the best solution for individual students having physician's orders to administer intranasal midazolam at school. Furthermore, intranasal midazolam is considered a rescue medication. If school districts determine that administering intranasal midazolam is a safe option in their school setting, a protocol for safe administration should be written and incorporated in to the district's medication policy and procedure guidelines.

*Administration of intranasal midazolam in the school setting when there is a school nurse present:*

Daily access to a registered nurse best ensures the safety of students receiving any medication in the school setting, especially an emergency medication with potentially serious side effects (assessment; planning for care; accurate dosage and medication administration; monitoring for side effects; and follow-up care). Therefore, the advisory council strongly recommends intranasal midazolam is administered by a registered nurse. The advisory council also recommends school districts include the following best practice strategies when intranasal midazolam is prescribed for administration in the school setting when a nurse is present:

- Professional development for the school nurse (if requested) on administering intranasal midazolam in the school setting.
- Emergency care plan developed collaboratively with the prescribing physician, family, and school nurse for individual students with seizure disorders.
- Pre-event communication with local EMS about any student having intranasal midazolam prescribed as a rescue medication for prolonged seizures.
- Documentation of an initial "test" dose of intranasal midazolam given at home or in a health care setting (including student's response) prior to being prescribed for use in the school setting.
- Call EMS each time intranasal midazolam is administered at school.
- Follow-up care that includes documentation of the seizure and response to intranasal midazolam.

*Administration of intranasal midazolam in the school setting by Unlicensed Assistive Personnel (UAP):*

A significant number of school districts in Michigan do not have any school nurse coverage or the school nurse oversees multiple buildings and is not on site to provide emergency care for students. School nurses that delegate the administration of midazolam in their school district adhere to the Occupational Regulation Sections of the Michigan Public Health Code, Act 368 of 1978, Part 172 Nursing (see Resources). Across the country, school districts vary widely in allowing the delegation of intranasal midazolam.

School districts that don't employ school nurses follow the revised School Code (see Resources) and have the Michigan Department of Education's *Guidelines for Administering Medication to Pupils in School* as a resource.

The Michigan School Nurse Advisory Council strongly recommends intranasal midazolam is administered in the presence of a school nurse. When a school nurse is not present to administer intranasal midazolam, school districts may want to consider developing a written accommodation plan

that specifies the school responsibilities to best ensure student safety. The accommodation plan should include:

- Notification to parent/guardian and prescribing licensed health care provider that there is not a school nurse available to administer intranasal midazolam at school.
- Detailed emergency care plan for the individual student developed collaboratively with the licensed health care provider that prescribed intranasal midazolam, school officials, and parent/guardians. Contact information for the prescribing licensed healthcare provider should be included in the plan.
- Appropriate training from a registered nurse, physician, nurse practitioner, or physician assistant for the UAP staff designated to administer intranasal midazolam. Training should include:
  - Instruction on the district's or school's medications policies and procedures;
  - Orientation to the causes, signs, symptoms, and treatment of seizures specific to the individual student and the anticipated effects and possible adverse effects of intranasal midazolam;
  - Demonstration and instruction using realistic supplies for administering intranasal midazolam;
  - Skill-based practice using realistic supplies in simulated seizure emergency response situation;
  - Instruction on the procedures for contacting EMS, completing a school incident report, and notifying the parent/guardian that intranasal midazolam has been administered;
  - Documentation of knowledge and skill-based competency evaluation demonstrating that the employee was adequately trained;
  - Recommendations on frequency of refresher training including demonstration of skill-based competency;
  - Identification of contact information for the prescribing healthcare provider and other resources to address questions and concerns.
- Pre-event communication with local EMS about any student having intranasal midazolam prescribed as a rescue medication for seizures.
- CPR/AED/First Aid training for UAP staff trained to administer intranasal midazolam and monitoring for continued CPR/AED/First Aid training.
- Documentation of an initial "test" dose of intranasal midazolam given at home or in a health care setting (including student's response) prior to being prescribed for use in the school setting.
- 911 call to EMS each time intranasal midazolam is administered by school staff.
- Follow-up care that includes documentation of the seizure and response to intranasal midazolam.

## WHAT TO EXPECT FROM THE LICENSED HEALTHCARE PROVIDER PRESCRIBING INTRANASAL MIDAZOLAM?

Communication with the prescribing licensed healthcare provider for intranasal midazolam is essential for the safe care of students in the school setting. School staff should expect the prescribing physician to:

- Assess the student to determine the safety of intranasal midazolam administration in the school setting.
- Inform school staff and the family about what to anticipate when the student is medicated with intranasal midazolam.
- Ask the school administrator about the availability of licensed health care providers on site or plans for training UAP staff to administer intranasal midazolam.
- Provide a detailed Emergency Care Plan for seizures and medication administration in addition to contact information for school staff to ask questions.
- Provide consultation to the school staff and follow-up education as needed.
- Inform the school administrator and/or school nurse if the student has received intranasal midazolam previously and indicate how the student responded.

## WHERE TO GO WITH QUESTIONS?

Michigan State School Nurse Consultant, Linda Meeder at [meederl@michigan.gov](mailto:meederl@michigan.gov) or 517 241 6905

## RESOURCES

### *Federal Law*

<u>Americans with Disabilities Act of 1990 (ADA)</u>	Disability discrimination prohibited.
<u>Section 504, Rehabilitation Act of 1973</u>	Protects the rights of children with special health-care needs (CSHCN) by providing related services, including health services, to those not eligible for special education.
<u>Civil Rights Act of 1991</u>	Prohibits discrimination on basis of disability.
<u>34 CFR Part 300 Individuals with Disabilities Act of 1997 (IDEA)</u>	Guarantees access to education and related services to assist children with disabilities benefit from special education. <a href="#">Reauthorization of 2004, Sec. 602 (26)</a> list school nurse services as a related service.

### *State Law*

<u>333.17201</u> <u>PUBLIC HEALTH CODE (EXCERPT)</u> <u>Act 368 of 1978</u>	Defines nursing scope of practice. The RN's scope of practice includes the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities. Public Health Code, 1978 PA 368, as
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	amended, recognizes registered nurses as fully licensed health professionals.
§ <a href="#">333.16109</a>	Supervision requires continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional, the availability of the licensed health professional to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.
Public Act No. 12 <a href="http://www.legislature.mi.gov/documents/2013-2014/publicact/pdf/2014-PA-0012.pdf?20151028144923">http://www.legislature.mi.gov/documents/2013-2014/publicact/pdf/2014-PA-0012.pdf?20151028144923</a>	The governing body of a school that operates K-12 shall adopt and implement a cardiac emergency response plan for the school. The plan must include at least: 1) Use and regular maintenance of the auto external defibrillator, 2) Activation of a cardiac emergency response team during an identified cardiac emergency, 3) A plan for effective communication, and 4) If a school is grades 9-12 a training plan for use of an auto external defibrillator in CPR rescue techniques.
<b><u>THE REVISED SCHOOL CODE (EXCERPT)</u></b> <b><u>Act 451 of 1976</u></b>	<b>380.1252 Professional nursing services; rules; reports; section inapplicable to certain nursing services.</b> Sec. 1252. (1) The board of a school district may employ registered nurses necessary to provide professional nursing services. The services shall be operated under rules promulgated by the state board which shall establish the certification requirements for registered nurses in the services. (2) The state board may require reports and information from school districts offering nursing services. (3) This section does not apply to nursing services provided by a county or district health department.
<b><u>THE REVISED SCHOOL CODE (EXCERPT)</u></b> <b><u>Act 451 of 1976</u></b>	<b>380.1178 Administration of medication or epinephrine auto-injector to pupil; liability; school employee as licensed registered professional nurse.</b> Sec. 1178. (1) Subject to subsection (2), a school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parent or guardian, and in compliance with the instructions of a physician, physician's assistant, or certified nurse practitioner, or a school employee who in good faith administers an epinephrine auto-injector to an individual consistent with the policies under section 1179a, is not liable in a criminal action or for civil damages as a result of an act or omission in the administration of the medication or epinephrine auto-injector, except for an act or omission amounting to gross negligence or willful and wanton misconduct.

	<p>(2) If a school employee is a licensed registered professional nurse, subsection (1) applies to that school employee regardless of whether the medication or epinephrine auto-injector is administered in the presence of another adult.</p> <p>(3) A school district, nonpublic school, member of a school board, or director or officer of a nonpublic school is not liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from a person acting under this section.</p>
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*Attorney General Opinion*

<p><a href="#">Attorney General Opinion, No. 5679, April 11, 1980</a></p>	<p>A physician must delegate and supervise the act of medication administration if the school district does not employ a school nurse.</p>
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*Michigan Department of Education*

<p><a href="#">Medications in School and MDE Policy</a></p>	<p>Model policy and guidelines for administering medication to pupils in school.</p>
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