Kentucky Department of Education Medication Administration Training Manual for Unlicensed Assistive Personnel

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Acknowledgement

The Kentucky Department of Education (KDE) recognizes the need for a uniform medication administration training program for unlicensed school personnel. This course was developed collaboratively in consultation with the Kentucky Board of Nursing (KBN) and the Kentucky Department for Public Health (KDPH) to ensure compliance with 201 KAR 20:400, KRS 156.502, and 702 KAR 1:160. This training aligns with guidelines from the American Academy of Pediatrics' policy statement: *Safe Administration of Medication in School* (2024), the National Association of School Nurses' school nursing evidence-based clinical guideline: *Medication Administration in Schools Implementation Toolkit* (2022) as well as advisory opinion statements from the Kentucky Board of Nursing.

Foreword

The Kentucky Department of Education (KDE) and the Kentucky Board of Education (KBE) recognize the need for a standardized medication administration training program for unlicensed school personnel that will ensure student safety. Clarification of what may be safely delegated per KRS 156.502, as well as an understanding of procedures related to medication administration by unlicensed personnel, is needed because licensed professionals may not always be physically present in the school building.

A standardized training curriculum for medication administration by unlicensed personnel was developed by the KDE in collaboration with the KBN and the KDPH. The curriculum has been reviewed and approved by KBN, verifying compliance with 201 KAR 20:400. The curriculum is the official training program for all unlicensed Kentucky public school personnel who accept delegation to perform medication administration. All curriculum revisions shall be made by KDE when Kentucky Revised Statutes or Kentucky Administrative Regulations indicate revisions are needed, or when best practice guidelines are changed.

Due to the vast number of medications that may be prescribed to students, it is not feasible to include every possible medication in our medication administration training program for unlicensed assistive school personnel. Our training program is designed to provide comprehensive guidance on the administration of the most commonly prescribed medications in the Commonwealth. We strive to equip school personnel with the knowledge and skills necessary to safely and effectively manage these medications, while also emphasizing the importance of consulting with healthcare professionals for any medications not covered in the training.

The role of the school nurse is crucial in this process. School nurses are responsible for delegating the administration of medications to competent unlicensed individuals, ensuring they are properly trained and supervised. The school nurse facilitates the training, evaluates the competence of the unlicensed personnel, and provides ongoing supervision and evaluation of the student's health outcomes. This ensures that the delegation process is safe and effective, and that students receive the care they need.

The KBN supports the delegation of medication administration in the school setting, provided it is done in accordance with established guidelines and standards of practice. According to the board, nurses are responsible and accountable for making decisions based on their educational preparation and clinical competence. The board emphasizes that delegation should be carried out with careful consideration of the safety and well-being of the students.

Course Objectives

Upon completion of this course, unlicensed school personnel will be able to:

1. Understand how medication administration may be safely delegated
2. Identify the responsibilities of the school nurse and unlicensed school personnel in medication administration
3. Understand local school board policies for medication administration
4. Recognize and apply the six rights of medication administration
5. Identify proper storage of prescription and over-the-counter medications
6. Understand appropriate and correct documentation of medication administration
7. Understand proper action and documentation necessary for refusal and omission of scheduled medications
8. Understand prevention of medication errors and incident reporting
9. Recognize when it is appropriate to contact additional resources (nurses, physicians, poison control and emergency medical services)

Course Goals

This course is intended for non-licensed personnel who have accepted the delegation to provide medication administration to students in a school setting. According to 702 KAR 1:160, Section 5 states that a local board of education shall require proof that all unlicensed school personnel who have accepted delegation to perform medication administration in school have completed a training course provided by the KDE.

This course shall be developed in consultation with the KBN and KDPH to ensure compliance with 201 KAR 20:400. As per KRS 156.502, the delegation is only valid for the current school year. It is understood that the employing school will reserve the right to recommend individuals for this training. Upon successful completion of this course, the non-licensed school employee will demonstrate competency, as determined by the delegating Registered Nurse (RN), Advanced Practice Registered Nurse (APRN), Physician's assistant (PA), or physician, in:

1. Administration of student medication
2. Verification of student instruction on self-administration of medications
3. Administration of emergency medications for students with diabetes, allergic anaphylactic reactions, and seizures

Course Description

This course is designed to include five modules:

1. **Module I**: Laws, Policies and Procedures
2. **Module II**: Administration of Medications
3. **Module III**: Administration of Emergency Medications
4. **Module IV**: Local School Board Policies and Procedures
5. **Module V**: Understanding HIPPA vs. FERPA for Unlicensed School Personnel

Medication Administration Competency Verification

Personnel will be required to score 85% on the skill competency evaluation and 100% on an open book final exam which will include demonstration of:

1. Review a student's medication history using the medication administration record (MAR) or Medication log.
2. Identify and document any allergies and co-existing medical conditions
3. proper hygiene/universal precautions in medication preparation
4. Accurately identifying student/client medication information by comparing the medication label to the transcribed medication administration record/log
5. Correctly applying:
   - Eye ointment/drops
   - Ear drops
   - Topical ointments/creams
6. Correct administration of oral medications
7. Correct administration of oral/nasal inhalers
8. Correct administration of emergency medications prescribed for the treatment of hyperglycemia, anaphylaxis, seizures, opioid overdose and adrenal insufficiency
9. Understanding local school district policies and procedures

A score of 85% must be achieved on the open book exam, and a score of 100% on the skill competency evaluation to pass the course. School personnel may repeat either the failed exam or skill competency evaluation one time. If school personnel fail the final open book exam or the skill competency evaluation twice, they must repeat the training course.

MODULE I: LAWS, POLICIES, AND PROCEDURES

Laws Related to Medication Administration

Complex health issues are increasing among students. Of the students who may require medication during the school day, some require prescribed medications at a scheduled time daily. Others may require over-the-counter medication episodically, such as to treat a headache. Some students may have a chronic health condition that requires emergency treatment to reduce the threat of a potential life-threatening event.

This curriculum was developed collaboratively with the Kentucky Department of Education (KDE) and the Kentucky Board of Nursing (KBN). The potential for unsafe administration of medication in schools or during school sponsored events poses a potential liability for school districts. An understanding of state laws and school district policies and procedures is necessary to reduce the potential liability issues of medication administration in the school setting. School personnel who accept the delegation of medication administration and successfully complete this course, including demonstrated competency, are protected from liability under KRS 156.502.

Only Physicians, Physician Assistants, Dentists, and Advanced Practice Registered Nurses (APRN) are licensed to “prescribe” medication. Nurses are licensed to “administer” medications (KRS 314.011). Only registered nurses, APRNs, physicians or physician assistants in the school setting may delegate the task of administering medications to persons who have completed a course such as this and have demonstrated competency (KRS 156.502). School personnel may be trained to administer medications that are prescribed to treat emergencies or life-threatening health conditions such as hypoglycemia, anaphylaxis, seizures, and opioid overdoses. (KRS 158.838, KRS 217.186, KRS 156.502).

In Kentucky, a school nurse may be either an Advanced Practice Registered Nurse (APRN), a registered nurse (RN), or a licensed practical nurse (LPN). There is a difference in the educational preparation and scope of practice between an APRN, RN, and LPN. The scope of practice for the APRN, RN and LPN are defined in KRS 314.011 and described in KBN AOS #30, “Roles of Nurses in School Nursing Practice”.

Recent updates to Kentucky law (e.g., 2026 legislative changes) expand the scope of medications that may be administered in the school settings, including emergency medications and treatments administered under protocols or standing orders. School districts should review and update local policies and procedures to ensure alignment with current state law and administrative regulations.

Advanced Practice Registered Nursing Practice

It is within the scope of the advanced practice registered nurse (APRN), designated nurse practitioner, or clinical nurse specialist, to provide primary healthcare services to students in accordance with 201 KAR 20:057 scope and standards of practice of APRNs. The APRN may also perform acts within the scope of registered nursing practice.

Registered Nursing Practice

It is within the scope of registered nursing practice for a registered nurse, qualified by education, experience and current clinical competence to utilize substantial, specialized nursing knowledge, judgment and skill to assist "individuals, families, groups, communities and populations attain, maintain and restore health" (American Nurses Association (2021) as cited in ANA School Nursing: Scope and Standards of Practice 4th Edition, 2022).

The school nurse serves to "integrate advances in healthcare within the context of the school setting to promote the health and educational success of their students' schools, and communities" (ANA School Nursing: Scope and Standards of Practice 4th Edition, (2022). The National Association of School Nurses (NASN) School Nursing Practice Framework (2024) states, "The Framework is an invaluable tool for advancing the practice of school nursing and emphasizing the student-centered activities school nurses perform to support student health, safety and readiness to learn."

The competent RN provides school health services/acts including but not limited to the following:

1. Serve as a health advocate for students and a consultant to educational staff;
2. Serves in family resource and youth services centers as described in KRS 156.496;
3. Conducts health screenings (Vision, Hearing, Overweight/Obesity, etc.) and provides referrals as necessary;
4. Provides health teaching with a focus on disease prevention, health promotion, and health restoration;
5. Monitors the quality of the healthcare services provided for students;
6. Provides direct clinical services for students with special needs and/or teach and verify competency, supervise and delegate [as defined in KRS 314.011(2)] the performance of select tasks to unlicensed school personnel in accordance with Kentucky Administrative Regulation 201 KAR 20:400 governing delegation of nursing tasks to unlicensed persons; including tasks related to the administration of emergency medications as permitted by law;
7. Participates in the development of policies and procedures to guide nursing practice in school settings, and to addresses expanding school health services to students, families and communities. The school nurse "intervene to promote

healthy school environments, incorporate health in all school policies, work to remove barriers for optimal health and learning, and work upstream for system level changes that address social determinants of health." (ANA School Nursing: Scope and Standards of Practice 4th Edition, (2022); and

8. Delegates select health services to a school employee in accordance with KRS 156.502, 201 KAR 20:400, and KBN Advisory Opinion Statement (AOS #15) Roles of Nurses in Supervision and Delegation to Unlicensed Personnel.

Licensed Practical Nursing Practice

KRS 314.011(10) defines licensed practical nursing practice. By definition, licensed practical nurses practice under the direction of a registered nurse, physician, or dentist and are not licensed for independent nursing practice. The board recognizes the participation of the licensed practical nurse (LPN) in school nursing practice when the LPN is qualified by education, experience and current clinical competency, and practices under the direction and delegation of a designated registered nurse, or physician, or when applicable, a dentist. The licensed practical nurse performs acts within the scope of licensed practical nursing practice as defined in KRS 314.011 (10); however, under KRS 156.502 (2) the LPN does not delegate the performance of health services to school employees. However, the LPN may administer medications and perform assigned tasks under appropriate supervision.

Registered nurses may administer medications and treatments as prescribed by physicians, physician assistants, dentists, and advanced practice registered nurses (APRNs). Supervision of the LPN does not require the supervisor to be physically present in the same building. However, the LPN shall not provide nursing care in the school setting without oversight (supervision) from an RN, APRN, MD, PA or, when applicable, dentist.
While there are similarities in the Registered Nurse practice and the Licensed Practical Nurse practice, the degree of educational preparation and the responsibilities of each are different. Both the RN and LPN must hold a current license from the KBN, and their licenses must be renewed annually. For licensure renewal each nurse is required to complete KBN approved continuing education each year or provide documentation of a state nursing board approved alternative. These and other laws are in place to govern the practice of nurses in the state of Kentucky and to ensure the health and safety of those served.

The KBN has legal authority (KRS 314.021) to regulate nursing practice in order to safeguard the health and safety of citizens of Kentucky. Delegation is defined by the American Nurses' Association as "the transfer of responsibility for the performance of an activity from one individual to another, while maintaining the accountability for the outcome." School health services (i.e., such as the administration of medications) may be delegated to unlicensed school personnel according to related sections of KRS 156.502. KRS 156.502 describes who may delegate health service(s) (i.e. physician, APRN, or RN), the

training, and the documentation of the training. The delegation and training are only valid for the current school year (KRS 156.502 (2)2).

For school nurses, Kentucky Administrative Regulation (KAR) 201 KAR 20:400 - Delegation of nursing tasks, provides direction on how tasks may be delegated to a non-licensed individual by a licensed registered nurse. The delegating school nurse will also be responsible for ongoing training and competency evaluations of the non-licensed personnel to safeguard the health and welfare of the students in their care. Supervision is defined in 201 KAR 20:400 to mean "the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task." The evaluation should include validation that the nursing task has been performed according to established standards of practice. Even when school personnel may perform the task, whoever delegates the task will retain the responsibility for the outcome. Supervision of unlicensed school personnel does not require the delegating nurse to be present in the same building. However, the delegating school nurse should be available by phone for consultation.

Upon successful completion of this course (course exam and skill competency evaluation), the non-licensed school employee will receive proof of completion certificate. This in no way identifies the individual as a Certified Medication Administration Technician. This training and competency evaluation must be renewed each school year.

Role of Unlicensed Personnel in Medication Administration

KRS 156.502 established the definition of "health services" and the provisions for who may provide health services in schools. School employees may be delegated to perform certain health services according to KRS 156.502.

When accepting the delegation to perform medication administration in the school setting, the unlicensed school employee performs this function under the supervision of the delegating licensed professional (KRS 156.502). Unlicensed school personnel should only accept a delegation that they know is within their skill set or knowledge and should always contact the supervising school nurse if unclear about administering a medication. Unlicensed personnel have the responsibility to follow school district policies and procedures and report to the nurse if they have any reason to believe they have made a medication error. This should be reported as soon as possible.

KRS 156.502 requires written documentation of the school employee's consent to the delegation of medication administration verifying that they have received training and demonstrated competency. The delegation, training and documentation are only valid during the current school year.

Confidentiality and Privacy

Confidentiality is a particularly important legal concept in the school setting. The Family Educational Rights and Privacy Act (FERPA) is the federal law that protects the privacy interests of students and their educational records. FERPA applies to any educational agency that receives funds from the United States Department of Education (USDOE). Health records maintained by school employees for Pre-Kindergarten through grade 12 students are protected by FERPA.

Information regarding student health information should be shared with school personnel only on a "need to know" basis. Health records contain sensitive information and may not be disclosed without parental/guardian permission. Certain student health information may be necessary to share with school personnel who may be assisting with medication administration. However, this information is confidential and should not be shared with other students or school employees.

Privacy is a separate legal concept. If a student tells school personnel how they feel about having a chronic health condition, this information should be shared with the school nurse but not disclosed to those who do not have a "need to know."

Other Legal Considerations in Medication Administration

All school districts should have written policies and procedures on medication administration. The purpose of these policies and procedures is to give guidance to the local school district employees and students. Each school district employee administering medications should be familiar with their district's policies and procedures on medication administration. The following are accepted practice guidelines on medication administration from the National Association of School Nurses (NASN).

Administration of Medication

Prescribed Medication

Prescribed medication must be sent to the school in the original labeled container and the label should include:

1. Name and address of the pharmacy
2. Name of the student
3. Name of the prescribing health care provider
4. Date the prescription was dispensed
5. Expiration date of the medication
6. Name of the medication, dosage and strength of medication
7. Route of administration
8. Frequency of medication

A completed authorization form signed by both the student's medical provider and the student's parent or legal guardian, must be kept on file in the cumulative health record or the Kentucky Student Information System (KSIS). Authorization forms signed by both the parent/legal guardian and the medical provider is considered best practice and is strongly encouraged for any medication (prescription and over-the counter) to be administered in the school setting and is valid for only the current academic year.

It is important to note that **a prescription label alone does not meet the legal requirement for a medical provider's order**. A "**medical order**" is a directive issued by a licensed healthcare provider for the administration of a drug or treatment within the healthcare setting, which includes schools. This order provides clear clinical intent and authorization for treatment.

- A "**prescription drug order**": refers to a written, electronic or verbal instruction from a licensed practitioner to a pharmacist, directing the dispensing of a medication to a patient.
- A "**prescription label**" is the printed label affixed to a medication container after a prescription drug order has been processed by a pharmacist. While it includes important information such as the patient's name, medication details, dosage and prescribing provider, it **does not constitute the original medical order**. Therefore, it lacks the legal and clinical authority required for medication administration in a school setting.

To comply with Kentucky law and ensure student safety, schools must have a valid medical order on file, not just a prescription label, before administering any medication.

Medications may also be administered in accordance with standing orders or protocols issued by a qualified healthcare provider, as permitted by Kentucky law and district policy.

Over the Counter (OTC) Medications

Per the Kentucky Board of Nursing Advisory Opinion Statement #16 Roles of Nurses in the Administration of Medication Via Various Routes (2023):

> When a nurse, as an employee or volunteer of a health care delivery system, provides non-prescription medication to an individual, the nurse should do so based on an order from a qualified healthcare provider or medically approved guidelines to supply the non-prescription medication.

Therefore, OTC medications should not be administered in the school setting without a qualified health care provider's order as well as signed parental consent. OTC medications are also permitted to be administered when part of standing orders or protocols that are signed by a qualified health care provider and permitted by district policy.

However, school districts can choose to opt out of administering OTC medications. All school districts should have written policies and procedures on medication administration. The Kentucky Department of Education (KDE) encourages all school districts to contact their local board attorney for policy development and procedural questions. In accordance with the American Academy of Pediatrics (AAP) Safe Administration of Medication in Schools: Policy Statement, understanding state laws and school district policies and procedures is necessary to reduce potential liability issues of medication administration in the school setting.

Student Self-Medication

Student self-medication is allowed in certain situations, with a written health care provider's authorization, which allows a student to responsibly carry self-administered medication (e.g., epinephrine products, diabetic supplies, seizure rescue medication or asthma inhaler. Nebulized medications are not considered self-carry medications and must be administered in accordance with provider orders and school personnel delegation procedures). An authorization form must be completed by the parent/guardian and health care provider and on file in the school. This authorization must be renewed each school year.

Documentation from the prescribing health provider shall include:

1. The student is capable of administering the prescribed medication
2. The name and purpose of the medication
3. The prescribed dosage of the medication

4. The times in which, or circumstances under which, the medication may be given
5. The period of time for which the medication is prescribed.

Students may not share any medication with another student. It is recommended as best practice that self-administered medications be documented in the Medication Administration Record. If the student uses their medication inappropriately or more often than prescribed, the parent/guardian should be notified. Only share student health information with the student's teachers or school staff on a "need to know" basis.

Medication Safety

The first dose of any new medication should be given at home and not at school. If possible, all medication should be brought to the school by a parent or guardian. If medication must be transported to the school by the student, it should be transported in the original container and in a sealed envelope with the student's name on the outside and given to the appropriate school personnel (school nurse or designated school personnel). According to school district policy and procedures, prescribed medication should be counted, and the number of pills received should be noted on the Medication Administration Record.

Medication shall only be administered according to the health care provider's order and the prescription label. School health staff may apply clear tape over the label to maintain legibility. Discrepancies that exist between the information on the signed provider's order and the prescription label should require one of the following:

1. New authorization form completed by the medical provider and parent/guardian
2. New prescription bottle issued by the dispensing pharmacy

Medications shall not be given beyond the date specified on the authorization form, or beyond the expiration date on the label.

Changes in Medication

The authorization to administer medication is only valid for the current school year or until treatment changes. A new Authorization for Medication Administration form must be obtained whenever there is a change to the medication, dosage, time and/or frequency, and a new prescription bottle from the pharmacy indicating the prescription change.

Nurses may only accept medication orders as prescribed by a physician, physician's assistant, advanced practice registered nurse (APRN), physician's assistant (PA) or dentist. Nurses may not accept requests from parents to change a prescribed medication dose without first contacting the prescribing healthcare provider and obtaining a new provider's order.

Storage and Disposal of Medications

Except for emergency medications (Diastat®, Valtoco®, Glucagon, Baqsimi® nasal powder, Klonopin®, Nayzilam®/midazolam, epinephrine and other emergency medications) specified in an emergency care plan, all medications should be kept in an appropriately labeled, secure, locked container or cabinet accessible only to the responsible authorized school personnel.

Medications requiring refrigeration shall be kept in a separate refrigerator in a supervised area or locked, leakproof container that can be stored with food in a supervised area. The temperature of that refrigerator should be checked on a daily basis and recorded according to agency policy. Temperatures should be maintained between 33- and 45-degrees Fahrenheit. For students receiving medication throughout the school year, it is recommended that no more than a month's supply of medication be stored on school property.

When medication is no longer needed, the school should notify the parent/guardian and request that it be picked up by the parent/guardian. For disposal of unused medication or expired medication that has not been picked up by parent/guardian:

1. For pills: pour glue into pill container, after glue is hardened, container may be thrown into garbage can.
2. For liquids: pour cat litter or sand into container and wait for it to set-up, after it becomes hardened, it may be thrown into garbage can.
3. Disposal of medication must be documented on the student's medication record to verify it was destroyed, sign, date and have a witness also sign and date.
4. Items such as inhaler canisters may be placed in a sharps container or disposed of according to the school district's Bloodborne Pathogen OSHA plan.

Field Trip Medication Administration

If a student needs to take medication during a field trip, school personnel who are currently trained in medication administration can be designated to handle this task. Preparation for administering medications on a field trip should start well in advance. Medications must be in their original pharmacy-labeled containers, and over-the-counter medications should remain in their original packaging. Parents should be asked to provide a separate bottle with a matching pharmacy label specifically for the field trip. It is not recommended to place a single dose of medication in a labeled envelope for the trip. Always refer to local school district policies and procedures for administering medications on field trips (See Module IV).

Kentucky law (KRS 156.502 and KRS 158.838) only addresses the required provision of "health services" to students in the "school setting or a school sponsored activity." According to federal laws, schools that received federal funds are subject to Section 504 and the American with Disabilities Act (ADA) of 1990. Under Section 504 regulations, schools must provide equal access including school health services on instate or out-of-state school-sponsored field trips. Kentucky nurses' provision or delegation to a school employee of health services to students on out-or-state, school-sponsored field trips will be governed by the state boards of nursing where the care is provided. This will include all the states along the travel route as well as the final destination of the field trip.

More information about medication administration rules on out-of-state field trips may be found in the National Association of School Nurses Position Statement: "School-Sponsored Trips—Equitably Addressing Student Health Needs."

Emergency medications, including those provided under standing orders or protocols, should be readily accessible during school-sponsored activities to ensure timely response to student health needs.

Reminder: Medication training and delegation expires on June 30 of each school year.

In the event of a field trip lasting longer than the June 30 deadline, a waiver may be granted to extend delegation on a case-by-case basis, please contact the KDE school health team to request a waiver.

Refusal of Medications

When school personnel are unable to grant a request from a parent/legal guardian to administer medication to a student, the delegating school nurse or physician should be notified. Some of the circumstances may include:

1. Medication was sent to school out of the original container
2. Medication is prescribed twice daily and can be administered before school and after school hours
3. Medication is prescribed three times daily and can be given before school, after school and before bedtime
4. The student has requested over-the-counter medication every day for several days (which may be beyond school district policy of no more than three consecutive days)
5. No written authorization is on file

Other unusual circumstances that are not listed above will require consultation with the supervising school nurse or health care provider.

A student may refuse to take prescribed medications. As best practice and according to the student's developmental level, the student should understand the symptoms for which the medications are prescribed and also know any common side effects. The student should be able to verbalize their understanding that these medications are considered a part of treatment and that the parent and/or prescriber will be notified should he/she refuse the medication.

Refusing medications is not considered a medication error and should be documented on the Medication Administration Record as "refused medication." This shows that the individual has been offered the medication as ordered by the physician. When a student refuses medications, the school nurse and parent should be notified as soon as possible.

Medication Errors

Preventing and Reporting Medication Errors

A medication error occurs when one of the "six rights of medication administration" have been violated. Examples include:

1. Administering the wrong medication
2. Administering the wrong dose of medication
3. Administering medication at the wrong time
4. Administering the medication in the wrong way (e.g., ear drops administered to eye)
5. Administering medication to the wrong student
6. Failing to document that medication was given or inaccurate documentation of medicine given

Medication errors may result in adverse reactions to the student. These reactions could range from a rash to a life-threatening situation. Therefore, always check the medication label when:

1. Removing the medication from storage
2. Removing the medication from its container
3. Returning the medication to storage

Knowing the following before administering medications will help prevent medication errors:

1. Name of medication (the generic and real or "trade" name)
2. Purpose
3. Potential side effects
4. Special instructions (if appropriate)
5. Health care provider and emergency contact names and phone numbers

When a medication administration error occurs, follow these guidelines:

1. Keep the student in the health room
2. If the student has already returned to class, have someone accompany the student back to the health room.
3. Observe the student's status and document what you see
4. Identify the incorrect dose or type of medication taken by the student
5. Notify the principal and supervising nurse immediately if the medication was administered by unlicensed personnel. The supervising nurse will contact the parents of the student and/or healthcare provider.
6. If contacting the Poison Control Center follow the steps below:

    a. Give the name and dose of the medication taken in error
    b. Give the student's age and approximate weight, if possible
    c. Give the name and dose of any other medications the student receives, if possible
7. Follow instruction from the Poison Control Center. If unable to follow these instructions, explain the problem to the Poison Control Center to determine if the student should be transported for emergency care.
8. Complete a Medication Administration Incident Report form. Carefully record all circumstances and actions taken, student's status and ensure to include instructions from the Poison Control Center or the student's healthcare provider. All reports are to be filed and kept according to district policy.

*Errors made in recording medications on the Medication Administration Record should be marked "void," initialed and dated. Whiteout may **not** be used.

Sample Medication Administration Incident Report Form

Student Name: _____
Date of Birth: _____
School Name: _____
Grade: _____
Date/Time of Error: _____
Name of Person Administering Medication: _____
Name of Medication: _____
Dosage:_____
Route: _____
Time(s) to be Given: _____

Circle all that apply to this medication error:

- Wrong Student
- Wrong Time
- Wrong Dose
- Wrong Route
- Wrong Medication
- Wrong Documentation

Describe the Error (Should be completed by the person making the error. If wrong medication is administered, include the name and dosage of what was given):

_____

_____

Action Taken/Intervention: _____

_____

Persons Notified at Time of Error:

Principal (signature required): _____
Date/Time of Notification: _____
Supervising School Nurse: _____
Date/Time of Notification: _____

Parent or Guardian Notified: _____
Date/Time of Notification: _____

Student's Health Care Provider Notified (if applicable): _____
Date/Time of Notification: _____

Name of Person Completing Incident Report:
_____
(please print)

Signature (Person Completing Incident Report): _____
Today's Date: _____

Follow-up Care/Information (if applicable):

_____

This is an example of the information needed for a medication error report. School board policy dictates who shall be notified and in what order. Complete the form in ink as it is a legal record. Do not use "white out," correction tape, eraser or any other method to cover/correct recording errors. Instead, draw a single line through the error, record the correct information beside it and initial the corrected entry. The completed form is to be sent to the school principal (or designee); copies also should be placed in the supervising school nurse and employee's files. (KDE 2026).

MODULE II: ADMINISTRATION OF MEDICATIONS

Medication Classifications

Medications may be controlled or non-controlled. It is extremely important that a person administering medications compares the medication label with the medication record including the student's name, time of administration, how the medication is to be given and the dosage for administration. All OTC medications must be given in accordance with school district policies and medical provider orders and protocols.
It is recommended that school employees administering medication have access to an updated drug book or an online medical website for review of any newly prescribed medications and/or over-the-counter medication when questions arise.

Student health information is important for student safety in medication administration and management. This information includes, but is not limited to student name, date of birth, sex and any allergies.

Prescribed medications are medications that a licensed practitioner has ordered for the treatment of a student's diagnosis or symptoms. These prescription medications may include controlled/scheduled or non-controlled/scheduled medications. Prescribed medications may be ordered on an as-needed (PRN) or routine scheduled basis.
The prescribed medication to be administered at school must be in the original container from the providing pharmacy. The pharmacy label must include the following:

1. Name and address of the pharmacy
2. Telephone number of the pharmacy
3. Prescription number
4. Current date of filling or refilling
5. Name of prescriber
6. Name of patient
7. Directions for use, including precautions, if any, as indicated on the prescription
8. Drug name, strength and quantity, if generic, the name of the manufacturer
9. The phrase "use by" followed by the product's use by date, if dispensed in any packaging other than the manufacturer's original packaging
10. All auxiliary labeling as recommended by the manufacturer and/or as deemed appropriate in the professional judgment of the dispensing pharmacist
11. Initials or name of the dispensing pharmacist

Controlled/Scheduled Medications

"Controlled/scheduled medications" are medications that are potentially addictive and are regulated under the Controlled/Scheduled Substance Act of 1970. Controlled/scheduled medications (e.g., acetaminophen and oxycodone/Percocet, diazepam/Valium, methylphenidate/Ritalin or acetaminophen and codeine/Tylenol with Codeine) cannot be obtained without a written prescription from a licensed practitioner.

It is particularly important that controlled/scheduled medications be handled according to school district policies and procedures. These medications should be disposed of according to the medication storage and disposal guidelines outlined by the U.S. Food and Drug Administration.

Policies and procedures should be developed in correspondence with the National Association of School Nurses (NASN) and the American Academy of Pediatrics guidance and recommendations for school nursing and medication administration. Policies and procedures related to medications should include, but are not limited to the following:

1. Controlled/scheduled medications should be kept under double lock and key
2. Controlled/scheduled medications should be kept separate from other medications
3. Controlled/scheduled medications must be signed out each time a dose is administered
4. Each time a dose is administered, trained staff shall count and record the number of remaining pills on the student's medication record.

When utilizing Infinite Campus (IC) for documentation of medication administration, pill counts can be entered into IC and used for comparison purposes to confirm the remaining count is accurate. Utilizing IC also allows staff to assess and document any medication discrepancies.

Non-Controlled Medications

Non-controlled/scheduled medications include prescriptions that are used to treat medical conditions. All prescribed, non-controlled/scheduled medications require an order from a licensed practitioner. All non-controlled/scheduled medications should be kept locked according to school district policies and procedures. School district policies should address student safety in relation to the secure storage of medication.

Over-the-counter (OTC) Medications

"When a nurse, as an employee or volunteer of a health care delivery system, provides non-prescription medication to an individual, the nurse should do so based on an order from a qualified healthcare provider or medically approved guidelines to supply the non-prescription medication." See, the Kentucky Board of Nursing Advisory Opinion Statement #16 (2023). Further, the KDE advises it is imperative that school nurses do not accept parent notes requesting the administration of over-the-counter (OTC) or prescription medications without a medical provider's order.

Therefore, OTC medications should **not** be administered in the school setting without **both** a medical practitioner's order **and** signed parental consent. These medications may only be administered when they are part of standing orders or protocols signed by a medical provider. This practice is in alignment with the American Academy of Pediatrics (AAP) policy statement on the *Safe Administration of Medications in Schools* (2024).

Medications for Life-Threatening Emergencies

I. Seizures
   a. Diastat® Rectal Gel
   b. Klonopin®
   c. Nayzilam®/Midazolam
   d. Valtoco®

These medications are prescribed for the emergency treatment of seizures. Students may also be prescribed seizure management medication to be administered in the event of a seizure. Please refer to Module III for more information regarding these medications.

II. Anaphylaxis
   a. EpiPen
   b. Auvi-Q®
   c. Adrenaclick ®
   d. Neffy ®(Epinephrine)

EpiPens® and Neffy® are prescribed for treating severe allergic reactions causing life-threatening respiratory distress, or a condition referred to as anaphylaxis.

Anaphylaxis is a life-threatening allergic reaction that may be fatal within minutes and requires immediate action. Anaphylaxis may be a reaction to food (particularly peanuts, tree nuts, fish, wheat or eggs), stinging insects, latex, exercise or medication. Please refer to Module III for more information on these medications.

III. Blood Glucose

a. Glucagon Injectable
b. Baqsimi® Nasal Powder
c. GlucaGen®
d. Gvoke®
e. Zegalouge®

Glucagon and Baqsimi® nasal powder are medications prescribed for students with diabetes to treat a severe low blood sugar event when the student's level of consciousness prevents treatment by oral medication. See Module III for additional information regarding these medications.

IV. Opioid Overdose

a. Narcan® (naloxone)

Narcan® (naloxone) is an intra-nasal medication administered in the event of a life-threatening opioid overdose emergency. Commonly abused prescription medications that can lead to an opioid overdose include:

- Opioids (pain management medications): Vicodin® (hydrocodone), Percocet® (oxycodone-acetaminophen), Percodan® (oxycodone-aspirin), oxycontin (oxycodone), Dexedrine® (dextroamphetamine)
- Stimulants (ADHD medications): Ritalin (methylphenidate), Concerta® (methylphenidate), Adderall® (amphetamine-dextroamphetamine), Dexedrine® (dextroamphetamine)
- Benzodiazepines/CNS Depressants (for anxiety and sleep disorders): Xanax® (alprazolam), Valium® (diazepam), and Nembutal®(pentobarbital)

Please refer to Module III for more information regarding these medications.

V. Adrenal Crisis

a. Solu-Cortef® (hydrocortisone)

Hydrocortisone is a steroid that naturally occurs in the body that allows the body to metabolize glucose as well as control vascular activity to maintain blood pressure. In order to keep adrenal insufficiency under control, a student will need to take an oral dose daily to supplement what the body does not produce.

When there is a suspected adrenal crisis, an injection of Solu-Cortef® may need to be administered to the student. Please refer to Module III for more information regarding this medication.

Off-Label Medications

Off-label medications refer to the use of a drug in a manner not specified in the approved labeling, such as for a different age group or condition. According to the AAP's Safe Administration of Medication in School: Policy Statement, some medications have strong evidence supporting their safe off-label use in youth. However, school health policies typically require clarification for any deviations from standard labeling.

School nurses with questions about the administration or dosage of any therapeutic agent, particularly concerning off-label use, should collaborate with the prescriber to determine best practices and potential side effects for safe medication administration.

The National Association of School Nurses recommends that in order to administer research or off-label medication in schools, each request should be evaluated individually by the school nurse. The school nurse should consult state law before administering non-FDA approved medication. Communication among the school administrator, parents and licensed prescribers is essential to ensure the safe administration of experimental medications for students in clinical trials.

The following materials should be required from the licensed prescriber for any experimental or off-label medication:

1. Purpose of medication
2. Medication side effects
3. Allergy potential
4. Administration schedule
5. Safe dosage
6. Storage requirements
7. Intended benefit for the student
8. Information regarding the protocol or a study summary from the research organization
9. Signed parental permission
10. Reporting requirements
11. Any follow-up nursing actions to be taken.

The school nurse must ensure they have sufficient information regarding non-standard, off-label, experimental and nutritional supplements to make an informed decision about administering the medication in the school setting. The school nurse reserves the right to refuse to administer the medication if they believe it cannot be safely administered at school.

Forms of Medication Administration

Medications may be administered in many ways. Procedures for administering different forms of medication can be found in the handout section of this manual.

Oral (by mouth)

Oral medications include solid forms such as tablets or capsules and liquid forms such as syrups/elixirs and suspensions**.** Oral medication should not be crushed without a licensed practitioner's order.

1. **Tablets** (pills) come in many forms: regular, chewable, sublingual and scored. Regular tablets are simply taken with liquid. Chewable tablets should be chewed before they are swallowed. Tablets that are not clearly designated as chewable should be swallowed whole. Scored tablets are designed so that they can be cut into smaller doses with a special cutting tool. Tablets are delivered in either an enteric coated or uncoated form. Certain medications can cause irritation to the stomach. These tablets are "coated" so that they cannot dissolve in the stomach, protecting the stomach from irritation. The "coating" actually dissolves in the small intestine instead of the stomach. Coated tablets should not be split or crushed.
2. **Oral disintegrating tablets** dissolve in the mouth (do not chew). The two types of oral disintegrating tablets usually seen in the school setting are sublingual and/or buccal. Sublingual medications are placed under the tongue to be dissolved and absorbed. Buccal medications are placed inside the cheek and along the gum line to be dissolved and absorbed.
3. **Capsules** are coated so they dissolve over a period of time in the stomach or the intestines—but not in the mouth. Most often, the prescription calls for capsules to be swallowed whole, just like tablets. Gel coated capsules are not to be broken.
    a. There are also capsules designed to be broken apart and sprinkled onto soft food, like applesauce. These are called a **"**sprinkle" and are most often given to students who have asthma or seizures. If a capsule should be "sprinkled," the directions on the prescription will specifically say to do so.
    b. Capsules may be coated with substances that permit delayed release in the small intestine in lesser amounts over a prolonged period of time. Do not break or crush any medications considered slow release, sustained release, long-acting, extended or controlled release (usually identified with SR, LA, EX or CR).

4. **Syrups and elixirs** are clear liquids.
5. **Suspensions** are liquids that are not clear**.** Suspensions contain medication that does not dissolve completely in the liquid and usually need to be refrigerated. Because suspensions can separate, they always need to be shaken at least 15 seconds before being measured and given to the student.

All oral medications should be given with at least four to six ounces of water or other liquid that allows for easy swallowing. After the student has received the medication, it is especially important to make sure they have swallowed the medication.

Ask the student to open their mouth and raise their tongue. Inspect cheeks, under tongue, roof of mouth and teeth for hidden medication. Check orthodontic braces as well. This practice will ensure students are not hoarding medications (sometimes called "cheeking").

Topical

Topical medications include eye drops or eye ointments, ear drops or ear ointments, and topical creams and ointments that are applied to the skin.

NOTE: Gloves should be worn when administering any of the following medications. Hands should be washed before **and** after the use of gloves. Be sure to verify whether the student is allergic to latex prior to using a latex glove. (Always wash off powder left on your hands from gloves).

1. **Ointments** (salves) are a semisolid preparation, usually containing a medical substance, used for external application on the skin.
2. **Creams** are a fluid mixture of a thick consistency, usually applied to the skin or body surface.
3. **Drops** are a liquid form of medication given through a dropper when a small dose of medication is required. Drops are usually prescribed for the eyes (ophthalmic) or ears (otic).

Inhalers and Nebulizers

Inhaled medications may be delivered in a fine mist by spray bottle/inhaler, an oral inhaler, or a nebulizer machine. Most inhalers are hand-held portable devices that deliver medication at a metered (pre-measured) dose.

1. **Nasal spray/inhalers** are medications delivered as a spray directly into the external nares (nostrils) and may be prescribed for allergies.
2. **Oral inhalers** deliver medication directly to the lungs through the mouth by squeezing the canister or by direct inhalation. The nebulizer produces fine spray mist by rapidly passing air through a liquid that is inhaled through the mouth.
    a. Nebulizer medication use may be prescribed for treatment of asthma or other respiratory conditions. Pre-mixed nebulizer medication is already

prepared to be used with a nebulizer. Consult the equipment product information on how to use the nebulizer.

Individualized training is advised to ensure understanding of medication and use of equipment. Common inhaler problems include:

- Not taking the medication as prescribed
- Incorrect activation which may occur by not following the recommended sequencing of inhaling and squeezing the canister
- Forgetting to shake the canister - if the canister is not shaken multiple times, the correct amount of medication may not be delivered
- Not waiting long enough between puffs
- Failure to clean the valve - if debris is present, this will cause delivery failure of the correct amount of medication
- Failure to observe whether the inhaler is actually releasing a spray - if not, call the delegating school nurse

A student's need for bronchodilators (inhalers) more than every four hours can signal respiratory problems. Call the supervising RN, APRN, PA or physician if this occurs.

Insulin Administration

Unlicensed assistive personnel may be delegated and trained to administer or assist with self-administration of insulin by the prescribed route (e.g., subcutaneous injection, continuous insulin infusion (insulin pump), inhaled insulin or other FDA-approved routes of administration) as prescribed, in accordance with applicable laws and provider orders (KRS 158.838). Training and delegation shall be according to the requirements stated in KRS 156.502. A list of training resources may be found in the KDE Health Services Reference Guide.

Understanding Effects of Medications/Adverse Drug Effects

It is especially important to be familiar with any medication that is being administered to students. An adverse effect is an unwanted, unexpected and/or dangerous reaction to a drug. Pharmacies are required to provide a medication education sheet with each drug dispensed. The sheet contains the most common adverse effects of that medication. Another way to learn the adverse effects of medications is to review the medication in a current drug handbook. These books are updated on an annual basis and contain the most current information on newly developed drugs to include the recommended dosage; what diagnosis or symptom the drug treats; how the drug is absorbed; and most importantly the potential side effects/adverse effects of the drug. Medication information is also available online at Drugs.com**.**

Observing the student after a medication has been administered is crucial in identifying any adverse reactions to that medication. If a student vomits after taking a medication, report to the supervising school nurse the student's name and age; medication name and dose; and time interval between the medication administration and when vomiting occurred.

Severe adverse reactions should be treated as emergencies, and unlicensed school personnel should be familiar with school district policies and procedures regarding how emergencies are to be managed.

An allergic reaction is an immune response to a foreign substance resulting in inflammation and/or organ dysfunction. In the case of medications, the drug itself may be the substance that causes the effect. Allergic reactions may have many symptoms that could appear immediately or not for several days or weeks. Examples of an allergic reaction may be redness, rash, hives and shortness of breath, itching, swelling, yellowing of the skin or fever.

Anaphylaxis is the most dangerous type of allergic reaction. Anaphylaxis is a life-threatening event, where the blood pressure drops, respiratory distress occurs (i.e., shortness of breath), and the student may become unresponsive. Emergency procedures should be implemented if anaphylaxis is suspected.

Medication Handling

Hand Washing

Before administering medication to a student, always wash your hands. If the student touches the medication, they should also wash their hands. Good hand-washing techniques include washing the hands with soap and water. Alcohol–based hand sanitizers are an excellent alternative to hand washing when soap and water are not available. However, if the hands are visibly soiled, wash them with soap and water. Center for Disease Control (CDC) Handwashing Website.

How to Avoid Touching Medication

Pour pills, tablets, or capsules into the bottle cap first, and then pour them into the disposable medicine cup. (This technique allows for more control in pouring and avoids having to remove extra amounts.) A clean paper towel or small sized paper cup may also be used if the medicine is only one capsule or tablet. Have the students pick up the medication themselves and put it in their mouth.

Some children do not have the developmental skills to put tablets or capsules into their mouth. If you must put the medication directly into the child's mouth, use disposable gloves. The gloves are considered contaminated after use. (Note: Be aware of any allergies to latex gloves.)

Cutting or Crushing Tablets

Cutting, crushing or sprinkling of the medication are examples of changing the form of an oral medication. If the form of an oral medication must be changed, the prescribing healthcare provider will indicate this in the written prescription and the pharmacy shall indicate this on the prescription label.

Scored tablets that must be cut in half to obtain a smaller dose should be cut by either the school nurse or the student's dispensing pharmacist. For example, the medication is packaged in 10 milligram (mg) tablets and the health care provider's order or prescription indicates the student is to receive 5 milligrams or half a tablet. The school nurse, licensed health care provider or dispensing pharmacist should cut the scored tablets.

Measuring Liquid Medication

When pouring liquid medications, always place bottle cap upside down on a solid surface to avoid contaminating the inside of the bottle cap. Liquid medications must be measured to ensure accurate dosage.

For liquid medications, always use a plastic marked medicine cup, oral syringe or dropper. Pay close attention to the medication order (dosage on the bottle) and find the corresponding markings on the medicine cup or dropper.
When using a plastic marked medicine cup, place the cup on a solid, level surface and look at the medicine cup at eye level to ensure the correct amount has been poured. If a student is to receive more than one liquid medication at the same time, each liquid medication must be measured separately. When pouring the medication out of the container, hold the bottle so the label is in the palm of your hand to prevent spillage and causing the label to be illegible.

Some liquid medications are suspensions and require shaking before being administered. This information will be on the label of the medication bottle. Additional tips on how to use liquid measuring devices may be found on the healthychildren.org website's safety and prevention at home section.

Administering Medication Safely

Only prepare and administer one individual's medication at a time. Never document that the medication has been administered before the student receives it. To safely manage and administer medications to students, the "six rights of medication administration" must be followed.

1. Right Patient
2. Right Drug
3. Right Dosage
4. Right Route
5. Right Time
6. Right Documentation

Prescription Label Information

Information required on a prescription label includes:

1. Name and address of the pharmacy
2. Telephone number of the pharmacy
3. Prescription number
4. Current date of filling or refilling
5. Name of prescriber
6. Name of patient
7. Directions for use, including precautions, if any, as indicated on the prescription
8. Drug name, strength and quantity, if generic, the name of the manufacturer
9. The phrase "use by" followed by the product's use by date, if dispensed in any packaging other than the manufacturer's original packaging
10. All auxiliary labeling as recommended by the manufacturer and/or as deemed appropriate in the professional judgment of the dispensing pharmacist

11. Initials or name of the dispensing pharmacist

Procedure for Administering Medications

All medication administration procedures must include these basic steps regardless of the type of medication to be administered:

1. Student reports to the office or call students to the office
2. Verify identity of student (using two methods of identification)
3. Identify yourself and what you will be doing
4. Assemble necessary equipment
5. Wash your hands before and after administering medications

Use of Mediplanners for Storage of Student Medications

The use of mediplanners (pill organizers) for student medications in schools is generally not recommended by major health organizations due to concerns regarding safety, accuracy and legal liability. Please refer to the key points below:

- The American Academy of Pediatrics (AAP) advises that medications should be kept in their original pharmacy-labeled containers to ensure proper identification and dosage. This helps prevent medication errors and ensures that all necessary information, such as the student's name, medication name, dosage and administration instructions, is readily available.
- The Kentucky Board of Nursing (KBN) emphasizes the importance of maintaining medications in their original containers to ensure accurate administration and compliance with state regulations. Using original containers helps in verifying the medication and dosage, which is crucial for student safety.
- National Association of School Nurses (NASN) supports the use of original pharmacy-labeled containers for medications administered in schools. They highlight that this practice helps in maintaining the integrity of the medication and provides clear instructions for administration. NASN also notes that using Medi planners can increase the risk of medication errors and complicate the verification process.

Standing Orders and Protocols

Standing orders are essential for the administration of over-the-counter (non-prescription) medications in schools, including emergency medications when applicable. These orders are written instructions from a licensed healthcare provider that authorizes school nurses and unlicensed school personnel to administer specific medications under defined circumstances. Key components of standing orders should include:

1. **Identification of Authorized Personnel**: Clearly specify which unlicensed school personnel are authorized to administer the medications.
2. **Medication Details**: Include the name, dosage and administration route of the medication.
3. **Indications for Use**: Define the specific conditions or symptoms that warrant the use of the medication.
4. **Administration Protocols**: Provide step-by-step instructions for administering the medication, including any necessary follow-up actions.
5. **Documentation Requirements**: Outline the procedures for documenting the administration of the medication and any subsequent actions taken.

Medication administration protocols should be developed collaboratively with licensed healthcare providers and reviewed regularly to ensure alignment with current best practices and applicable legal requirements.

School districts that do not maintain written standing orders for over-the-counter (OTC) medications but choose to allow their administration in the school setting, should ensure that their local policies and procedures clearly require both a licensed medical provider's order and documented parental or guardian consent prior to administration.

Need for District Policies and Procedures

Developing comprehensive district policies and procedures regarding stock medications for both over-the-counter or non-prescription and emergency medications are crucial for ensuring the safety and well-being of students. These policies should include:

1. **Clear Guidelines**: Establish clear guidelines for the storage, handling and administration of stock emergency medications.
2. **Training Requirements**: Define the training requirements for unlicensed school personnel, including initial training and regular updates using KDE's Medication Administration Training Program for Unlicensed School Personnel.
3. **Emergency Protocols**: Develop protocols for responding to medical emergencies, including the use of stock emergency medications and calling emergency services.

4. **Documentation and Reporting**: Implement procedures for documenting the administration of emergency medications and reporting their use to the appropriate. authorities. KDE recommends all medications be charted in KSIS (Infinite Campus).
5. **Accessibility:** Emergency medications must be readily accessible in an unlocked room and unlocked cabinet during school hours, during after-school activities and on school-related field trips. Non-emergency medications should be stored behind two locks, one of which can include the lock on the nurse's office door.

Medication Errors

District policies and procedures state what documentation is required if an error in medication administration has been made. Any error must be documented on the school district's "medication error" or incident form and reported as soon as possible to the school nurse, school principal and parents.

Report accidental errors such as:

1. Forgetting to give a dose of medication
2. Giving medication to the wrong student
3. Giving the wrong medication or the wrong dose
4. Giving medications at the wrong time
5. Giving medication by the wrong route

Accidents do happen. In the interest of the students' health and safety, report all errors promptly.

Refusal of Medications

Refusing medications is not considered a medication error, and the refusal should be documented on the Medication Administration Record as a "refused" medication. The documentation assures the student has been offered the medication as ordered and proves that staff followed school district policy in administration/documentation.

As best practice and according to the student's developmental level, the student should understand why the medication is being administered and should also be made aware of any common side effects. The student should also be able to verbalize understanding that these medications are considered a part of treatment and that the parent/guardian will be notified should he/she refuse the scheduled medication.

Medication Administration Documentation (Medication Log/Medication Administration Record, Electronic Medical Record)

Record-keeping is extremely important when medication is given at school. A medication "log" (medication administration record) must be kept for each student. It is strongly encouraged that all student medications are documented into the Kentucky Student Information System (KSIS).

Advantages of electronic medical records include:

1. Records follow students electronically when transferring from school to school within the district
2. Discontinuation of paper logs/charts to file or store
3. Easier case management of students with chronic health conditions
4. Ability to track health office visits and outcomes

If it is not possible to document in KSIS it is permissible to document on a paper form. Each medication given must be recorded on a separate form. The log should contain the student's name, the prescribed medication and dosage, the route the medication is to be given, the time the medication is scheduled to be given, and any student allergies (allergies in red ink if on paper). It is also recommended that a picture of the student be attached to the document if paper is used for identification purposes.

Compare the information on the medication label with the information on the medication log. This information must match. Whenever a change in the dose of the same medication is ordered by the prescribing medical provider, a new medication log must be created. Contact the school nurse immediately and do not give the medication if the medication label is missing or the label cannot be read.

The medication record (log) may be used to also make notes of additional comments of any unusual circumstance related to the student receiving the medication. This medication record becomes a permanent part of the student's file (in the student's cumulative health folder) and provides legal documentation for those who administer medications to students. When a student receives a medication, the actual time must be recorded on the medication record (initial if on paper). This must also be done when medication is missed due to an absence or a field trip, or if the student refuses to take the medication. The medication administration record (log) is a legal and permanent document. Use only ink and never use "*Whiteout*" if using a paper log. If a mistake is made in the recording of the time of the medication administration on a paper log, draw a single line through the time, write "void" and initial beside the time. Follow local school district policies regarding documentation of medications (Module IV).

Module III: Emergency Medication Administration

Emergency Medications

According to KRS 158.838, KRS 217.186, and the Kentucky Board of Nursing, unlicensed school personnel may administer emergency medications as well as prescribed medications, provided they have received training as required in KRS 156.502. The medications below may be prescribed to be given during a life-threatening event.

Glucagon for Hypoglycemia

Hypoglycemia, or low blood sugar, is a common complication for children with diabetes who require insulin. It can occur suddenly and may result from:

1. Too much insulin
2. Administering insulin without eating
3. Consuming too little food
4. Delays in receiving snacks/meals
5. Increased physical activity
6. Illness
7. Alcohol use (particularly in adolescents)

Symptoms of hypoglycemia can be mild, moderate or severe. Per KRS 156.838, students with diabetes should have a written Individual Health Care Plan (IHP) or Emergency Diabetes Care Plan/Action Plan detailing how to treat these symptoms based on their severity.

If a student shows signs of hypoglycemia, unlicensed school personnel should consult the student's IHP or Emergency Diabetes Care Plan/Action Plan for guidance. This plan may include the administration of Glucagon®, which unlicensed school personnel may administer after receiving training according to KRS 156.502.
Glucagon is a life-saving hormone used to treat severe hypoglycemia (e.g., severe sleepiness, loss of consciousness, seizure or inability to swallow). It raises blood glucose levels within 5-25 minutes. After administration, the student may experience nausea and vomiting, so they should be positioned on their side.

Parents/guardians should provide Glucagon along with written orders from the student's healthcare provider. KRS 158.838 requires each local public school district to have at least one trained school employee on duty during the entire school day to administer Glucagon in an emergency.

Glucagon is available via different delivery methods, and is marketed under several brand names, including GlucaGen®, Gvoke® and Baqsimi®. It should be stored at room temperature in an easily accessible area. The expiration date should be checked monthly,

and parents or guardians should be notified one month before expiration. If other brand names are prescribed other than those listed above, the school nurse is responsible for researching the medication and providing the proper training to the unlicensed personnel and ensuring competency.

According to Kentucky law, emergency medications should not be locked up and must be kept in easily accessible locations. Additionally, Kentucky law permits students to carry and self-administer emergency medications.

Epinephrine for Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that can be fatal within minutes. It can be triggered by various allergens, including certain foods (e.g., peanuts, tree nuts, fish, wheat, eggs), stinging insects (e.g., wasps, bees), medications, latex or exercise.

Symptoms of anaphylaxis include:

1. Itching and/or hives, particularly in the mouth or throat
2. Swelling of the throat, lips, tongue and/or eye area
3. Difficulty breathing, swallowing or speaking
4. Increased heart rate and/or sense of impending doom
5. Abdominal cramps, nausea, vomiting, diarrhea
6. Weakness, collapse, paleness, lightheadedness or loss of consciousness

Students at risk of anaphylaxis should have an Allergy or Anaphylaxis Emergency Action Plan of Care, which may include the administration of epinephrine. Epinephrine is a prescribed medication used to reverse the effects of an anaphylactic reaction, with the prescription based on the child's weight.

Commonly prescribed brands of epinephrine and their administration include:

- EpiPen®
- Auvi-Q®
- Adrenaclick®
- Neffy®

These medications are typically designed for quick and easy use during severe allergic reactions. Students may carry and self-administer epinephrine per KRS 158.834 and KRS 158.836. Unlicensed school personnel may administer epinephrine after receiving training according to KRS 156.502.

Neffy®, a newly approved nasal epinephrine, offers an alternative to injectable epinephrine for the emergency treatment of anaphylaxis. Approved by the FDA in August 2024, Neffy provides a needle-free option that can be self-administered or administered by a caregiver.

It is designed to deliver a single dose of epinephrine via nasal spray, making it a convenient and less intimidating option for those who may fear injections.

Dose and Age Recommendations for Neffy®:

- The recommended dosage of Neffy® is one spray (1 milligram (mg) or 2 mg) administered into one nostril.
- In the absence of clinical improvement or if symptoms worsen after the initial treatment, a second dose of Neffy® may be administered in the same nostril with a new nasal spray starting five minutes after the first dose.
- Neffy is indicated for emergency treatment of type I allergic reactions, including anaphylaxis, in adult and pediatric patients.
- Pediatric patients aged 4 or older and weigh 15 kilograms (kg) or less than 30 kg should receive 1mg, those weighing 30kg or greater should receive 2 mg.

Epinephrine, including Neffy®, should be stored at room temperature in a dark area. The expiration date should be checked monthly, and parents or guardians should be notified one month before expiration. It should be either carried by the student or kept in an easily accessible, unlocked location.

Bronchodilators for Asthma

Asthma is a chronic respiratory condition that affects the airways in the lungs, causing episodes of wheezing, breathlessness, chest tightness, and coughing. Prompt and appropriate administration of asthma medication is critical in preventing and managing asthma attacks in the school setting.

In Kentucky, KRS 158.838 allows students to carry and self-administer asthma medication, including rescue inhalers, with appropriate documentation. Unlicensed school personnel may administer or assist with medication administration under the training and delegation of a licensed health professional, as outlined in KRS 156.502 and 702 KAR 1:160.

Asthma Medications and Delivery Devices

Asthma medications are typically delivered in one of the following forms:
Metered-Dose Inhalers (MDI's):

- Most common method for delivering quick-relief (rescue) medications
- Requires coordination between exhalation and inhalation. A spacer is often used to improve delivery and reduce medication loss

Nebulizers:

- Delivers medication in a mist form through a mask or mouthpiece. Often used for younger children or during severe asthma episodes
- Treatment generally takes 10-15 minutes
- Ensure the student is seated upright during treatment if possible
-

Asthma Action Plans

Every student with asthma should have an asthma action plan (AAP) on file. This plan should be developed in conjunction with the parent/guardian, medical provider, and school nurse. This plan should outline:

- Daily management strategies
- Medication instructions
- Emergency procedures
- Triggers to avoid

Unlicensed personnel should be familiar with the student's AAP and follow it precisely.
Responsibilities while caring for a student experiencing an asthma event include:

- Recognizing asthma related symptoms: wheezing, coughing, shortness of breath, chest tightness
- Assisting with administration or administering the medication as directed in the AAP
- Ensuring proper inhaler technique, especially if not using a spacer
- Staying with student and monitor their condition

- Never ask a student to walk to the nurse's office or first aid station while having difficulty breathing. Medication should be brought to the student if they are not self-carrying the medication
- Documenting medication administration per district policy
- Notifying school nurse as well as parent/guardian as appropriate

Medications for Seizures

Epilepsy is a neurological disorder causing recurrent seizures. Seizures result from brief disruptions in the brain's electrical activity, leading to altered awareness, shaking, convulsing, confusion or sensory experiences.

Common types of seizures include:

1. Generalized Tonic Clonic (Grand Mal): Convulsions, muscle rigidity, jerking
2. Absence (Petit mal): Blank stare lasting a few seconds, sometimes with blinking or chewing motions
3. Complex Partial (Psychomotor/Temporal Lobe): Random activity where the student is out of touch with their surroundings
4. Simple Partial: Jerking in one or more parts of the body or sensory distortions
5. Atonic (Drop Attacks): Sudden collapse with recovery within a minute
6. Myoclonic: Sudden, brief, massive jerks involving all or part of the body

Seizure symptoms depend on the area of the brain affected and the extent of the disruption. Most seizures are not medical emergencies and resolve within a few minutes. Use a watch to time the seizure from start to finish.
A seizure is generally considered an emergency if:

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

During a seizure, prioritize airway patency and safety. Do not place objects in the student's mouth. Turn the student to one side to keep the airway open. Do not restrain their movements; instead, clear the area of hard or sharp objects.

Students receiving medication for seizure control should have a written Seizure Emergency Action Plan detailing how to manage seizures during school hours. The plan may include the administration of seizure management medications, which unlicensed school personnel may administer after receiving training per KRS 156.502.

Commonly Prescribed Rescue Medications for Seizures

Diastat (Diazepam Rectal Gel)

Diastat is a rectal gel form of diazepam used for the treatment of acute repetitive seizures or seizure clusters. It is often prescribed for children or individuals who cannot take medications orally. Diastat is administered rectally, which can be challenging in a public setting, but it is effective in stopping prolonged seizures.

Midazolam

Midazolam is used for the short-term treatment of increased or frequent seizures known as seizure clusters. It is effective in quickly stopping seizures. For students under the age of 12, a syringe and atomizer are supplied and is to be administered intranasally. For students aged 12 and above, Nayzilam® (midazolam) nasal spray may be prescribed.

General Medication Information:

- Drug is absorbed by the mucous membranes, not via inhalation
- Intranasal midazolam easily and rapidly crosses the nasal mucosa and blood-brain barrier
- Administration is less traumatic for patient compared to Diastat®
- Onset of action: ~ two to three minutes (rapid)
- Oral bioavailability of midazolam: ~30%
- Sedation is common after administration
- If swallowed, only a third of the dose is absorbed
- Prefilled syringes have a shelf life of four months

Klonopin (Clonazepam)

Klonopin, or clonazepam, is a benzodiazepine used to treat various types of seizures, including myoclonic and absence seizures. It is typically used as an "add-on" medication for individuals who continue to have seizures despite taking other seizure medications. Some students may also be prescribed Klonopin for breakthrough seizures. It may be provided as an oral disintegrating tablet (wafer) which can be administered by placing the tablet in the mouth between the gum and cheek or between the lower lip and gum for it to dissolve (buccal administration).

Valtoco (Diazepam)

Valtoco, or diazepam, is also a benzodiazepine used for the short-term treatment of seizure clusters (also known as “episodes of frequent seizure activity” or “acute, repetitive seizures” in patients two years of age and above.

- Taking benzodiazepines with opioid medications, alcohol or other central nervous system depressants (including street drugs) can cause severe drowsiness, breathing

problems (respiratory depression), coma and death

- Get emergency health immediately if any of the following happens:
    - Shallow or slowed breathing
    - Breathing stops (which may lead to cardiac arrest)
    - Excessive sleepiness (sedation)

Seizure Emergency Action Plan

Students receiving medication for seizure control should have a written Seizure Emergency Action Plan detailing how to manage seizures during school hours. The plan may include the administration of seizure management medications, which unlicensed school personnel may administer after receiving training per KRS 156.502. Personnel trained in medication administration for seizures should be identified and shared with school personnel. The expiration date of the medication should be checked monthly, and parents/guardians should be notified one month before expiration.

Kentucky Laws Regarding Students with Seizures

In Kentucky, KRS 158.838 requires schools to have at least one school employee trained in the administration of seizure rescue medications on duty during the entire school day. This training includes the administration of medications such as Diastat, Nayzilam, Midazolam and Klonopin, or Valtoco as well as recognizing the signs and symptoms of seizures. Each student diagnosed with a seizure disorder must have a Seizure Action Plan, which is a written, individualized health plan prepared by the student's treating physician.

Narcan (naloxone) for Opioid Overdose

Young adults are the primary abusers of prescription pain medications, significantly increasing their risk of overdose. Substance use disorder (drug addiction) does not discriminate and can affect anyone.

Commonly Abused Prescription Drugs

1. **Opioids (for pain):** Vicodin (hydrocodone), Percocet (oxycodone-acetaminophen), Percodan (oxycodone-aspirin), Oxycontin (oxycodone), Demerol (meperidine), fentanyl.
2. **Stimulants (ADHD medications):** Ritalin (methylphenidate), Concerta (methylphenidate), Adderall (amphetamine-dextroamphetamine), Dexedrine (dextroamphetamine)
3. **Benzodiazepines/CNS Depressants (for anxiety and sleep disorders):** Xanax (alprazolam), Valium (alprazolam), Nembutal (pentobarbital)

Reasons for Abuse

- Easy access
- Perception of safety
- Desire to get high
- Academic performance enhancement
- Stress and anxiety relief
- Experimentation
- Social acceptance

Effects of Opioid Overdose

Opioid overdose can severely impact breathing, leading to unconsciousness, coma, brain damage within three to five minutes without oxygen, and death.

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred	Speech is infrequent, not breathing or may have very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Normal heartbeat or pulse	Slowed heartbeat or pulse
Responds to stimuli	Unresponsive to stimuli (calling name, shaking or sternal rub
Normal skin color	Cyanotic skin coloration (blue lips and fingertips)
	Pinpoint pupils

Adapted from Massachusetts Department of Public Health-Opioid Overdose Education

Preventing Fatal Opioid Overdoses

Under Kentucky Revised Statute (KRS) 217.186, non-medical school personnel authorized to administer medications per KRS 156.502 can administer Narcan (naloxone) to prevent fatal opioid/heroin overdoses. The statute includes a “Good Samaritan” provision protecting those seeking help for overdose victims from prosecution.

Adrenal Insufficiency and Solu-Cortef

Adrenal insufficiency (AI) occurs when the adrenal glands do not produce enough cortisol, a vital hormone. Cortisol plays a crucial role in regulating various bodily functions, including:

- Stress response: Cortisol helps the body cope with stress, illness and injury.
- Blood sugar regulation: It helps maintain stable blood sugar levels.
- Blood pressure regulation: It contributes to healthy blood pressure.
- Immune function: It plays a role in immune system regulation.

Common Causes of Adrenal Insufficiency

- Autoimmune diseases: The body's immune system attacks the adrenal glands (e.g., Addison's Disease).
- Long-term corticosteroid use: Prolonged use of corticosteroids can suppress the adrenal glands' natural cortisol production.
- Pituitary gland problems: The pituitary gland signals the adrenal glands to produce cortisol. Issues with pituitary gland can lead to AI.
- Surgery or injury: Damage to the adrenal glands can result in AI.

Recognizing the Signs and Symptoms of Adrenal Insufficiency

Symptoms can vary in severity and may include*:*

- Fatigue and weakness: Persistent tiredness and muscle weakness.
- Weight loss and decreased appetite: Unexplained weight loss and loss of interest in food.
- Nausea, vomiting and diarrhea: Digestive issues.
- Abdominal pain: Stomach discomfort.
- Low blood pressure: Dizziness or lightheadedness, especially upon standing.
- Hyperpigmentation: Darkening of the skin (more common in primary AI).
- Salt craving: A strong desire for salty foods.
- Hypoglycemia (low blood sugar): Shakiness, sweating, confusion, irritability, seizures (in severe cases).
- Adrenal Crisis (Medical Emergency): Severe symptoms including dehydration, vomiting, diarrhea, low blood pressure, confusion, and loss of consciousness. This requires immediate medical attention.

Managing Adrenal Insufficiency in School:

- **Medication:** The student will likely need to take daily replacement hormones (e.g., hydrocortisone, prednisone). The medication schedule should be clearly documented in the IHCP and medical provider's orders. School staff should be aware of the medication, its dosage, and administration instructions. *Never administer medication without proper authorization and training.*
- **Stress Management:** Help the student avoid excessive stress. This may involve modifications to academic workload, providing a quiet space when needed and promoting a supportive school environment.
- **Hydration:** Ensure the student has access to water throughout the day, especially during physical activity.
- **Nutrition:** Encourage regular meals and snacks to prevent hypoglycemia.
- **Physical Activity:** The student can likely participate in physical activities with appropriate modifications and monitoring. Ensure adequate hydration and access to snacks. Discuss any activity restrictions with the student's physician and document them in the IHCP.
- **Monitoring for Symptoms:** Staff should be vigilant in observing the student for signs and symptoms of AI, particularly hypoglycemia and adrenal crisis. Emergency Procedures (Adrenal Crisis)

An adrenal crisis is a life-threatening emergency. Recognize the signs and act quickly:

1. Call 911 immediately.
2. Notify the school nurse and principal.
3. Administer emergency medication (if prescribed) as per the ECP and after appropriate training. This may involve an injection of hydrocortisone (Solu-Cortef).
4. Keep the student calm and comfortable.
5. Do not give the student anything by mouth if they are unconscious or having difficulty swallowing.

Kentucky Board of Nursing Guidance:

The Kentucky Board of Nursing (KBN) provides guidance on delegation and supervision in school settings. It is crucial to adhere to the KBN's Advisory Opinion Statements #15, #16 and #30, which outline the roles of school nurses and the parameters for delegating tasks to unlicensed personnel.

- **Delegation:** In Kentucky, the delegation of nursing tasks, including medication administration, must be done by a registered nurse (RN), advance practice registered nurse (APRN) or physician and only to individuals who have received appropriate training and demonstrate competency. The RN is responsible for assessing the students' needs, the delegatee's capabilities, and providing clear instructions.

- **Supervision:** The RN must provide adequate supervision to the unlicensed personnel to whom tasks are delegated. This includes monitoring the delegatee's performance, providing feedback, and being available for consultation.
- **Solu-Cortef Administration:** The administration of Solu-Cortef, a prescription medication, generally falls within the scope of nursing practice. The KBN's guidance on delegation and supervision should be strictly followed when considering delegating this task to unlicensed school staff. It is essential to ensure that the individual administering Solu-Cortef has received thorough training, demonstrates competency, and acts under the direct supervision of a licensed nurse.

Communication and Collaboration

Effective communication and collaboration are essential components in the safe and responsive care of students with adrenal insufficiency. This rare but serious condition requires timely and coordinated action among all members of the school health team. Open lines of communication between the student's family, healthcare providers, school nurse, and school staff are critical to ensuring that the student's needs are consistently met. Adherence to the student's Individualized Health Care Plan (IHCP) and Emergency Care Plan (ECP) is vital, and all personnel involved in the student's care must be familiar with these documents. Additionally, staff members must receive appropriate training on adrenal insufficiency, including medication administration and emergency response procedures, to ensure preparedness and promote student safety in all school settings

Stock Emergency Medications in Schools

Kentucky law permits schools and school districts to maintain certain stock emergency medications for use in school settings in accordance with applicable statues, district policy, and prescriber-issued protocols or standing orders. Depending on the medication and governing statutes, these may include stock epinephrine, stock naloxone and other emergency medications authorized under Kentucky law.

When a district elects to maintain stock emergency medications, the district should ensure that local policies, procedures, protocols, training, storage practices, delegation processes and documentation requirements are clearly established before implementation. Unlicensed school personnel may only administer stock emergency medications when authorized by law, trained to do so, and acting in accordance with district policy, required protocols, and nurse delegation and supervision requirements, as applicable.

District Protocols and Standing Orders

Districts choosing to maintain stock emergency medications should work with an appropriate licensed prescriber, the school nurse and district leadership to ensure that required protocols, standing orders and local procedures are in place prior to implementation. These protocols or standing orders should clearly identify:

1. The medication and its intended use
2. The individuals authorized to administer the medication
3. The signs and symptoms that indicate when administration is appropriate
4. Step-by-step instructions for administration
5. Required emergency response actions, including activation of emergency medical services (EMS) when indicated
6. Documentation and reporting requirements following administration

Where statewide or state-supported protocols are available, districts should utilize the most current version and align local procedures accordingly.

Need for Policies and Procedures

Comprehensive district policies and procedures for stock emergency medications support safe, consistent and legally compliant implementation. Districts choosing to maintain stock emergency medication should ensure the following components are addressed.

1. **Clear guidelines:** Establish procedures for the storage, handling and administration of stock emergency medications
2. **Training requirements:** Define initial training and ongoing competency expectations for unlicensed school personnel
3. **Emergency response protocols:** Outline steps for responding to medical emergencies, including emergency medication administration, activation of emergency services (EMS) as well as parent/guardian notification
4. **Documentation and Reporting:** Implement procedures for documenting the administration of the emergency medications and reporting their use to the appropriate authorities.

District policies and procedures should align with applicable Kentucky law, district practice and the specific requirements of each medication and protocol.

Module IV: Local School District Policies and Procedures

Medication Administration

According to KRS 156.502, school districts are required to provide health services, which may include medication administration, to students who need them during the school day or at school-sponsored activities. To support safe and effective practice, each district should establish written policies and procedures that outline how medications and related health services are managed.

These policies and procedures should be easily accessible to all school personnel responsible for implementing or supporting medication administration, including licensed and unlicensed staff acting under delegation.

Key Components of Local School District Policies for Medication Administration

1. **Parental/Guardian Consent**: Written consent from a parent or guardian is required prior to administering any non-emergency medication or health service, consistent with KRS 158.191, as amended by Senate Bill 150 (2023). Consent should be maintained in accordance with district policy and renewed at least annually.
2. **Health Care Provider's Authorization:** When applicable, medication administration must be supported by a written order from a licensed healthcare provider that includes clear instructions for administration. Orders should be current, complete and consistent with applicable professional standards and district procedures.

Policies should address prescription medications, over-the-counter medications, and student self-administered medications in accordance with KRS 158.834, KRS 158.836, and KRS 158.838.

Additional Policies and Procedures

1. **Storage of Medication:** Establish procedures for the safe and secure storage of medications, consistent with applicable law and district policy.
2. **Disposal of Unused Medication:** Outline procedures for the proper disposal of unused or expired medications in accordance with applicable state and local guidance.
3. **Administration of Medication During School-Sponsored Activities:** Develop procedures for administering medication during field trips and other school-sponsored activities, including those occurring off campus or out of state.
4. **Medication Administration Documentation:** Establish and implement procedures for documenting each instance of medication administration. KDE strongly recommends documentation of all medications in the Kentucky Student Information System (KSIS),

currently Infinite Campus.

5. **Documentation and Reporting of Medication Errors:** Establish procedures for documenting and reporting any medication errors to support student safety and continuous quality improvement.
6. **Possession and Use of Emergency Medications:** Ensure compliance with KRS 158.834 and KRS 158.836 regarding student possession and use of prescribed emergency medications, including asthma rescue medications and epinephrine, consistent with current Kentucky law and evolving clinical standards.
7. **Emergency Administration of Medications:** Follow KRS 158.838 and other applicable laws and district protocols for the emergency administration of medications for conditions such as diabetes and seizure disorders, asthma and anaphylaxis.
8. **Emergency Administration of Narcan (Naloxone):** Adhere to KRS 217.186 for the emergency administration of naloxone for suspected opioid overdoses.

These policies and procedures should also specify the appropriate school district forms that need to be completed for each aspect of medication administration. By implementing these comprehensive policies and procedures, school districts can ensure the safe and effective administration of medications, thereby promoting the health and well-being of all students.

Module V: Understanding HIPAA vs. FERPA for Unlicensed School Personnel

As unlicensed school personnel, it is crucial to understand the differences between the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Both laws are designed to protect the privacy of individuals, but they apply to different types of information and settings. This module provides an overview of HIPAA and FERPA, including relevant Kentucky and federal laws to help school health professionals navigate privacy requirements in the school setting.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law that protects the privacy and security of individuals' medical information. It applies to healthcare providers, health plans, and healthcare clearinghouses, as well as their business associates.

In most school settings, student health information maintained by the school is considered part of the education record and is protected under FERPA rather than HIPAA. This includes most student health records maintained by the school.

Key Points:

1. **Protected Health Information (PHI):** Includes any information about health status, provision of healthcare, or payment for healthcare services that can be linked to an individual.
2. **Covered Entities:** Healthcare providers, health plans, and healthcare clearinghouses.
3. **Privacy Rule**: Established standards for the protection of PHI.
4. **Security Rule:** Sets standards for securing electronic PHI.

Family Educational Rights and Privacy Act (FERPA)

FERPA is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Key Points:

1. **Educational Records:** Include records that contain information directly related to a student and are maintained by an educational institution or a party acting on its behalf.
2. **Rights Under FERPA:** Parents and eligible students have the right to inspect and review education records, request amendments, and have some control over the disclosure of information from these records.
3. **Disclosure Without Consent**: FERPA allows schools to disclose records without consent to:
    a. School officials with legitimate educational interest
    b. Other schools to which a student is transferring
    c. Specified officials for audit or evaluation purposes
    d. Appropriate parties in connection with financial aid to a student
    e. Organizations conducting certain studies for or on behalf of the school

f. Accrediting organizations
g. To comply with a judicial order or lawfully issued subpoena
h. Appropriate officials in cases of health and safety emergencies
i. State and local authorities, within a juvenile justice system, pursuant to specific state law

Differences Between HIPAA and FERPA

1. **Applicability:**
    a. HIPAA: Applies to healthcare providers and entities handling PHI.
    b. FERPA: Applies to educational institutions and agencies handling student education records.
2. **Types of Information Protected:**
    a. HIPAA: Protects PHI, including medical records and health information.
    b. FERPA: Protects education records, including academic records, disciplinary records and health records maintained by the school.
3. **Disclosure Rules:**
    a. HIPAA: Requires patient consent for most disclosures of PHI, with some exceptions.
    b. FERPA: Requires parental or student consent for most disclosures of education records with some exceptions.

In school settings, FERPA is the primary federal law governing the privacy of student health and education records.

Practical Implications for School Personnel

As unlicensed school personnel, you may encounter situations where you need to handle both health and education information. Understanding the distinctions between HIPAA and FERPA will help you ensure compliance with privacy laws.

Best Practices

1. Training: Complete required training on HIPAA and FERPA to understand your responsibilities.
2. Confidentiality: Always maintain the confidentiality of student information whether it falls under HIPAA or FERPA.
3. Documentation: Follow proper documentation procedures for both health and education records.
4. Communication: When in doubt, consult with school administrators or legal counsel to ensure compliance with privacy laws.

By understanding and adhering to HIPAA and FERPA regulations, you can help protect the privacy and rights of students and their families.

Related Resources:

- CDC Health Information and Privacy: FERPA and HIPAA: This resource provides an overview of how HIPAA and FERPA regulate privacy and the exchange of specific types of information.
- HIPAA Journal's Article on the Difference Between FERPA and HIPAA: This article explains the main difference between FERPA and HIPAA and their implications for educational institutions.
- School-Based Health Alliance's Resource Guide to HIPAA and FERPA: This guide offers detailed information regarding information sharing and confidentiality protection in school-based health centers.

Handouts

The school nurse plays a critical role in ensuring the health and safety of students by administering medications accurately and effectively. It is the responsibility of the school nurse to thoroughly research all medications provided to students in their care. This includes understanding the medication's purpose, dosage, potential side effects and any contraindications. By staying informed about each medication, the school nurse can:

1. **Ensure Safe Administration**: Verify that the medication is appropriate for the student's condition and that the dosage is correct.
2. **Monitor for Adverse Reactions**: Be vigilant for any side effects or allergic reactions that may occur and respond promptly.
3. **Educate Students and Staff**: Provide necessary information to students and school staff about the medication, including how and when it should be taken.
4. **Coordinate with Healthcare Providers**: Communicate with the prescribing healthcare providers to clarify any uncertainties and ensure consistency in the student's treatment plan.
5. **Maintain Accurate Records**: Keep detailed records of all medications administered, including the time, dosage and any observations.

By fulfilling these responsibilities, the school nurse helps to create a safe and supportive environment that promotes the well-being and academic success of all students.

Six Rights of Medication Administration

1. **Right Patient**
   - Verify the identity of the student to ensure the medication is given to the correct individual. Use two identifiers such as the student's name and date of birth.
2. **Right Medication**
   - Confirm that the medication being administered matches the medication order. Check the medication label and the order carefully.
3. **Right Dose**
   - Ensure the dose of the medication is correct according to the medication order. Measure liquid medications accurately and double-check the dosage calculations.
4. **Right Time**
   - Administer the medication at the correct time as prescribed. Be aware of any specific timing instructions, such as before or after meals. Follow district policy for the time frame acceptable to give the medication (Example: 30 minutes before ordered time to 30 minutes after ordered time)
5. **Right Route**
   - Verify that the medication is being given by the correct route (e.g., oral, inhalation, injection). Ensure you are familiar with the proper administration technique for the route specified.
6. **Right Documentation**
   - Document the administration of the medication immediately after giving it. Include the date, time, dose, route and any observations or reactions. Accurate documentation is crucial for ongoing student care and legal purposes. If a medication is given but not documented, there is a potential of overdosing.

References: School Nursing Evidence-based Clinical Practice Guideline: Medication Administration in Schools Implementation Toolkit

How to Administer Oral Medications

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene**
    - Wash your hands thoroughly with soap and water or use hand sanitizer.
3. **Prepare the Medication**
    - Gather the medication, a cup of water or other preferred drink, and any other necessary supplies. Check the medication label for the correct dose and expiration date.
4. **Verify the Medication**
    - Confirm the medication with the medication order and ensure it is the correct medication for the student.
5. **Explain the Procedure**
    - Explain to the student what medication they are receiving and why, if appropriate.
6. **Administering Medication**
    - For tablets or capsules: Pour the medication into the bottle lid to avoid touching the medication with your bare hands, then place the medication in a medication cup and hand it to the student with a cup of water. Instruct the student to swallow the medication with water.
    - For liquid medications: Measure the correct dose using a medication cup or oral syringe. Hand the medication to the student and instruct them to swallow it.
7. **Observe the Student**
    - Ensure the student has swallowed the medication. Observe for any immediate reactions or side effects.
8. **Store Medication**
    - Return the medication to the designated secure storage area in accordance with district policy.
9. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose, and any observations.
10. **Perform Hand Hygiene Again**
    - Wash your hands thoroughly after administering the medication.

Source: Oral Medication Administration – Nurseslabs

Administration of Liquid Medications

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene**
    - Wash your hands thoroughly with soap and water or use hand sanitizer.
3. **Preparing the Medication**
    - Gather the medication, a plastic marked cup and any other necessary supplies. Check the medication label for the correct dose and expiration date.
4. **Measure the Medication**
    - Hold the bottle so that the label is in the palm of your hand to prevent spills from obscuring the label.
    - Have the container at eye level when measuring. Pour the liquid into the plastic marked cup, paying attention to the markings on the container to ensure the dose is accurate.
5. **Administering Medication**
    - Hand the medication to the student and instruct them to swallow it. Verify that the student has swallowed the medication.
6. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose and any observations.
7. **Store Medication**
    - Replace the medication in the designated secure storage area in accordance with district policy.
8. **Observe the Student**
    - Observe the student for any medication reactions as appropriate

Sources and Resources:

- Safe Medications Website
- Institute for Safe Medication Practices (ISMP) Best Practices
- National Association of School Nurses (NASN) Medication Administration Guidelines

Administration of Eye Drops

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene and Put on Gloves**
    - Perform hand hygiene (wash hands thoroughly with soap and water or use hand sanitizer).
    - Put on gloves.
3. **Stabilize the Head**
    - Have the student tilt their head back or have them lie down.
4. **Have the Student Look Upward**
    - Instruct the student to look upward.
5. **Form a Pocket**
    - Gently pull the lower lid away from the eye to form a "pocket"
6. **Administer the Drops**
    - Place drop(s) into the pocket area, allowing the drop to fall into the pocket. Do not place medicine directly on the eye itself. Make sure the bottle tip does not touch the eye or eyelid.
7. **Have the Student Close Their Eye(s)**
    - Have the student close their eye(s) for a few moments.
8. **Dab Away Excess Medication**
    - Dab away any excess medication with a tissue.
9. **Remove Gloves**
    - Remove gloves and perform hand hygiene again.
10. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose and any observations.
11. **Store Medication**
    - Replace the medication in the designated secure storage area in accordance with district policy.
12. **Observe the Student**
    - Observe the student for any medication reactions as appropriate.

Sources and Resources:

- National Association of School Nurses (NASN) Medication Administration Guidelines
- Safe Medications Website

Administration of Eye Ointment and Gels

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene and Put on Gloves**
    - Wash your hands thoroughly with soap and water or use hand sanitizer.
    - Put on gloves.
3. **Stabilize the Head**
    - Have the student tilt their head back or have them lie down.
4. **Have the Student Look Upward**
    - Instruct the student to look upward.
5. **Form a Pocket**
    - Gently pull the lower lid away from the eye to form a "pocket"
6. **Administer the Ointment**
    - Apply a thin strip of ointment into the pocket without touching the eye or eyelid.
7. **Have the Student Close Their Eye(s)**
    - Have the student close their eye(s) for a few moments.
8. **Dab Away Excess**
    - Dab away any excess medication with a tissue.
9. **Remove Gloves**
    - Remove gloves and perform hand hygiene again.
10. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose and any observations.
11. **Store the Medication**
    - Replace the medication in the designated secure storage area in accordance with district policy.
12. **Observe the Student**
    - Observe the student for any medication reactions as appropriate.

Sources and Resources:

- National Association of School Nurses (NASN) Medication Administration Guidelines
- Safe Medications Website

Administration of Ear Drops

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene and Put on Gloves**
    - Perform hand hygiene (wash hands thoroughly with soap and water or use hand sanitizer).
3. **Preparing the Medication**
    - Loosen the lid on the medication and squeeze the rubber stopper to fill the dropper.
4. **Stabilize the Head**
    - Tilt the student's head toward the opposite shoulder and turn their head to the side.
5. **Position the Ear**
    - Gently pull the top of the ear (cartilage) back and up and hold.
6. **Administer the Drops**
    - Place the prescribed number of drops into the ear canal without touching the dropper to the ear.
7. **Maintain Position**
    - Have the student remain in the same position for a few minutes to avoid leakage.
8. **Remove Gloves**
    - Remove gloves and perform hand hygiene again.
9. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose and any observations.
10. **Store Medication**
    - Replace the medication in the designated secure storage area in accordance with district policy.
11. **Observe the Student**
    - Observe the student for any medication reactions as appropriate.

Sources and Resources

- National Association of School Nurses (NASN) Medication Administration Guidelines
- Safe Medications Website

Administration of Topical Medications

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene and Put on Gloves**
    - Perform hand hygiene (wash hands thoroughly with soap and water or use hand sanitizer).
    - Put on gloves.
3. **Preparing the Medication**
    - Loosen the cap on the medication and squeeze a small amount directly onto a cotton-tipped applicator (Q-tip®).
4. **Applying the Medication**
    - Apply the ointment directly to the affected area or give the applicator to the student for them to apply.
5. **Cover the Area (if indicated)**
    - Cover the area with a sterile bandage or dressing if required.
6. **Remove Gloves**
    - Remove gloves and perform hand hygiene again.
7. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose and any observations.
8. **Store Medication**
    - Replace the medication in the designated secure storage area in accordance with district policy.
9. **Observe the Student**
    - Observe the student for any medication reactions as appropriate.

Sources and Resources:

- National Association of School Nurses (NASN) Medication Administration Guidelines
- Medicine Libre Texts – Administering Tropical Medications

Administration of Nasal Sprays

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene and Put on Gloves**
    - Perform hand hygiene (wash hands thoroughly with soap and water or use hand sanitizer).
    - Put on gloves.
3. **Prepare the Student**
    - Have the student blow their nose to clear the nasal passages.
4. **Block One Nostril**
    - Have the student block one nostril with a finger.
5. **Insert the Nozzle**
    - Insert the nozzle of the inhaler into the other nostril.
6. **Aim the Spray**
    - Aim the inhaler so that the spray is directed upward and outward, away from the midline.
7. **Administer the Spray**
    - Instruct the student to exhale. Squeeze the inhaler quickly and firmly, then instruct the student to inhale.
8. **Repeat for Other Nostril**
    - Repeat the process as directed for the other nostril.
9. **Remove Gloves**
    - Remove gloves and perform hand hygiene again.
10. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose and any observations.
11. **Store Medication**
    - Replace the medication in the designated secure storage area in accordance with district policy.
12. **Observe the Student**
    - Observe the student for any medication reactions as appropriate.

Sources and Resources:

- Cleveland Clinic: How to Correctly Use Nasal Sprays
- GoodRx: How to Use Nasal Spray Correctly in 7 Simple Steps

Administration of Metered Dose Inhalers (MDI) with a Spacer

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene and Put on Gloves**
    - Perform hand hygiene (wash hands thoroughly with soap and water or use hand sanitizer).
    - Put on gloves.
3. **Shake the Inhaler**
    - Shake the inhaler several times.
4. **Check the Canister**
    - Ensure the canister is firmly positioned in the plastic holder.
5. **Attach the Spacer**
    - Attach the spacer to the inhaler.
6. **Prepare the Student**
    - Have the student slightly tilt their head backward.
7. **Exhale Completely**
    - Have the student breathe out (exhale) completely.
8. **Position the Mouthpiece**
    - Have the student place the mouthpiece of the spacer between their teeth and close their lips around it.
9. **Administering Medication**
    - Squeeze the inhaler to discharge the medicine into the spacer and have the student begin to inhale immediately.
10. **Inhale Slowly and Deeply**
    - Instruct the student to inhale slowly and deeply for three to five seconds. Once inhaled, have the student remove the spacer from their mouth, hold their breath for five to 10 seconds, and then exhale.
11. **Repeat if Necessary**
    - Rest for a minute, then repeat this sequence for each prescribed “puff.”
12. **Remove Gloves**
    - Remove gloves and perform hand hygiene again.
13. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose and any observations.
14. **Store Medication**
    - Replace the medication in the designated secure storage area in accordance with district policy.
15. **Observe the Student**
    - Observe the student for any medication reactions as appropriate.

16. **Consult the Asthma Action Plan**
    - Always consult the student's asthma action plan or prescription for specific instructions on how to administer the inhaler.
17. **Care for the Spacer**
    - Clean the spacer about once a month and after any respiratory infection:
        1. Dismantle the spacer, if necessary.
        2. Wash all parts in clean, warm water with liquid dishwashing detergent.
        3. Allow the parts to air dry without rinsing to avoid static buildup.
        4. Wipe the mouthpiece clean of detergent, if needed.
        5. When completely dry, reassemble the spacer if necessary.

Sources and Resources:

1. National Asthma Council Australia: Spacer Use and Care
2. MedlinePlus: How to Use an Inhaler with Spacer

Administration of Nebulizer Treatments

1. **Follow the Six Rights of Medication Administration**
    - Right student
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation
2. **Perform Hand Hygiene and Put on Gloves**
    - Perform hand hygiene (wash hands thoroughly with soap and water or use hand sanitizer).
    - Put on gloves.
3. **Prepare the Equipment**
    - Place the nebulizer on a flat surface and plug the unit into a wall outlet.
    - Connect the tubing to the nebulizer machine.
4. **Preparing the Medication**
    - Put the prescribed amount of medicine into the nebulizer cup and screw the cap on securely.
5. **Position the Student**
    - Have the student sit up straight in a comfortable position.
6. **Attach the Mask or Mouthpiece**
    - Attach the mask or mouthpiece to the nebulizer cup. If you use a mask, place it over the student's nose and mouth. If using a mouthpiece, have the student place it between their teeth and close their lips around it.
7. **Start the Treatment**
    - Turn on the nebulizer machine. Ensure the student breathes in the mist slowly and deeply until all the medication is used (usually for five to 10 minutes).
8. **Monitor the Student**
    - Stay with the student during the treatment to ensure they are comfortable and breathe in the medication properly.
9. **Clean the Equipment**
    - After the treatment, rinse the nebulizer cup and mouthpiece or mask with warm water and let them dry.
10. **Remove Gloves**
    - Remove gloves and perform hand hygiene again.
11. **Document the Administration**
    - Record the administration details in the student's Medication Administration Record (MAR), including the date, time, dose, and any observations.
12. **Store Medication**
    - Replace the medication in the designated secure storage area in accordance with district policy.
    - Store the dry nebulizer materials in a Ziplock bag labeled with the student's

name.

13. **Observe the Student**
    - Observe the student for any medication reactions as appropriate.

Emergency Medications for Anaphylaxis

EpiPen Auto – Injector

How to Administer an EpiPen

1. Identify someone to call 9-1-1.
2. Flip open the cap at the top of the carrier tube.
3. Remove the EpiPen® from the carrier tube and remove the blue safety release.
4. Form a fist around the unit with the orange tip pointing downward.
5. Swing and firmly push the orange tip against the outer thigh until a click is heard (may be given through clothing).
6. Hold it in place for three seconds.
7. Remove the pen from the thigh and massage the injection site for 10 seconds.
8. Place the used auto-injector into the carrier tube and give it to Emergency Medical Services (EMS) when they arrive.
9. Document the administration of the EpiPen® in the Medication Administration Record (MAR).

*EpiPen and EpiPen Jr Auto Injectors should only be injected into the thigh. Do NOT inject into the buttock as this may not provide effective treatment of anaphylaxis.
Advise the patient to go immediately to the nearest emergency room for further treatment of anaphylaxis.

Sources and Resources:

- Viatris™ 2025
- Epipen Prescribing Information
- https://www.epipen.com

Auvi-Q

How to Administer Auvi-Q®

1. Have someone call 9-1-1
2. Pull Auvi-Q up from the outer case
3. Pull red safety guard down and off of Auvi-Q
4. Place black end of Auvi-Q against the middle of the outer thigh, then push firmly until you hear a click and hiss sound and hold in place for two seconds. If you are administering to a young child or infant, hold the leg firmly in place while administering the injection
5. Give the used container to the EMS for disposal
6. Patients should seek emergency medical attention immediately
7. Document administration and continue to observe until EMS arrive

Source: Kaleo 2019
For More Information: https://www.auvi-q.com

Neffy

How to Administer Neffy®

1. Have someone call 9-1-1and notify parent/guardian
2. Reassure the patient and ensure that the patient is in a safe position
3. Remove Neffy® from its packaging
4. Hold the device with your thumb on the bottom and two fingers on the top (DO NOT prime the device)
5. Insert the tip of the device into one nostril
6. Press the plunger firmly to release the medication
7. If symptoms persist or worsen after five minutes, administer a second dose using a new Neffy® device in the same nostril
8. Monitor the student until EMS arrives, notify the EMS that Neffy® has been administered
9. Document the medication administration in the student's health record

Source: Epinephrine Nasal Spray for Type I Allergy Patients | Neffy
For More Information:

- Neffy: Uses, Dosage, Side Effects, Warnings - Drugs.com
- How to Administer Neffy Nasal Spray: A Complete Guide - GoodRx

***Note**: Other brands such as generic "Epi-pens" may have different instructions for administration. Instructions provided with the medication should be followed to administer the medication appropriately.

Adrenaclick

How to Administer Adrenaclick®

1. Have someone call 9-1-1and notify parent/guardian
2. Reassure the patient and ensure that the patient is in a safe position
3. Remove Adrenaclick® from its packaging
4. Pull the gray caps from both ends of the Adrenaclick® auto-injector
5. Place the red tip firmly against the side of the student's thigh, about halfway between the hip and knee. You do not need to remove clothing
6. Press down hard until you hear a click, indicating that the injection has started
7. Hold the auto-injector in place for 10 seconds to ensure the full dose is administered
8. Remove the auto-injector by pulling it straight out
9. Massage the injection area for about 10 seconds to help the medication absorb
10. Observe and stay with the student until EMS arrives
11. If symptoms do not improve, or if they return, a second dose may be administered after five to 15 minutes if available and prescribed
12. Provide the used auto-injector to EMS to dispose of and document the medication administration in the student's health record

Source: ADRENACLICK and EPINEPHRINE label
For More Information: How to Use an Epinephrine Auto-Injector - HealthyChildren.org

***Note**: Other brands such as generic "Epi-pens" may have different instructions for administration. Instructions provided with the medication should be followed to administer the medication appropriately.

Emergency Medications for Blood Glucose

Injectable Glucagon

How to Administer Glucagon Injectable (Glucagon® or GlucaGen®)

1. Identify someone to call 9-1-1.
2. Refer to the student's Diabetes Management Plan for the Glucagon dose.
3. Open the kit.
4. Remove the flip-top seal from the vial.
5. Remove the needle protector from the syringe.
6. Slowly inject all sterile water from the syringe into the vial of Glucagon (leave the needle in the vial if possible).
7. Gently swirl the vial (do not shake) until the solution is clear.
8. Withdraw the prescribed amount of Glucagon from the vial back into the syringe.
9. Inject at a 90° angle into the upper arm, thigh, or buttocks (may inject through clothing if necessary).
10. Slowly inject Glucagon into the site.
11. Withdraw the needle and apply light pressure at the injection site.
12. Turn the person on their side as they may vomit.
13. Place the used needle back in the kit and close the lid (do not recap).
14. Give the used kit to EMS personnel.
15. Document the administration of Glucagon on the Medication Administration Record

Source: Novo Nordisk™ 2021
For More Information: https://www.novo-pi.com/glucagenhypokit.pdf

GVOKE HypoPen Autoinjector (glucagon injection)

How to Administer GVOKE HypoPen

1. Remove GVOKE HypoPen from foil pouch
2. Check Expiration Date
    a. Do not use GVOKE HypoPen if the expiration date has passed. If GVOKE HypoPen is expired, throw it away in an FDA Cleared sharps container and use a new GVOKE HypoPen.
3. Inspect the Solution
    a. Look at the liquid through viewing window and ensure it is clear and colorless, or a pale yellow. Do not use the injection if the liquid contains lumps, flakes or particles. Do not inject if solution is not visible in the viewing window.
    b. If you do not have another GVOKE HypoPen to utilize, call for emergency help right away.
4. Pull off Red Cap
    a. Pull the red needle cap straight off of the device
    b. Important: Do not put your thumb, fingers or hand on or near the needle guard or needly opening to help prevent accidental needle sticks.
5. Choose Injection Site and Expose Bare Skin
    a. Choose the lower abdomen, outer thigh or outer upper arm for your injection site
    b. Remove any clothing covering the injection site. The injection must be performed straight into the skin
6. Push and Hold to Start Injection
    a. Push and hold GVOKE HypoPen straight down against the injection site. Listen for a "Click"
    b. Continue to hold the device down and count **slowly to five seconds**
    c. When the injection is complete, the viewing window will be red
    d. Important: Do not lift up Gvoke HypoPen until the injection is complete.
7. Lift the device straight up from the injection site (the yellow needle guard will lock over the needle).
8. Turn Patient to Side
    a. When an unconscious person wakes up, he or she may throw up. Turn the unconscious patient on their side to prevent choking

9. Make Sure Patient Received Immediate Medical Attention After Use
    a. Call for emergency help right after GVOKE HypoPen has been injected
10. Document administration and continue to observe until EMS arrive
11. Feed the patient as soon as he or she wakes up and is able to swallow. Give the patient a fast-acting source of sugar (such as a regular soft drink or fruit juice) and a long-acting source of sugar (such as crackers and cheese or a meat sandwich).

** If the patient does not wake up within 15 minutes, give another dose of glucagon if a second GVOKE HypoPen is available and notify emergency medical services right away.

Sources and Resources:

- Xeris Pharmaceuticals, Inc.
- https://www.gvokeglucagon.com

Zegalogue® (ze' gah log)

Important: ZEGALOGUE is used to treat very low blood sugar (severe hypoglycemia) where you need help from others. Zegalogue contains one dose of dasiglucagon in a prefilled syringe and cannot be reused.

Zegalogue (dasiglucagon) injection 0.6mg/0.6mL
Emergency Use for Very Low Blood Sugar
Single Dose Prefilled Syringe Injection for subcutaneous use

How to Administer Zegalogue®

1. Remove the grey cap from the needle end
2. Push and hold down Zegalogue for 10 seconds and check window is red
    a. Push straight down on skin until the yellow needle guard is fully pressed down. You may hear the first click
    b. Keep holding down and slowly count to **10 seconds**. After 10 seconds you may hear a second click and see the medicine window turn red.
3. Remove Zegalogue from Injection Site
4. After you have given the injection, roll the unconscious patient to their side to prevent choking
5. Call for emergency medical help or a healthcare provider right away after you have injected Zegalogue
6. Document administration and continue to observe until EMS arrive
7. If the patient does not respond after 15 minutes, another dose may be given, if available.
8. Once the person is safely able to consume food or drink, give the individual a fast-acting source of sugar (such as fruit or juice) and a long-acting source of sugar (such as crackers with cheese or peanut butter).
9. Dispose of used Zegalogue in an FDA-cleared sharps disposal container right away after use.

Note: Zegalogue was discontinued in January 2026; however, it remains in our document in the because some students may still have an unexpired supply that was prescribed prior to its discontinuation.

Baqsimi (Glucagon)

How to Administer Baqsimi

1. Identify someone to call 9-1-1
2. Remove Baqsimi from shrink wrap by pulling on red stripe
3. Open lid and remove device from tube (don't press plunger until ready to administer)
4. Hold device between the fingers and thumb
5. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the nose
6. Press the plunger firmly to give the dose, dose is complete when green line disappears
7. Remove the nozzle after giving the dose
8. If the person does not wake up, a second dose may be given if part of diabetes care plan
9. Document administration of Baqsimi and continue to observe until EMS arrives
10. Encourage the person to eat as soon as possible. When they can safely swallow, give fast-acting source of sugar first, then a snack.

Sources and Resources:

- https://www.baqsimi.com

Emergency Medications for Seizures

Diastat AcuDial (Diazepam Rectal Gel)

How to Administer Diastat AcuDial

1. Identify someone to call 9-1-1
2. Turn the student on the side where they can't fall
3. Put on gloves
4. Remove medication (syringe) from container (Note: seal pin is attached to the cap)
5. Push up with thumb and pull to remove protective cap from syringe tip (be sure seal pin in removed with cap)
6. Lubricate rectal tip with lubricating jelly from kit
7. Turn student on side facing you and lower clothing
8. Bend upper leg forward to expose rectum
9. Separate buttocks to expose rectum
10. Gently insert lubricated syringe tip into rectum (rim of syringe should be against rectal opening)
11. Slowly count to three while gently pushing plunger until it stops
12. Slowly count to three while holding buttocks together to prevent leakage
13. Keep the student on their side and document the time Diastat was given; continue to observe until EMS arrives
14. Give EMS the used Diastat syringe (Note: you may recap the syringe)
15. Document the administration of Diastat in the student's medication administration record

Sources and Resources:

- Diastat® Manufactured by: DPT Laboratories
- diastat-pi.pdf

Valtoco (Diazepam Nasal Spray)

How to Administer Valtoco

1. Identify someone to call 9-1-1
2. Remove Valtoco nasal spray from the package
3. Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
4. Tilt the person's head back and provide support under the neck with your hand
5. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the nose
6. **DO NOT** prime the sprayer
7. Press the plunger firmly to give the dose of Valtoco nasal spray
8. Remove the nozzle after giving the dose
9. Throw away the nasal spray device(s) after using
10. If giving the 15mg or 20mg dose, repeat the steps and use the second device in the other nostril to give the full dose of Valtoco
11. Document the administration of the medication. Continue to observe and follow the seizure action plan.

Sources and Resources:

- INSTRUCTIONS FOR USE - VALTOCO

Buccal Klonopin (Clonazepam)

How to Administer Klonopin

1. Position the person safely on their side, observing skin color and breathing effort
2. Ask another adult to bring the person's Seizure Action Plan, medication and supplies
3. Consult student's Seizure Action Plan to confirm drug, dose, route and administration orders
4. Perform hand hygiene and put on gloves
5. Open the medication package by peeling back the foil
6. Remove the tablet from the package, ensuring your glove is dry
7. Gently pull the side of the mouth or lower lip out. Without putting fingers too far into the mouth, gently insert the tablet between the cheek and gum (buccal space) or between the gum and lower lip
8. Close mouth and gently rub along outside of cheek or lip to promote absorption
9. Once Klonopin is given, continue to observe the person. If able and appropriate based on seizure activity, keep the person on their side facing you
10. Document the time the medication was given and when the seizure stops on the seizure observation record. Continue to observe
11. Consult Seizure Action Plan orders for post-seizure care, have someone notify parent/guardian and 9-1-1 if necessary
12. Document medication administration on medication administration record

Sources and Resources:

- Children's Hospital Colorado, Epilepsy Foundation, Bethany Children's Health Center
- For More Information:
  - Buccal Clonazepam RN - Children's Hospital Colorado
  - Clonazepam Basic Seizure Medication | Epilepsy Foundation
  - 1-Dose Clonazepam Rescue Medication - Bethany Children's Health Center

Midazolam (Syringe and Atomizer)

How to Administer Midazolam

1. Position the person safely on their side, observing skin color and breathing effort
2. Ask another adult to bring the person's Seizure Action Plan, medication and supplies as well as call for help
3. Consult student's Seizure Action Plan to confirm drug, dose, route and administration orders
4. Gather your supplies: prefilled syringe, syringe, atomizer (mushroom shaped device) and gloves
5. Perform hand hygiene and put on gloves
6. Attach the atomizer to the syringe (if not already attached)
7. Tilt the person's head back and provide support under the neck with your hand
8. Gently insert the tip of the atomizer into one nostril until it is snug
9. Press the plunger firmly to deliver the dose of midazolam as a mist into the nostril
10. If the prescribed dose is more than 1ml, administer half of the dose in one nostril and the remaining half in the other nostril
11. Remove the atomizer after giving the dose
12. Document the administration of midazolam and continue to observe the person
13. Dispose of the used syringe and atomizer according to local regulations
14. Notify parent/guardian and follow the student's seizure action plan as ordered
15. Call 9-1-1 if necessary

Sources and Resources:

- Children's Hospital Colorado, About Kids Health, Gillette Children's
- Intranasal Midazolam (Versed): How to Prepare and Give for Seizures
- Intranasal Midazolam (Versed) – Children's Hospital of Atlanta

Nayzilam (Midazolam)

How to Administer Nayzilam

1. Identify someone to call 9-1-1
2. Remove Nayzilam nasal spray from the package
3. Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
4. Tilt the person's head back and provide support under the neck with your hand
5. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the nose
6. Do NOT prime the sprayer
7. Press the plunger firmly to give the dose of Nayzilam nasal spray
8. Remove the nozzle after giving the dose
9. Throw away the nasal spray device(s) after using
10. Document the administration of the medication
11. Continue to observe and follow the seizure action plan

Sources and Resources:

- Information for Patients | NAYZILAM® (midazolam) nasal spray, CIV
- Nayzilam Nasal Spray: Uses, Side Effects, Warnings

Emergency Medications for Opioid Overdose

Narcan (Naloxone) Nasal Spray

How to Administer Narcan

1. Identify someone to call 9-1-1
2. Remove Narcan nasal spray from the box
3. Peel back the tab with the circle to open the Narcan nasal spray
4. Hold the Narcan with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
5. Tilt the person's head back and provide support under the neck with your hand
6. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the nose
7. DO NOT prime the sprayer
8. Press the plunger firmly to give the dose of Narcan nasal spray
9. Remove the nozzle after giving the dose
10. If the person does not respond by waking up to voice, touch or breathing normally within two to three minutes, a second dose of Narcan nasal spray may be given (use the second Narcan nasal spray from the box)
11. Document the administration of Narcan and continue to observe until EMS arrives

Sources: Emergent BioSolutions (formerly ADAPT Pharma), 2015 and NASN Narcan Toolkit, updated September 2023. For more information: NARCAN® Nasal Spray

Emergency Medications for Adrenal Crisis

Solu-Cortef

How to Administer Solu-Cortef

Solu – Cortef kits for emergency administration related to adrenal crisis should contain at minimum, a vial of Solu-Cortef, a syringe, a needle and an alcohol swab.
Identify someone to call 9-1-1.

1. Open the emergency injection kit and take out supplies. Supplies should be laid on a clean, open surface.
2. Check the expiration date of medications to ensure the medication is not expired. If it is expired, call 9-1-1.
3. Clean your hands with soap and water. If soap and water are not available, utilize an alcohol-based hand sanitizer.
4. Peel the cap off of the medication vial
5. Push down hard on the cap to release the liquid within the vial
6. Swirl the vial to mix the solution (the powder medication with the liquid)
7. Clean the cap with the alcohol swab
8. Insert the needle into the middle of the rubber stopper. Make sure the needle tip is in the liquid
9. Turn vial upside down
10. Pull back the plunger of the syringe until you have the correct dose of Solu-Cortef
11. Check the syringe for air bubbles. If you see any, tap the syringe with your fingers until the air bubbles rise to the top near the needle. Slowly push the plunger up to force the air bubbles out of the syringe. Be careful not to push out any medication.
12. Put the cap back on the needle and place the syringe on a clean surface
13. Use additional alcohol wipe to prep the injection site (mid-thigh)
14. Take the cap off of the syringe
15. Inject into the outside of the mid-thigh keeping the needle in the thigh for 10 seconds.
16. Remove the needle and place it in an FDA-cleared sharps disposal container right away after use.
17. Document the administration of Solu-Cortef and continue to observe until EMS arrives.

Common Medication Abbreviations

Abbreviation	Definition
ac	Before meals
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
bid	Two times a day
bucc	Buccal (inside the cheek, along the gum line)
cc	Cubic centimeter (1cc=1mL)
cap	Capsule
D/C	Discontinue
gtt/gtts	Drop/Drops
inh	Inhalation
MDI	Metered-dose inhaler
mg	Milligram
ml	Milliliter (1mL=1cc)
nka	No known allergies
OD	Right eye
OS	Left eye
OTC	Over the counter
OU	Both eyes
Ounce	(1oz=30cc 1 oz=30ml)
pc	After meals
PCN	Penicillin
po	By mouth
prn	When needed or necessary
qd	Every day
qh (q1h)	Every hour
qam	Every morning
q2h	Every two hours
q3h	Every three hours
q4h	Every four hours
q6h	Every six hours
qid	Four times a day
qod	Every other day
stat	At once
S/E	Side effects
SL	Sublingual (Under the tongue)
S-R	Sustained release (slow release)
susp	Suspension
tab	Tablet
tid	Three times a day
tsp	Teaspoon (5mL=1tsp)

Glossary of Medical Terms

Term	Definition
Abrasion	Superficial scraping away of the skin
Acute	A sudden onset, the opposite of Chronic
ADD	Attention Deficit Disorder. A disorder manifested by poor impulse control, distractibility and forgetfulness.
ADHD	Attention Deficit Hyperactivity Disorder. ADD with added symptoms of hyperactivity
Adverse effects	An unexpected or unwanted reaction to medication, may be sudden or develop over time
Allergic reaction	An immune response to a foreign substance resulting in inflammation and/or organ dysfunction. Symptoms may occur immediately or over time, such as redness, rash, hives, itching, swelling, and yellowing of skin and fever
Analgesic	A medicine for relief of pain
Anaphylaxis	The most dangerous type of allergic reaction. Anaphylaxis is a life-threatening event that may include symptoms such as falling blood pressure, respiratory distress and unresponsiveness
Anti-anxiety	A medication that reduces feelings of worry or apprehension
Antibiotic	A medication that kills or stops the growth of bacteria
Anticoagulant	A medication that hinders the coagulation of blood (blood thinner)
Antidepressant	A medication used to relieve or prevent depression
Anti mania	A medication used to relieve the mental state of extreme excitement and activity (manic or bipolar disorders)
Antipsychotic	A medication that reduces the symptoms of psychosis, such as delusions, hallucinations and distorted reality
Antiseptic	A substance that stops or prevents the growth of various microorganisms on the skin
Binging	A period of excessive indulgence in eating or drinking
Bipolar Disorder	Any of several mood disorders characterized usually by alternating episodes of depression and mania or by episodes of depression alternating with mild nonpsychotic excitement - called also bipolar affective disorder, bipolar illness, manic depression, manic-depressive psychosis
Broad Spectrum Antibiotics	Medication used to treat a wide range of disease-causing bacteria
Cerebral stimulants	Medication prescribed for youth with ADD or ADHD often resulting in calmer behavior and better impulse control
“Cheeked”	Medication that has been hidden or attempted to be hidden inside the mouth, generally either in the cheek or under the tongue
Chronic	A persistent or long-lasting health condition. Opposite of acute

Term	Definition
Conjunctivitis	Itchy swollen eyes that may be caused by allergies, foreign body or bacterial or viral infection. Highly contagious. (also called “pinkeye”)
Controlled substances	Potentially addictive medications regulated by Federal laws
Corticosteroids	(Also called "steroids") are medications prescribed to quickly reduce inflammation and pain. To maximize benefits, but minimize potential side effects, corticosteroids are usually prescribed in low doses or for short durations
Decongestant	A broad class of medications used to relieve nasal congestion. They work by reducing swelling of the mucus membranes in the nasal passages
Dermal	Refers to skin
Dermatitis	Inflammation of the skin; the skin inflammation varies from mild irritation and redness to open sores, depending on the type of irritant, the body part affected, and sensitivity
Dyspnea	Difficulty in breathing
Dyspepsia	Indigestion, heartburn
Edema	Swelling
Enteric Coating	A substance covering a tablet that will not dissolve until reaching the small intestine
EpiPen®	A disposable pre-filled injectable medication prescribed for treating severe allergic reactions causing respiratory distress (anaphylaxis)
Epilepsy	A neurological disorder that causes recurrent seizures
Expectorant	A medication that loosens mucous from the respiratory tract
Feces	also called stool
Finger cot	A close-fitting sheath worn at the end of a finger as a device for protection of the finger
Flat Affect	Lack of emotional response; no expression of feelings; talking in monotone voice or having lack of facial expression
Fungicidal	A medication used to kill fungus
Grandiosity	False or exaggerated belief in one’s own worth
Grand Mal Seizure	A major epileptic seizure involving the entire body
Hallucinations	Perceived sights, sounds, tastes, smells or sensations that are not actually there
Hypertension	High blood pressure readings above the “normal” range appropriate for age
Hypoglycemia	Abnormally low blood sugar
Hypothyroidism	Condition of the thyroid gland characterized by low energy, weight gain and often can mimic depression

Term	Definition
Inflammation	A response of the immune system to injury or destruction of cells. Symptoms may include redness, heat, pain and swelling
Jaundice	(Icterus) Yellowing of the whites of the eyes, skin and body fluids
Lacerations	Cuts or scratches on the body
Laxatives	Medications that will cause evacuation of feces (stool) from the body
Lethargic	Drowsy or sluggish, difficult to stay awake
Licensed Practitioner	An individual who has been granted a license to practice within the parameters designated by the board of record. The KBN grants licenses to RNs, APRNs and LPNs. The Kentucky Medical Board grants licenses to physicians and the Kentucky Board of Pharmacy grants licenses to pharmacists
Mania	Mental state of extreme excitement and activity (Manic)
MAR	Medication Administration Record; documentation record for medications given
Narcolepsy	A chronic sleep disorder in which a person experiences extreme tiredness and possibly falls asleep during inappropriate times, such as at work or school
Nebulizer	A device used to administer medication in the form of a liquid mist into the airways
Non-controlled medications	Non-controlled medications – medications with no history of addictive potential; not governed by the same laws and storage requirements as for controlled medications
Ophthalmic	Pertaining to the eyes
Oral Medications	Drugs that are given by mouth
Otic	Pertaining to or concerning the ear
Over the Counter (OTC) Medications	Medications that may be purchased without a prescription, such as Tylenol® or Advil®
Paranoid Disorder	An excessive anxiety or fear concerning one's own well being
PRN Medications	Medications ordered to be given only on an "as needed" basis, such as Tylenol for a headache
Psoriasis	Chronic skin disease with scaly red patches
Psychotherapeutic Agents	A classification of medication used to treat mental disorders, may be prescribed to treat depression, psychosis or bipolar disorders
Route of Administration	How a medication is to be given, such as by mouth, on the skin (topical), etc.
Seizure	A brief, excessive discharge of electrical activity in the brain that alters one or more of the following: movement, sensation, behavior, awareness
Tardive Dyskinesia (TD)	A neurological disorder that may be due to long term and/or high does use of some antipsychotic medications; characterized by

Term	Definition
	abnormal repetitive, involuntary movement of the face, such as grimacing, lip smacking or rapid eye blinking
Topical medication	Medications applied to the skin
Tourette Syndrome	A neurological disorder characterized by unusual, involuntary movements or sounds, called tics. Common tics are throat-clearing and blinking. May occur with other neurological disorders such as ADHD, Obsessive-Compulsive Disorder (OCD), anxiety or depression

Completed Medication Administration Skill Competency Checklist

School Name: _____School Year: _____

School Employee Name: _____Job Title: _____

Date Competency Completed	Training RN, APRN, PA or MD Initials	Medication Administration Skill
		Oral Medications
		Liquid Medications
		Eye Drops/Ointment
		Ear Drops
		Topical Ointment/Cream
		Nasal Sprays
		Metered Dose Inhalers
		Auvi-Q® (Epinephrine)
		Adrenaclick® (Epinephrine)
		EpiPen®
		Neffy® (Epinephrine)
		Baqsimi® (Glucagon)
		Glucagon Injectable
		Gvoke® (Glucagon)
		Zegalogue® (Dasiglucagon)
		Diastat®
		Klonopin (Clonazepam) Buccal
		Intranasal Midazolam
		Nayzilam® (Midazolam)
		Voltoco® (Diazepam)
		Narcan®
		Solu-Cortef® (Hydrocortisone Sodium Succinate)
		Other:
		Other:
		Other:

Upon the successful completion of all competency skills, both the trainer and trainee are required to sign the consent form on the subsequent page. This will finalize the training process and authorize the trainee to administer medications within the school setting.

Supervision of School Personnel Administering Medications

I have provided in-service training and have delegated to _____to perform medication administration according to KRS 156.502, 702 KAR 1:160, KRS 158.838, and school district policies and procedures. This individual has demonstrated knowledge and understanding of the medication administration policies and procedures and has met the medication administration skill competency requirement as indicated in the above table.

_____ _____

Training RN, APP, or Medical Provider Signature Date

I have been instructed in the school district's medication administration policies and procedures. I agree to administer medications in accordance with these policies and procedures, as trained and delegated to me under KRS 156.502, 702 KAR 1:160, and KRS 158.838. I understand that I must immediately report any new orders, changes in medication orders, changes in a student's health status, or medication errors to my supervising RN, APP, or medical provider. Additionally, I acknowledge that I am not permitted to re-delegate this task to any other individual.

_____ _____

School Employee Date

Oral Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: ___

Trainer: _____ Job Title: ___

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Review the six rights			
Pour medication into the bottle lid and then into the disposable medicine cup			
Provide student with four to six ounces of water or other liquid			
Verify student has swallowed the medication			
Document the administration of medication on the Medication Administration Record			
Replace medication in designated secure storage in accordance with district policy			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:

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_____

Kentucky Department of Education 2026

Liquid Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Review the six rights			
Have container at eye level when measuring			
Hold bottle so that the label is in the palm of hand when pouring liquid into marked medication cup; make sure dose is accurate			
Verify student has swallowed the medication			
Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage are			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Eye Drops/Ointment Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Review the six rights			
Put on gloves			
Stabilize the head by student tilting head back or lying down			
Have student look upward			
Gently pull lower lid from eye to form "pocket"			
Place drop(s) into "pocket." Do not touch eye or eyelid with bottle tip			
If ointment is used, apply thin strip into the "pocket" without touching the eyelid			
Have student close their eye(s) for a few moments			
Dab away excess with tissue			
Remove gloves			
Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage are			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Ear Drops/Ointment Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Review the six rights			
Put on gloves			
Loosen lid on medication and squeeze rubber stopper to fill dropper			
Stabilize the head by tilting it toward the opposite shoulder and turn head to the side			
Gently pull the top of the ear (cartilage) back and up and hold			
Place the prescribed number of drops into ear canal without touching			
Have student remain in the same position for a few minutes to avoid leakage			
Remove gloves			
Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage are			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

_____

Kentucky Department of Education 2026

Topical Ointments and Cream Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Review the six rights			
Put on gloves			
Loosen medication cap and squeeze a small amount directly onto a cotton tipped applicator (Q-tip)			
Apply ointment directly to the area or give applicator to student for them to apply			
Cover the area if indicated			
Remove gloves			
Document the administration of medication on the Medication Administration Record			
Replace medication in designated secure storage area in accordance with district policy			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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_____

Nasal Spray Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Review the six rights			
Have student blow their nose			
Have student block one nostril with a finger			
Insert the nozzle of the inhaler into the other nostril			
Aim inhaler so that the spray is directed upward and outward away from midline			
Instruct student to exhale			
Squeeze inhaler quickly and firmly, then instruct student to inhale			
Repeat as directed for another nostril if prescribed			
Document the administration of medication on the Medication Administration Record			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Metered Dose Inhaler Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: School Employee Trained:

Job Title: _____

Trainer: _____ Job Title: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Review the six rights			
Shake inhaler several times			
Check that canister is firmly positioned in plastic holder (attach spacer if required)			
Have student tilt head backward			
Have student breathe out (exhale) completely			
Have student place mouthpiece between teeth and close lips around it			
Squeeze inhaler to discharge medication then have student inhale immediately			
Instruct student to inhale slowly and deeply for three to five seconds. Once inhaled, instruct student to remove inhaler from mouth and hold their breath for five to 10 seconds and then exhale			
Rest for a minute, then repeat sequence for each prescribed "puff"			
Document the administration of medication on the Medication Administration Record			
Replace medication in designated secure storage area in accordance with district policy			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

_____

Auvi-Q (Epinephrine) Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Pull Auvi-Q from outer case			
Pull red safety guard down and off of Auvi-Q			
Place black end of Auvi-Q against the middle of the outer thigh pushing firmly until hissing sound is complete, holding in place for two seconds			
Give used container to EMS for disposal			
Document the administration of medication on the Medication Administration Record			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Adrenaclick (Epinephrine) Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Remove Adrenaclick from packaging and pull gray caps from both ends of auto-injector			
Place red lip firmly against the side of students' thigh, about halfway between hip and knee (clothing does not need to be removed)			
Press down hard until click is heard, holding in place for 10 seconds			
Remove auto-injector by pulling straight out			
Massage injection site for approximately 10 minutes			
Document the administration of medication on the Medication Administration Record			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

_____

_____

EpiPen Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	**Date**	**Date**
Identify someone to call 9-1-1			
Flip open cap at the top of carrier tube			
Remove EpiPen from carrier tube and remove blue safety release			
Form a fist around the unit with orange tip pointing downward			
Swing and firmly push the orange tip against thigh until "click" heard			
Hold EpiPen in place for 10 seconds			
Remove pen from thigh and massage injection area for 10 seconds			
Place used auto-injector into storage tube of carrying case and give to EMS when they arrive			
Document the administration of medication on the Medication Administration Record			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Neffy Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Remove Neffy from packaging			
Hold device with thumb on the bottom and two fingers on the top (do not prime device)			
Insert tip of device into one nostril			
Press plunger firmly to release medication			
Document the administration of medication on the Medication Administration Record			
Additional Comments: If symptoms persist or worsen after five minutes of the initial dose, administer a second dose using a new Neffy device in the same nostril.			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:

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Kentucky Department of Education 2026

Baqsimi (Glucagon) Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Instruct someone to call 9-1-1			
Remove shrink wrap by pulling red stripe			
Open the lid and remove the device from tube			
Hold device between fingers and thumb			
Insert tip gently into one nostril until fingers touch the outside of the nose			
Push plunger firmly all the way until green line disappears			
Turn patient on side			
Document administration on medication administration record			
Observe and document response			
Dose may be repeated in 10 minutes if prescribed by physician			
Empty container can be given to EMS or disposed of in the trash			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Glucagon Injectable Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: ____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Open Glucagon Kit			
Remove flip top seal from vial			
Remove needle protector from syringe			
Slowly inject all sterile water from syringe into vial of powdered glucagon (leave needle in if possible)			
Gently swirl or roll to mix (do not shake) until solution is clear (may leave syringe in vial)			
Withdraw prescribed amount of glucagon from vial			
Insert needle into selected injection site (buttocks, thigh, or upper arm) and slowly inject solution			
Remove needle and apply light pressure to injection site			
Turn person on his/her side in case of vomiting			
Give used kit to EMS personnel			
Document administration of Glucagon on Medication Administration Record			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Gvoke (Glucagon) Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: __

Trainer: _____ Job Title: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Remove GVOKE from foil pouch			
Inspect solution through viewing window to ensure solution is clear and colorless, or pale yellow			
Pull red cap off			
Choose injection site (lower abdomen, outer thigh, upper arm) and expose bare skin			
Push and hold GVOKE straight down against injections site listening for click. Holding down for five seconds (viewing window will turn red when injection is completed)			
Lift device straight up from injection site			
Turn patient to side			
Give used kit to EMS personnel or dispose of appropriately			
Document administration of Glucagon on Medication Administration Record			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

_____

Kentucky Department of Education 2026

Zegalogue (Dasiglucagon) Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: _____

Trainer: _____ Job Title: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Remove grey cap from the needle end			
Push and hold down Zegalogue applicator until yellow needle guard is fully pressed down (approximately 10 seconds) checking to ensure window has turned red before removing			
Remove Zegalogue from injection site			
Roll patient to their side to prevent choking			
Give used kit to EMS personnel or dispose of appropriately			
Document administration of Glucagon on Medication Administration Record			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Diastat Medication Administration Skill Competency Checklist

Student's Name: _____Grade/Teacher: _____

School Employee Trained: _____Job Title: _____

Trainer: _____Job Title: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Turn student on their side where they can't fall			
Remove medication (syringe) from container			
Push up with thumb and pull to remove protective cap from syringe tip			
Bend upper leg forward to expose rectum			
Separate buttocks to expose rectum			
Gently insert lubricated syringe tip into rectum, with rim of syringe against rectal opening			
Slowly count to three while gently pushing plunger until it stops			
Slowly count to three while holding buttocks together to prevent leakage			
Keep student on their side, note time Diastat was given and continue to observe until EMS arrives			
Give used Diastat syringe to EMS when they arrive (may recap syringe)			
Document administration of Diastat in Medication Administration Record			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Klonopin (Clonazepam) Buccal Seizure Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained:_____ Job Title: _____

Trainer: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Turn student on their side where they can't fall			
Consult student's Seizure Action Plan to confirm drug, dose, route, and administration orders			
Administer prescribed medication between seizures			
Put on gloves			
With gloved hands, use gauze pad to dry gum and inside of cheek			
Place tablet in pocket between inner cheek and gum			
Close mouth and gently rub along outside of check to promote absorption			
Observe response, provide care and comfort			
Consult action plan for post-seizure care; call 9-1-1 if directed			
Document medication administration in Medication Administration Record			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

_____

_____

Kentucky Department of Education 2026

Intranasal Midazolam Medication Administration Skill Competency Checklist (Syringe and Atomizer)

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: _____

Trainer:_____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Activate Seizure Action Plan			
Draw the syringe plunger back to measured dose			
Insert syringe in vial and inject measured volume of air into vial			
Withdraw appropriate volume of medication			
Attach atomizer			
Clean nares if blood or mucus is present			
Insert tip of atomizer into left nostril and give half of dose (point spray away from center of nose)			
Insert tip of atomizer into right nostril and give remaining medication			
Document the administration of medication on the Medication Administration Record			
Syringe may be given to EMS or disposed of in trash			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

_____

_____

Kentucky Department of Education 2026

Nayzilam (Midazolam) Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: _____

Trainer:_____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	**Date**	**Date**
Activate Seizure Action Plan			
Remove medication from blister packaging			
Hold spray with thumb on the plunger and middle and index fingers on each side of the nozzle			
Place the tip into one nostril until your fingers on either side of the nostril touch the bottom of the nose			
Press the plunger in one motion			
Remove the nozzle from the nose			
Unit can be given to EMS or disposed of in the regular trash			
Turn patient on side			
Document the administration of medication on the Medication Administration Record			
Dose may be repeated in 10 minutes in prescribed by physician			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

_____

_____

Kentucky Department of Education 2026

Valtoco (Diazepam) Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Job Title: _____

Trainer:_____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	**Date**	**Date**
Activate Seizure Plan			
Hold spray with thumb on the plunger and middle and index fingers on each side of the nozzle			
Place the tip into one nostril until your fingers on either side of the nostril touch the bottom of the nose			
Press the plunger in one motion			
Remove the nozzle from the nose			
If giving the 15 mg or 20mh dose, repeat the steps and use the second device in the other nostril to give the full dose of Valtoco			
Unit can be given to EMS or disposed of in the regular trash			
Turn patient on side			
Document the administration of medication on the Medication Administration Record			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Narcan Medication Administration Skill Competency Checklist

Student's Name: _____Grade/Teacher: _____

School Employee Trained: _____Job Title: _____

Trainer: _____Job Title: _____

Activity	Performs activity in accordance with guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Remove Narcan nasal spray from box			
Peel back the tab with the circle to open the Narcan nasal spray			
Hold the Narcan with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle			
Tilt the person's head back and provide support under the neck with your hand			
DO NOT prime sprayer			
Press the plunger firmly to give the dose of Narcan nasal spray			
Remove the nozzle after giving the dose			
If non-responsive within two to three minutes, a second dose may be given (use second Narcan dose from box)			
Document administration of Narcan and continue to observe until EMS arrives			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026

Solu Cortef Medication Administration Skill Competency Checklist

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____Job Title: _____

Trainer: _____Job Title: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
	Date	Date	Date
Identify someone to call 9-1-1			
Open emergency injection kit and lay supplies on clean surface			
Check expiration date to ensure medication is not expired			
Clean hands with soap and water and put cloves on			
Peel cap off of the medication vial			
Push down hard on the cap to release the liquid within the vial			
Swirl vial to mix solution			
Clean cap of vial with alcohol swab			
Insert needle into the middle of the rubber stopper on the vial – ensuring tip of needle is in the liquid			
Turn vial upside down			
Pull plunger of syringe back until correct dose of Solu-Cortef is measured			
Check syringe for air bubbles – if present tap syringe with fingers until bubbles are at the top near the needle and slowly push out any air (not medication)			
Put cap back on needle and place syringe on clean surface			
Use additional alcohol wipe to prep injection site			
Take cap off of syringe and inject dose into the outside of mid-thigh keeping needle in thigh for 10 seconds			
Remove needs and place in FDA-cleared sharps container			
Document administration of Narcan and continue to observe until EMS arrives			

Adapted from: Maryland Department of Health and Mental Health (19). *Guidelines for in servicing non-medical personnel on medication procedures.*

Follow-Up Observation Date: _____

Comments:_____

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Kentucky Department of Education 2026