School Nurse Handbook

Compiled by the School Nurses of the Archdiocese of Washington, 2018

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Information in this Manual was obtained at the time of printing (2018).
Consult appropriate sources for updates.

Definition of School Nurse

The National Association of School Nurses (NASN) defines school nursing as:

> A specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and, actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

A SCHOOL NURSE engaged by an ADW school must be a registered nurse licensed in either Maryland or the District of Columbia. A school nurse in an ADW school may be a delegating nurse, appropriately trained and certified by the Maryland Board of Nursing and/or an on-site nurse. A school nurse in an ADW school will be present at set times when students are present (appropriate to the nursing role agreed upon with the school administration). A school nurse in an ADW school will promote the health and wellness of the school community.

NATIONAL ASSOCIATION OF SCHOOL NURSES, INC. and AMERICAN NURSES ASSOCIATION

SCOPE AND STANDARDS OF PROFESSIONAL SCHOOL NURSING PRACTICE STANDARDS (2013)

Standard 1. Assessment
The school nurse collects comprehensive data pertinent to the client's health or the situation.

Standard 2. Diagnosis
The school nurse analyzes the assessment data to determine the diagnosis or issue.

Standard 3. Outcome Identification
The school nurse identifies expected outcomes for a plan individualized to the client or the situation.

Standard 4. Planning
The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation
The school nurse implements the identified plan.

> **A. Coordination of Care**
> The school nurse coordinates care delivery.
>
> **B. Health Teaching and Health Promotion**
> The school nurse uses strategies to promote a healthy and safe environment, especially regarding health education.

C. Consultation
The school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

D. Prescriptive Authority and Treatment
The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

Standard 6. Evaluation
The school nurse evaluates progress towards achievement of outcomes.

Standard 7. Ethics
The school nurse practices ethically.

Standard 8. Education
The school nurse attains knowledge and competency that reflects current school nursing practice.

Standard 9. Evidence Based Practice and Research
The school nurse integrates evidence and research findings into practice.

Standard 10. Quality of Practice
The school nurse contributes to quality nursing practice.

Standard 11. Communication
The school nurse communicates effectively in a variety of formats in all areas of nursing practice.

Standard 12. Leadership
The school nurse demonstrates leadership in the professional practice setting and the profession.

Standard 13. Collaboration
The school nurse collaborates with the healthcare consumer, family and others in the conduct of nursing practice.

Standard 14. Professional Evaluation
The school nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Standard 15. Resource Utilization
The school nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

Standard 16. Environmental Health
The school nurse practices in an environmentally safe and healthy manner.

Standard 17. Program Management
The school nurse manages school health services.

National Association of School Nurses
www.nasn.org

What CAN a Nurse for an ADW School Do?

The primary role of the school nurse is to support student learning by functioning as a health care provider and manager in the school setting. The school nurse:

1. Provides leadership in the development and promotion of a comprehensive health program.
2. Advocates for the health right of children.
3. Promotes an optimal level of health for students and staff.
4. Serves as a consultant for the health concerns of students, families, and staff.
5. Promotes sound health care practices within the school and community.
6. Serves as a link between health care providers, families, staff, and community agencies.

The school nurse performs duties in a manner consistent with professional standards, state nurse practice acts, other state and local statutes and/or regulations applicable to school nursing practice, and adheres to school policies.

A school nurse serves as the health professional coordinator for all school health programs.

What Services CAN a Nurse for an ADW School Provide?

1. Promotes and protects the optimal health status of children.
2. Develops guidelines for the management of illness and injury interventions.
3. Provides training to designated staff on recognition of signs and symptoms of illness and disease.
4. Performs health assessments and participates in Catholic Accommodation Plan (CAP)/Individual Catholic Education Plan (ICEP) development.
5. Provides health assessments, which includes screening for various health factors impacting student education.
6. Provides health education and counseling. Evaluates and interprets cumulative health data to accommodate individual needs of students.
7. Provides chronic disease management and education.
8. Plans and implements Individualized Healthcare Plans (IHP).
9. Provides assessments and interventions for students with mental health concerns.
10. Participates as the health consultant on school teams.
11. Promotes and assists in the control of communicable diseases through immunization programs, early intervention, surveillance, reporting, and follow-up of contagious diseases.
12. Recommends provisions for a healthy school environment conducive to learning.
13. Provides health education, health resources, wellness programs, and curriculum recommendations to the school staff.
14. Engages in research and evaluation of school health services.
15. Coordinates school/community health activities and serves as liaison between school, home, community, and health care providers.
16. Delegates medication administration to appropriately trained medication technicians (**only after having been trained and licensed as a delegating nurse as per the regulations of the state**).

Surviving Your First Year as a School Nurse

How to Begin:
How does an ADW school nurse begin the school year? Once you have been engaged meet with the school principal or designee to identify the overall health needs of the school, the expectations of the nurse's role in the school and the schedule. The number and health needs of the students, and the number and health needs of special education students should be considered in developing the nurse's schedule. It is strongly recommended that all ADW nurses attend the delegating nurse training sponsored annually by the Catholic Schools Office.

Many resources are available to the school nurse who is practicing without the onsite support of other nurses. These include:

1. The Maryland and DC Departments of Health
2. School Nurse Organization of Maryland and DC
3. National Association of School Nurses.
4. American School Health Association.

At the beginning of the school year the school nurse should:

1. Meet the principal and office staff.

- **a.** Arrange to provide an in-service to update the principal, school secretary, and office staff on any new immunization requirements for school enrollment.
- **b.** Arrange for a mailbox where messages may be received. Obtain access to the copy machine, a map of the school, and class rosters.
- **c.** Discuss with the principal how and when to call an ambulance, your schedule, lunch breaks and coverage during that time, and procedures when you are ill or for days you are not assigned to that school.
- **d.** Discuss with the principal establishing and training an emergency response team within the school.
- **e.** Discuss with principal who in the school is CPR and First Aid trained. Discuss arranging for training, if necessary.

2. Review school health policies and procedures.

3. Inspect the school health office, if there is one. Look at the clinic space, supplies, and available equipment. Compile a list of needed supplies and equipment and discuss with the principal how these will be ordered.

4. Find current student health records. Determine what type of health information is available and how confidentiality is maintained.

- **a.** Confer with administration about securing health information and immunization data on all new students. Ask how compliance with the immunization law is ensured.
- **b.** Who records the health information, including immunization information?
- **c.** How is the school nurse informed of students who have significant health problems?

d. How current are the health records?

e. Does the school have policies regarding when and how to destroy old school or health records?

f. Check to make sure all new students have a current physical (within one year of the first day of school) on file.

5. Arrange a meeting with the staff to describe the school nurse's role, when and how students should be referred to the nurse.

a. Provide the staff with a copy of the school nurse weekly schedule.

b. Discuss the purpose and role of the school emergency response team.

c. Set date(s) of training for designated members of the school staff on the use of the Automated External Defibrillator-AED (if present), and EpiPens.

6. Meet with the resource teacher and/or student assistance team to determine how the nurse will participate in the process to determine supports for students with special needs.

7. Meet with the cafeteria manager and staff, school custodian, and bus drivers to determine how the school nurse can serve as a resource.

8. Determine to whom and how notification will take place when there is an observed or reported health hazard at the school.

9. Become acquainted with community agencies and resources. Investigate the availability of health-related or other services for school children and their families.

After assimilating the information listed above, the school nurse should develop a work plan which includes new, revised, and previously determined goals and objectives. The new school nurse should continue the programs in operation according to existing guidelines until assessment can be made and need for change determined. Check with the administration about existing protocols and guidelines. Basic topics should deal with the following:

1. Medication Administration – ADW Form available
2. Control of Communicable Disease
3. Infection Control
4. *Child Protection and Reporting Child Abuse* (3542) - ADW Policy
5. Establishing Screening Programs
6. Nursing Care for Illness and Injury
7. Special Health Care Needs – ADW Forms available
8. Disaster Preparedness
9. General School Health Programs

School nurse responsibilities will vary according to the goals of the school health program, his or her identified work schedule, and whether the nurse is acting as a delegating nurse.

Even minimal school health programs should allow the nurse to engage in practices that include case finding, case management of identified health problems, and consultation with school personnel. These can be defined as:

1. Case finding by screening, observation, and direct referral:

- **a.** Obtain health information on all new students and update information on current students annually. The ADW Health Inventory would be a good source (See Inventory on Forms 3, 3P and 4).
- **b.** Review school health records at regular intervals.
- **c.** Schedule screening programs through local school districts, health departments or private organizations.
  - **(1)** Identify the need for and establish vision, hearing, and scoliosis-screening programs.
  - **(2)** Assess and determine the need for additional screening programs.
- **d.** Observation and nursing assessment of students.
- **e.** Referrals from students, parent/guardians, and school personnel.

2. Case management of identified health problems:

- **a.** Notification of parent/guardian, students and, when necessary, school personnel of screening referrals.
- **b.** Discuss with parent/guardians health problems identified by review of school health records, health history forms, and nursing assessments. Make referrals for professional follow-up as indicated.
- **c.** Individual Health Plans and Emergency Action Plans (EAP) should be developed to address the special needs of students with chronic health conditions.
- **d.** Track and document results of professional recommendations on the student's health record.

3. Consultation:

- **a.** Evaluation of health and developmental status of students with specific health concerns and those being evaluated for special education needs. Provide appropriate written reports to the referral source following nursing assessment.
- **b.** With parent/guardian permission, share pertinent information from IHP and EAP for students with chronic health conditions that require attention by school staff. Chronic health conditions may include diabetes, asthma, cancer, and epilepsy, etc.
- **e.** Serve as health consultant to school personnel in health promotion/education instruction.
- **f.** Serve as liaison between parent/guardian, school, and community health care providers on health matters.

Possible School Nurse Activities by Month

Some of these activities may be assigned to other school staff for completion. However, the school nurse is responsible for training and follow-up with the paraprofessional to ensure those assigned tasks are completed in an appropriate manner.

First Month of School

1. Check with the principal to see how she or he would like to be kept informed about nursing activities during the school year.

2. With administrative approval, create letter to parent/guardian informing them where the health office is located and what health services are available.

3. Verify working order of equipment and request repairs as needed. Order and stock first aid supplies.

4. Review the ADW *School Emergency Response Plan & Management Guide*.

- **a.** Review and update emergency care plans for students with chronic health disorders such as asthma, seizures, and diabetes.
- **b.** Review emergency response plans related to natural and man-made disasters such as tornados, earthquakes, explosions, violent incidents, student assaults, playground hazards, hostage situations, etc. (see *School Emergency Response Plan & Management Guide*)
- **c.** Check availability and condition of emergency supplies.
- **d.** Review the local school chain of command during emergency/disaster/catastrophic events to ensure the quick and appropriate response by school staff.
- **e**. Ensure classrooms have Flipcharts.

5. Check student records for compliance with the immunization law.

- **a.** Are new students prior to enrollment being informed of requirements?
- **b.** Who is checking immunization dates for compliance?
- **c.** Who will fill out the immunization report?
- **d.** Ensure that a letter is sent to the parents of those students who are not in compliance.

6. Set up screening schedule for the year and obtain principal's approval (if on site screening will be done).

7. Set up medication documentation records.

- **a.** Secure necessary authorizations from parent/guardians and health care providers.
- **b.** Train and monitor school personnel who may be administering medication in the nurse's absence as medical technicians. Note that this can be done only by nurses who have been trained as delegating nurses.
- **c.** Communicate with students, parent/guardians, school personnel, and health care providers as needed to ensure safe delivery of medications in the school.

8. Check health records for students who have chronic health conditions.

a. With parent/guardian written permission notify teachers of students who need adjustments in the classroom because of vision, hearing, or physical problems.

b. With written parent/guardian permission confer with teachers regarding students who have chronic health conditions explaining limits, and potential problems or emergencies.

c. Develop with parent/guardian emergency action plans and provide to teachers.

d. Develop with parent/guardian, and when appropriate the student, individualized healthcare plans for appropriate management of chronic health conditions in the school setting.

9. Update health records as soon as student placement is established.

a. Obtain class lists of all students enrolled according to grade level.

b. Check health records against class lists to ensure a health record has been established for each student.

10. Ask all staff in the building to complete a short health form indicating current health conditions, medications, health care provider, and daytime emergency phone numbers.

11. Meet with the principal and ask for time on staff meeting agendas to:

a. Provide staff in-service training on handling blood and body fluids and basic first aid on seizures, respiratory and diabetes emergencies, and injuries. This training can be done throughout the year as necessary.

b. Discuss plans and organization of a health program for the school year.

c. Discuss the health program and procedures for the referral of a student to the nurse.

12. Observe school's environment for unhealthy or unsafe conditions related to lighting, seating, floors, stairs, ventilation, and sanitation.

a. Confer with the principal about any observed concerns as often as the need arises.

b. Document in writing the report of observed environmental concerns to school administrators. Keep one copy for the health room files.

13. Review all student emergency contact cards or electronic files in your assigned schools. Follow-up with the parent/guardian of students who do not have current emergency contact information on file.

14. Contact parent/guardian of students known to have special health care needs to review or develop individualized healthcare plans and emergency action plans that address student special health needs.

a. Obtain necessary parent/guardian and physician authorization and orders for specific procedures.

b. Identify, train, and monitor school staff or paraprofessionals as appropriate to meet individual student's special health needs.

c. After obtaining appropriate written consent, share information with teachers regarding special health conditions of students in their classes.

Second Month of School

(items are those that need to be repeated from month to month. They will not be listed in each month of the following description.)*

1. *Submit a written monthly report of school nurse activities during the first week of each month if requested by administration.

2. *Proceed with scheduled screenings. Follow-up on referrals from counselors, teachers, parent/guardians, or students regarding possible problems with students' vision, hearing, or health.

3. *Review emergency/crisis plan and check availability and condition of emergency supplies.

4. *Continue to check student records for compliance with immunization requirements for school enrollment.

- **a.** Review records of students newly enrolled.
- **b.** Send reminders to parent/guardians of students who require additional immunizations to meet the requirements for school enrollment.

5. *Monitor medication administration records of students receiving medication during the school day. Review medication administration procedures with designated school staff.

- **a.** Review treatment routines for students requiring specialized medical treatments during the school day.
- **b.** Report and document activity related to medication administration or treatment errors to the school principal.

6. *Bring the health records up-to-date as soon as newly enrolled students' placements are established.

7. *Attend school/delegating nurse meeting in order to network with other ADW nurses.

8. *Monitor causes of absenteeism among students throughout the school year.

- **a.** Report suspected or diagnosed communicable diseases to the county health department as defined by state law.
- **b.** Keep the principal apprised of unusual illnesses or outbreaks of communicable diseases.

9. *Attend staff meetings to address any questions related to school safety and health or to provide in-service training to staff on health topics.

Third Month of School

1. *Continue with scheduled screenings, re-checks, and referrals. Keep a record of results and referrals.
2. *Respond to health promotion/education needs for individual students and in the classroom as requested.
3. Review district's curriculum on health. Gather information about health curricula from state and national sources.
4. Continue work on asterisked (*) items from the Second Month.

Fourth Month of School

1. Continue work on asterisked items (*) from the second and third months.

Fifth Month of School

1. Dental Health Month is in February. Begin planning special dental education programs for the next month.
   - **a.** Check with other area school nurses and with community agencies for support with your dental education programs.
   - **b.** Arrange with schools and community resources for dental health screenings.
2. Review second semester enrollment for students with chronic health conditions. Obtain permission from parent/guardian to share with the appropriate teachers' information on students' chronic health conditions that may impact classroom activities and/or attendance.
3. Ask to be placed on the agenda of a Home and School Association meeting to discuss the school health program and its impact on school attendance and learning.
4. Continue to work on asterisked items (*) from the previous months.

Sixth Month of School

1. Conduct or facilitate dental screenings as organized during the previous month.
2. Conduct dental education programs as planned in the previous month.
3. Review district health forms and documentation system.
   - **a.** Discuss with administration any forms or documentation that needs to be changed based on current state and/or federal laws or regulations.
   - **b.** Develop new school based forms if applicable and submit for administration approval.
4. Review and adjust, as needed, the goals, objectives, and outcomes on current IHP and EAP.

Seventh Month of School

1. Follow-up with parent/guardian on referrals from screening program. (Note: parent/guardian conferences may be required).

2. Complete screening rechecks, referrals, and documentation.

3. Review and evaluate current school health programs to date.

- **a.** Begin planning for desired changes to be made during the next school year.
- **b.** Review the school health program evaluation with school administrators and present ideas for desired changes.

4. Continue to work on asterisked items (*) from the previous months.

Eighth Month of School

1. Follow-up on vision, hearing, scoliosis, and dental screenings from preceding months.

2. Review all health records to be sure a record has been established for all students enrolled in the school.

3. Complete all screenings and screening referral follow-ups.

4. Review the health records of students who will be advancing to another grade level outside of their current building placement.

- **a.** Update the immunization record as needed.
- **b.** Prepare a list of students known to have chronic health conditions to be shared with the school nurse at the receiving school.

5. Begin making plans with parent/guardian, students, teachers, and administrators for students requiring special health care needs next school year.

6. Continue to work on asterisked items (*) from the previous months.

Ninth Month of School

1. Follow-up with parent/guardian and students on screening referrals.

2. Participate in the school's Kindergarten pre-enrollment process.

- **a.** Obtain health information as needed.
- **b.** Review immunization records for adequate immunizations for school enrollment as defined by state law. Make referrals for children who do not meet immunization requirements for school enrollment.

3. Transfer school health records for students moving from one grade level to another.

- **a.** School health records to move to the new school include immunization records, medication authorizations and administration documentation, IHP, and EAP.
- **b.** Prepare for distribution of student health forms needed at the beginning of the next school year, i.e. authorizations for medication administration.

4. Review distribution mechanisms with the principal.

5. Submit health office supply request for the next school year.

6. Complete and submit the annual school health program report to the principal and other school district administrators as indicated.

7. Prepare health office for close of school.

- **a.** Secure remaining equipment and supplies.
- **b.** Remind parent/guardian to pick up left over medications or discard according to established district protocols.
- **c.** Send equipment for repair, if needed.
- **d.** Send audiometer for calibration.

For Additional Resources and Information, consult:

MSDE School Health Services Guidelines
http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/SHS/SHSGuidelines.aspx

Source: School Nurse Orientation Manual, Oklahoma State Department of Health, 2013

ROLE AND RESPONSIBILITY OF THE DELEGATING NURSE IN SCHOOLS (Maryland)

REGULATIONS WHICH GOVERN THE REGISTERED NURSE (RN) CASE MANAGER (CM) / DELEGATING NURSE'S (DN) PRACTICE:

A. The Maryland Nurse Practice Act includes but is not limited to Regulations governing.

1. The Registered Nurse Standards of Practice (COMAR 10.27.09)
2. The Delegated Nursing Function Regulations (COMAR 10.27.11)

RESPONSIBILITY OF CASE MANAGER\DELEGATING NURSE:

A. The RN who serves as the CM/DN must complete the Maryland Board of Nursing (MBON) approved CM/DN curriculum offered by a community college and other approved educational sites prior to serving as a DN. The RN, CM/DN may:

1. Teach the medication administration training program
2. Serve as the CM/DN in a school setting
3. Teach the required Medication Technician Clinical Update

B. The RN who agrees to serve as the CM/DN is responsible for the delegating medication administration and supervision of medication administration to students in the school setting in compliance with COMAR 10.27.11. Consult with regulation for full requirements. This responsibility includes:

1. Perform an initial and 45-day assessment during the site visit to the school. The follow-up site visit must occur at a minimum of every forty-five (45) days.
2. Assessing the clinical status of the student every 45 days.
3. Assessing the competency of the medication technician administering medication at the same time as the 45-day site visit.
4. Assessing the task to be delegated, including complexity.
5. Assessing the environment in which the task is to be performed.
6. Determining the instruction and frequency of supervision required for the task delegating.

C. The RN CM/DN may delegate medication administration only to an individual who has completed a Board approved Medication Technician Training Program for Schools and who is certified with the Board as a Medication Technician.

1. The RN, CM/DN must document the 45-day visit by entering the patient's assessment onto the medical record and leaving instructions for the Medication Technician for monitoring activities.
2. A RN may NOT present him/herself to the school facility by limiting their activities to "Medication Review" and only examining the medication record.
3. The RN, CM/DN must follow the standards for delegating (COMAR 10.27.09) and the Delegated Nursing Function Regulations (COMAR 10.27.11) when delegating.

DELEGATED NURSING FUNCTION REGULATIONS (COMAR 10.27.11)
Requires the RN to assess and document:

1. The student's health needs as chronic, stable, predictable, uncomplicated, and routine.
2. The skills of the individual to competently perform the task.
3. The complexity of the task to be delegated.
4. The environment in which the task is be performed.
5. The instruction and supervision required to monitor the care giver.

THE MBON REGULATIONS GOVERNING THE STANDARDS OF PRACTICE FOR THE RN (COMAR 10.27.09)
Requires the RN when delegating, to delegate to:

1. Individuals that are competent to perform the delegated acts
2. Instruct, direct and regularly evaluate the performance of the task by the person to whom the task(s) were delegated
3. Rectify a situation when the nursing task is performed incorrectly
4. Prohibit continued performance when the task is performed incompetently.

Resources:

COMAR Online
http://www.dsd.state.md.us/COMAR/searchall.aspx

MSDE School Health Services
http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/SHS/index.aspx

Charting Nursing's Future
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2010/rwjf64263

Delegatable Nursing Services

The below services may be delegated to and performed by an unlicensed direct care provider under the supervision of a registered nurse (RN). It is important to note that this list is not all inclusive and a specific task is delegated only for a **specific student**; therefore, a procedure that is delegatable for one student **may not necessarily** be delegatable for any other student. *It is imperative that the school nurse be knowledgeable of the current delegation regulations in the Nurse Practice Act.*

- Oral medication administration which does not require calculation of the dose
- Pharmacy or prescriber prepared hand held inhalant medication administration.
- Routine/non-complex/predictable gastrostomy-device feedings
- Clean, intermittent/non-complex bladder catheterization
- Monitoring of vital signs for reporting to the physician or RN
- Positioning
- Student specific emergency medications
- Oro-pharyngeal suctioning
- Assembly of supplies and supervision of student finger stick for blood sugar
- Oro-pharyngeal suctioning
- Assembly of supplies and supervision of student finger stick for blood sugar
- Tracheostomy suctioning for a student with a tracheostomy of long standing duration whose clinical status is stable and who does not have co-existing respiratory conditions or other conditions that have potential to cause unpredictable responses (Maryland Board of Nursing, Dec 2003-2)
- Medication by metered dose inhalant, nebulizer, and oxygen by nasal cannula or mask
- Medication by subcutaneous injection if the nurse has calculated the dose

Non-Delegatable Nursing Services as determined by the Nurse Practice Act

According to the Nurse Practice Act only an RN or Licensed Practical Nurse (LPN) may perform the following nursing functions:

- Complex tracheostomy suctioning (Maryland Board of Nursing, Dec 2003-2)
- Tracheostomy tube or inner cannula change or replacement
- Oxygen administration with titration
- Complex gastrostomy device feedings/replacements/venting
- Any medication that requires calculation of the dose or assessment before or after administration
- Certain medications given by injection
- Administration of medication by nebulization, unless medication is pre-packaged by pharmacy/prescriber and the decision to administer does not require a nursing assessment prior to or after administration
- Medication given in a gastrostomy device, which requires assessment or calculation of the dose
- Nasogastric tube feedings/placement
- Complex bladder catheterization
- Bladder irrigation (with assessment)
- Reinsertion of gastrostomy device
- Any other service needing nursing assessment and/or performed on an as needed basis.

Source: Delegation of Nursing Functions to Unlicensed Direct Care Providers in a School Setting: Maryland State School Health Services Guidelines, 2006

Medication Technician Training vs. Medication Administration Training

In Maryland Archdiocesan schools, there are two groups of staff members who are authorized to administer medication to students other than an RN: (1) those trained as medication technicians and (2) those trained in medication administration. While the duties of these two groups of trained individuals may appear to be the same, the trainings, certifying organizations, and situations under which they can actually administer medication to students is different. Medication technicians (med-techs) are certified by the Maryland Board of Nursing. To become a certified med-tech, an individual must participate in a 20-hour training which is administered by a licensed RN who has been trained as a delegating nurse (see previous section). Certification must be renewed every two years with a 6-hour refresher, also given by a delegating nurse. A med-tech can administer medication only under the guidance of a delegating nurse who will "delegate" medication administration responsibilities under his or her license to a certified med-tech. There are other nursing duties besides medication administration that can be delegated to med-techs by delegating nurses (see previous section), but administration of medication is the most common responsibility entrusted to med-techs in schools. It must be emphasized that nursing responsibilities can be delegated only by nurses who have been trained as delegating nurses and whose licenses reflect the successful completion of that training. Med-techs are authorized to administer medication both during the school day and in before and after care programs as well as in pre-school programs, again, as long as they are working under the direction of a delegating nurse.

Those individuals who have received Medication Administration training can also administer medication but under different circumstances. Medication Administration certification falls under the Maryland Office of Child Care which is administered by each Maryland county. This training is 6 hours long and is given by a nurse who has been trained and authorized to present the training by the Office of Child Care. Medication Administration certification never has to be renewed. Those who have been trained in Medication Administration do not work under the guidance of a nurse. They may administer medication only to students in before and after care programs and pre-school programs (those programs licensed by the Office of Child Care). While there are a variety of nursing functions that can be delegated to med-techs, administering medication is the only nursing function those trained in medication administration may do.

While it is advised that schools provide for the ability to administer medication to students during the school day, it is only a requirement if medication needs to be administered to students during the school day. This is not the case, though, with those programs that are licensed by the Office of Child Care (before and after care and pre-school). Those programs are required to have a person trained in medication administration on site whenever children are present, whether or not those children actually have a current need for medication. This person can be either a med-tech under the direction of a delegating nurse or an individual trained in medication administration.

Administration of Medications in Schools

1. In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here and in the Archdiocese of Washington Catholic Schools Policies and district and/or state guidelines.
2. Schools do NOT provide medication for students' use.
3. Medication should be taken at home whenever possible. The first dose of any new medication must be given at home.
4. Medication Authorization forms are required for each prescription and over-the-counter (OTC) medication administered in school. (The pharmacy label **does not** take the place of a written authorization.)
5. All medication taken in school must have a parent/ guardian signed authorization. Prescription medications, herbals and OTC medications also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.
6. All over the counter (OTC) medication must be in the original sealed container with the name of the medication and its expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
   - Name of student
   - Exact dosage to be taken in school
   - Frequency or time interval dosage is to be administered
7. The parent or guardian must transport medications to and from school.
8. Medication must be kept in the school health office, or other principal-approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, EpiPen). If the student self carries, it is advised that a backup medication be kept in the clinic.
9. Parents/guardians are responsible for submitting a new medication authorization form to the school at the beginning of the school year and each time there is a change in the dosage or the time of medication administration.
10. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
    - Student name
    - Date of Birth
    - Diagnosis
    - Signs or symptoms
    - Name of medication to be given in school
    - Exact dosage to be taken in school
    - Route of medication

- Time and frequency to give medications, as well as exact time interval for additional dosages
- Sequence in which two or more medications are to be administered
- Common side effects
- Duration of medication order or effective start and end dates
- LHCP's name, signature and telephone number
- Date of order

11. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.

12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.

13. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within the period will be destroyed. The disposal of the medication must be witnessed by another school staff member and documented with the signature of both the nurse and the person witnessing the disposal as per county or state guidelines.

14. Students are NOT permitted to self-medicate. The school does not assume responsibility for medication taken independently by the student. Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life-saving medications (e.g. inhaler, EpiPen).

15. School personnel administering medication to a student must record the administration information on a record/medication form that indicates:

(1) Student's name.
(2) Medication.
(3) Dosage.
(4) Route of administration.
(5) Time.
(6) Name of person administering the medication.

In the event of an emergency related to the administration of medication, current emergency telephone numbers should be available to permit contact with parent/guardian. Additionally, school personnel need to be informed of the procedures to follow (e.g. who to contact, etc.)

Controlled Substances

Controlled Substances are medications classified by the Drug Enforcement Agency (DEA) as substances that have a potential for addiction or abuse. The DEA has five schedules Class I through Class V.

- **a.** Class I medications have no legal medical uses and include illegal drugs and those used for research in institutionalized patients, have a high potential risk for abuse, and include opiates, opium derivatives, and hallucinogens.
- **b.** Class II medications have legal medical uses and high abuse potential, which may lead to severe dependence. They are narcotics, amphetamines, barbiturates, and others.
- **c.** Class III medications have legal medical uses and a lesser degree of abuse potential, which may lead to moderate dependence.
- **d.** Class IV medications have legal medical uses and low abuse potential, which may lead to moderate dependence. They include barbiturates, benzodiazepines, propoxyphenes, and others.
- **e.** Class V medications have legal medical uses and low abuse potential, which may lead to moderate dependence. They include narcotic cough preparations, diarrhea preparations, and others.

Some medications such as Ritalin® (methylphenidate) are not narcotics, but are classified as Class II because they have abuse potential. All Class II medications, such as Tylenol with Codeine®, Oxycontin®, Fentanyl®, Ritalin®, etc. should be kept under additional security because of the potential for abuse. Double locked (such as a locked container in a locked cabinet) is suggested.

Controlled drugs must be counted upon arrival at school with a witness and then routinely (at least every 30 days) by the individual administering the medication.

- **a.** All counts of controlled substances must be documented to include date, time, and signatures of the individual counting the medications and the witness.
- **b.** Discrepancies in the controlled substance medication count must be reported to the designated school authority. Count discrepancies in Class I through Class V medications may necessitate a report to legal authorities, and should be reported to the student's parent/guardian.

Suggested First Aid Supplies for the School Health Office

- Bandages (including adhesive and elastic, of various types and sizes)
- AED
- Gauze pads (prefer non-stick) of various sizes
- Tape of various widths, hypoallergenic
- Basins (emesis, portable wash)
- Cold packs (instant or gel)
- Cotton tipped applicators
- Cotton balls
- CPR masks (pediatric and adult)
- Disinfectant for surfaces and body fluid spills
- Vinyl gloves (not made with natural rubber latex)
- Eye irrigating bottle
- Eye pads
- Masks
- Paper cups (medicine, drinking)
- Plastic bags (large and small, resealable)
- Safety pins
- Feminine sanitary products
- Scissors
- Record forms (emergency cards, logs, medication, sheets, accident reports, etc.)
- Slings and/or triangular bandages
- Soap (in a dispenser, anti-bacterial, fragrance free)
- Tissues
- Tweezers
- Thermometer
- Goggles
- Tongue blades
- Bandage shears
- Stethoscope (for use by school nurse only)
- Blood pressure cuff (adult and pediatric; for use by school nurse only)
- Penlight or flashlight
- Biohazard waste bags and receptacles
- Sharps container
- Pen/pencil
- Clip board
- ADW Emergency Classroom Flipchart
- Warm packs
- Wash cloths

Suggested School Health Office Equipment

- Desk with lockable drawers
- Telephone
- Computer (with network access, monitor, disc drive, CD drive, printer, and privacy features to ensure confidentiality of information)
- Lockable file cabinet for student health records and instructional materials
- Chairs for students
- Lockable medication cabinet
- Reference materials, including first aid manual, medication reference, guide to specialized health care procedures, medical dictionary, etc.
- Cot
- Blanket and pillow with disposable or plastic covers
- Sharps container
- Biohazard receptacle
- Wall mounted liquid soap dispenser
- Wall mounted paper towel dispenser
- Pedal controlled covered waste receptacle with disposable liners
- Eye wash station
- Clock with second hand
- Flashlight
- Gooseneck lamp and/or magnifying lamp.
- Walkie-talkie
- Wheelchair

Record Keeping and Confidentiality

Documentation is preparing or assembling records to authenticate the care given to students and the rationale for giving that care. Documentation is critical to the development and maintenance of a high-quality school health program. It is essential to the practice of professional nursing and is a fundamental component of the nursing process. In the school setting, nurses require methods of documentation that:

- Promote optimal health services for students.
- Support student learning.
- Foster appropriate sharing of information.
- Protect student and family confidentiality.
- Meet the standards of professional school nursing practice.
- Provide necessary data for research, funding initiatives, and quality control.
- Comply with all applicable rules, laws and regulations.

Suggested Documentation Procedures

- Nursing documentation should be accurate, objective, concise, thorough, timely, and well organized.
- Entries should be legible and written in ink.
- The date and exact time should be included in each entry.
- Any nursing action taken in response to a student problem should be documented.
- Both positive and negative findings should be included in the nursing assessment data.
- All progress notes, individualized health care plans, flow charts, etc. should be kept Current.
- Documentation should include only essential information.
- Precise measurements, correct spelling, and standard abbreviations should be used.
- The frequency of documentation should be consistent over time, based on district policy nursing protocols, and acuity of the student's health status.
- Standardized health care plans increase efficiency and are acceptable as long as they are adapted to the individualized needs of each student.
- Subjective data should be documented in the student's own words.

- Objective data, relevant to the student's care, should be recorded; personal judgments and opinions of the nurse should not be included.

- Words should not be erased or whited-out. Draw a single line through an error, initial and date the entry, and write the correct entry following the section that has been struck out.

- Documentation should include any variation from standard protocols and any unusual student circumstances or situations.

- Notifications regarding changes in student health status or unusual findings should be documented in detail.

- The content of telephone consultation and direction to assistive personnel should be documented.

- Prescriber orders should be included in the health record for nursing interventions.

- Written prescriber orders are preferable to faxed or verbal orders; faxed prescriber orders are preferable to verbal orders.

Electronic Records

The use of electronic health record keeping is increasing as schools are providing more nurses with computers. The standards for electronic health records are similar to those for paper documentation, with additional requirements. First, the school nurse needs to be able to control access to electronic health records, generally accomplished by the use of passwords. Passwords are necessary to enter the system, but the school nurse can assign different levels of access to the system user to allow health aides or secretaries read-only capabilities. Passwords also allow the school nurse the ability to verify how and when a record was created and verifies the author of the record. Another vital feature of computerized record keeping is over-write protection. As with paper records, health information on an electronic record cannot be altered or removed and any updates must not alter data originally entered into the record. All information should be backed up at regular intervals to retain records in the event of mechanical failure or a natural disaster. Records backed up to compact disks (CDs) or thumb drives should be kept in a secured location.

Maintenance and Confidentiality of Records

The maintenance and confidentiality of Archdiocesan school student records is addressed in ***Policies for Catholic Schools***.

3590 Maintenance and Confidentiality of Archdiocesan School Student Records
All Archdiocesan Catholic school student records shall be the responsibility of the chief administrator and the property of the school. Maintenance and security of all student records shall comply with Archdiocesan guidelines. Archdiocesan Catholic schools shall fully comply with provisions of the Buckley Amendment regarding confidentiality and security of student records (Family Education Rights and Privacy Act of 1974).

3591 Transfer of Archdiocesan School Student Records
All Archdiocesan Catholic schools shall be responsible for complying with the written request of a parent or guardian for the release and transfer of official records from one school to another. The transfer of student records shall be contingent upon fulfillment of all financial obligations. Archdiocesan Catholic schools normally do not transfer limited-access records unless an exception is approved based on the written request from the parents or guardians.

3592 Parent or Guardian Release of Archdiocesan School Student Information
Parents or guardians shall cooperate with the Archdiocesan school administrators to provide the school access to confidential information necessary for the education of the student. The school administrator shall adhere to the guidelines and procedures set forth by the Catholic Schools Office for the release of pertinent information and maintaining Archdiocesan school records, including transferring students.

Additional guidance on concerning the maintenance and confidentiality of student records can be found in Appendix I or in the ADW ***School Operations Manual***.

FERPA and HIPPA

FERPA and HIPAA laws are in place to protect the privacy of client records and individuals. FERPA is a Federal law that is administered by the Family Policy Compliance Office (Office) in the U.S. Department of Education (Department). 20 U.S.C. § 1232g; 34 CFR Part 99. FERPA applies to all educational agencies and institutions (e.g., schools) that receive funding under any program administered by the Department. Parochial and private schools at the elementary and secondary levels generally do not receive such funding and are, therefore, not subject to FERPA. ADW does, however, comply with the provisions of FERPA regarding the confidentiality and security of student records (Policy 3590, see above).

HIPAA of 1996 required the United States Department of Health and Human Services to develop a series of rules governing health information. In general, the rules are intended to standardize the communication of electronic health information between health care providers and health insurers. The rules are also intended to protect the privacy and security of individually identifiable health information. School nurses who are employees of their school districts are not subject to HIPAA.

In the school setting, issues related to confidentiality of health records must be addressed. Maintenance of confidentiality of student health information is an ethical standard for school nurses. This is not an easy issue. School nurses must find the balance that respects the right of parent/guardians and students to control their own information and shares necessary information appropriately with school team members to ensure student health and safety and promote learning.

Appendix I

Pertinent ADW Policies

Immunization (3514)

a. All students attending archdiocesan Catholic schools must be immunized in accordance with the immunization requirements and forms of the Archdiocese and archdiocesan guidelines. The archdiocesan admission policy requiring the immunization of all students seeking a Catholic education in archdiocesan schools is based upon several factors, among them: Catholic social and moral teachings concerning the sanctity of human life; and a serious concern for the health, safety and well-being of students, staff, school communities and the common good.

b. For all students seeking admission to and attending archdiocesan Catholic schools, the following procedures shall apply:

> **1.** Each school must use the Archdiocese of Washington Immunization Policy Acknowledgment. All immunization forms, whether required by Maryland (Form 3) or the District of Columbia (Form 4 or Form 5), must be those provided via the Catholic Schools Office. The Archdiocese of Washington Immunization Policy Acknowledgement is included in Form 3, Form 4, and Form 5 and shall accompany those Forms upon submission.
>
> **2.** Schools must receive an updated Archdiocese of Washington Immunization Policy Acknowledgment for each student, with all required attachments, before he or she begins the school year. Chief administrators must send a notice to parents/guardians informing them that students who do not provide an updated immunization package within the first 10 (ten) school days will not be permitted to return to school until all immunizations are complete and recorded.
>
> **3.** All archdiocesan Catholic schools shall respond to and cooperate with the health departments' requests for immunization verifications in their respective jurisdictions. However, proof of immunization shall only be reported via those jurisdictional forms provided by the Catholic Schools Office of the Archdiocese of Washington (Form 3, Form 4 or Form 5).

All parents/guardians of incoming sixth grade through eighth grade students in the District of Columbia schools must receive a supplemental information packet concerning the HPV vaccine (Form 5). This informational packet, provided by the Archdiocese, shall be distributed by each archdiocesan Catholic school in the District of Columbia and will contain a separate form that requires parents/guardians to: (1) verify that they have been informed of the HPV vaccine; and to either (a) indicate that they have decided to opt out of the HPV vaccine; or (b) obtain the signature of their child's physician, verifying that the HPV vaccine was administered.

c. The Archdiocese requires immunization as a requirement for admission, with the exception of those instances in which immunization would put a child with medical contraindications at risk, because Catholic moral teachings urge parents/guardians to immunize their children against serious infectious diseases given the grave risk of non-vaccination to other children, pregnant women, and the population as a whole. In rare instances, a parent/guardian may raise a serious

moral objection to certain vaccines. In these limited cases the Pastor or canonical administrator shall in the first instance and in consultation with the Superintendent and other appropriate offices of the Archdiocese of Washington, make a decision as to whether to grant the requested exemption. If such requested exemption is denied, the Pastor or canonical administrator shall thereafter inform the parents/guardians that they may submit a written appeal to the Vicar General/Moderator of the Curia. The appeal shall include a detailed explanation of the grounds for their moral objection. The Vicar General/Moderator of the Curia, in collaboration with the Superintendent and other offices of the Archdiocese of Washington as appropriate, will evaluate each appeal on a case-by-case basis and shall issue a final decision. inform the parents/guardians that they may submit a written appeal to the Superintendent of Schools, which shall include a detailed explanation of the grounds for their moral objection. The Superintendent will evaluate each appeal on a case-by-case basis, and the Superintendent's decision shall be final.

Exemptions may be provided to students with a physician's certification that the student has a valid medical contraindication to being immunized. The physician's certification must be submitted to the Office of the Superintendent for approval. It must state the reason for the medical contraindication and whether it is permanent or temporary. If temporary, the physician must state the period of exemption requested. In no case will an exemption be granted for more than one school year. The Archdiocese reserves the right to consult its own medical expert, at its discretion, to evaluate the basis for the exemption based on medical contraindication.

In any case in which an exemption is granted (in whole or in part) by the Superintendent of Schools, the parents/guardians shall receive an exemption letter from the Superintendent and an agreement/waiver/release form, which must be signed and returned to the Office of the Superintendent before the student can be permitted to attend school. Once the Superintendent receives the waiver, then the chief administrator will receive a copy of the letter to the parents/guardians granting the exemption with a copy of the signed waiver, and shall follow the procedure below:

1. The chief administrator shall record in the student's immunization records that the child has been granted an exemption(s).

2. Annually, by November 15th, the chief administrator shall report to the Secretary of Health and Mental Hygiene (in Maryland), or the Department of Health (in the District of Columbia), the number of students enrolled in all grades who have been granted an exemption and which particular vaccines have not been received.

3. Should the Secretary of Health and Mental Hygiene (MD) or the Department of Health (DC) declare an emergency or epidemic of the disease against which the student is not immunized, the parents shall be informed in writing that the exemption has been revoked, and the student shall be excluded from school until the appropriate health agency indicates that they may return.

Health and Allergy Information (3544)

a. In accordance with archdiocesan requirements, all students shall comply with the applicable health regulations of the state, county or district in which the school is located. All appropriate compliance documentation must be on file in the chief administrator's office and is subject to review by the Catholic Schools Office.

b. Subject to the review and approval of the chief administrator, students requiring special accommodation due to allergies may be permitted to attend archdiocesan schools. However, admission and continued enrollment may only be granted if the required treatments and precautions are documented by the student's physician on the Archdiocese of Washington Allergy Agreement and Action Plan (Form 6). Moreover, Archdiocesan forms authorizing the use of other medication (Form 8), or inhalers (Form 9) must be completed and signed by the parents/guardians, as well as by the indicated medical personnel. Chief administrators must ask parents/guardians to duly complete and provide the necessary signatures on the Allergy Agreement and Action Plan each school year.

c. Archdiocesan schools may be required to provide reasonable accommodations to students with a disability. All requests for a reasonable accommodation should be forwarded to the Office of the Chancellor. Any agreed upon accommodations must be documented in the Catholic Accommodation Plan (Form 10) and signed by the parents/guardians. Additional documentation from the physician and parents/guardians may be required.

d. Chief administrators should encourage parents/guardians to administer any required medication to students while at home. Chief administrators should discourage parents/guardians from requesting over-the-counter or prescription medications to be administered by school personnel. However, in the event that any medication must be administered during the school day, the parent must provide the medication to the school and complete a Student Medication Authorization (Form 8) before school personnel can comply with their request. In no event shall the school supply or provide medications for student use.

Maintenance and Confidentiality of Student Records (3590)

a. All archdiocesan Catholic schools shall maintain two (2) sets of school records for each student: a permanent record and a temporary record.

b. This Manual requires that certain forms be completed by each student and/or his or her parents or guardians and kept on file at the school. Chief administrators are encouraged to require, when possible, that such forms be delivered to the school before the student begins attending classes at the school.

c. The student's permanent record shall include:

1. Basic student identification information
2. Month, day and year the student enrolled
3. Month, day and year the student withdrew or graduated
4. Academic transcripts
5. Attendance record
6. Information pertaining to the release of this permanent record

d. It is critical that no other information be placed in the student's permanent record. The student's permanent record shall be maintained for at least 60 years after the student has graduated, withdrawn, or transferred from the school.

e. The student's temporary record may include:

1. Forms required for the student by this Manual
2. Family background
3. Intelligence and aptitude scores
4. Psychological reports
5. Achievement test results
6. Participation in extracurricular activities
7. Honors and awards
8. Teachers' progress summaries, educational observations, recommendations, and/or specific student work
9. School Counselors' anecdotal reports (counseling records should not be included)
10. Disciplinary information
11. Special education files (e.g., CAP, ICEP)
12. Verified reports or information from non-educational persons
13. Information pertaining to release of this temporary record
14. Information in the temporary record should indicate authorship and date

f. The student's temporary record shall be destroyed when they are no longer able to serve legitimate and recognized educational ends, and will not be maintained longer than 5 years after the student has transferred, graduated, or permanently withdrawn from the school.

g. The chief administrator shall be responsible for the maintenance, retention, or destruction of a student's permanent or temporary record.

h. Both permanent and temporary records are strictly confidential. The following guidelines shall govern their disclosure:

- **i.** The school employee shall not release, disclose, or grant access to information found in any student record except under the conditions set forth in the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, and any related regulations in Maryland and the District of Columbia, which are summarized as follows:
- **ii.** The parents/guardians of a student are entitled to review and inspect information in the student's permanent and temporary records. The school shall grant parents'/guardians' requests for access to the educational records of their children within a reasonable amount of time, but never more than forty-five days after the request has been made.
- **iii.** Where the parents/guardians are divorced or separated, both shall be permitted to inspect and copy the student's school records, unless the custodial parent provides the school with a copy of a court order or legally binding instrument, such as a separation or custody agreement, that indicates that the noncustodial parent may not have access to the student's records or other school-related information.

i. If requested, the school may send copies of the following school information to both parents/guardians at either one's request, unless the custodial parent provides a court order that indicates otherwise:

1. Academic progress reports or records
2. Health reports
3. Notices of parent-teacher conferences
4. School calendars distributed to parents/guardians
5. Notices about open houses, graduations, and other major school events including pupil-parent/guardian interaction

j. A student less than 18 years old may inspect and review information only in his/her permanent record. Such requests shall be made in writing and directed to the chief administrator of the school. Access to the records shall be granted within 15 days of the school's receipt of such a request.

k. The chief administrator may not grant access to a student's records to any other individual, agency, organization, or institution unless he/she has duly received written consent from the student's parents/guardians via the Authorization and Release of Student Information (Form 19). In the event of an emergency, the school may release student records or information to appropriate persons without parental consent if disclosing such information is necessary to protect the health or safety of the student or other persons.

l. When applicable, the parents/guardians must sign an agreement indicating they will reimburse the school by the end of the school year for copying and mailing of documents.

m. When the student reaches 18 years of age, graduates from high school, marries, or enters military service, all rights and privileges accorded to a parent/guardian become exclusively those of the student.

Transfer of School Student Records (3591)

a. The chief administrator shall be responsible for complying with the written request of a parent/guardian to release and transfer official records (permanent and temporary) from one school to another. The transfer of records shall be contingent upon fulfillment of all financial obligations.

b. Parents/Guardians must complete the Authorization for Release of Student Information (Form 19) prior to any release of student information to another school. Student records may never be disclosed or released without the completed and signed form (unless otherwise required by law, as directed by the Office of the Chancellor).

c. Records of students transferring to another school shall only be sent through certified U.S. Mail directly to the new school's postal address. No records shall be given to parents/guardians to personally transport to the student's new school.

d. For 8th graders matriculating into high schools and any student transferring from one archdiocesan school to another archdiocesan school, parents/guardians must complete the Authorization for Release of Student Information (Form 19) or other designated release of student information. Only a copy of the student's permanent record shall be transferred, unless otherwise noted on the release form by the parent/guardian. Temporary records are to remain filed at the school (refer to Section 21).

Release of School Student Information (3592)

a. Chief administrators shall ensure that parents/guardians are aware that some circumstances may require the school to share confidential information with, or request confidential information from, other entities in order to advance the best interests of the student.

b. Parents/guardians must cooperate with the school administrators in order to provide them access to confidential information that may be necessary for the education of the student. Should the school request such information from another individual, entity, or institution, the parents/guardians must consent in writing to the release of the requested information by completing and signing the Authorization for Release of Student Information (Form 19). Should the school receive a request from another individual, entity, or institution for confidential information, the parents/guardians must consent in writing to the release of the requested information by completing and signing the Authorization for Release of Student Information (Form 19).

c. Student records may never be disclosed or released without the completed and signed form (unless otherwise required by law, as directed by the Office of the Chancellor).

d. Parent/Student handbooks should include information regarding the minimum amount of notice required to process requests for student records (at least five school-days' notice is reasonable for the review and processing of such requests). Handbooks should also indicate whether requests for special handling will require payment by parents/guardians.

Reportable Incidents (3548)

a. In the event of suspected child abuse, chief administrators and all archdiocesan school staff shall follow the Child Protection Policy, particularly the Reporting Requirements of Section 6, and shall complete the Report of Suspected Child Abuse in Appendix B of the policy.

b. All other incidents, including reportable disciplinary actions (defined in Section 13), reportable incidents of truancy as defined in Section 3, related corrective personnel actions, or any accident or emergency, shall be reported in writing to the Catholic Schools Office by the chief administrator on the School Incident Report (Form 16), within 24 hours of the incident. **Form 16 is an internal form and is not to be shared without the permission of the Catholic Schools Office.**

c. The School Incident Report should be as concise as possible, but must contain all relevant information about the incident and the individuals involved. It is most important to be thorough and accurate. Making a timeline of the sequence of events is encouraged. Reports should include facts and observations. Speculation and opinion should not be included.

d. The School Incident Report must be fully completed and should be submitted via fax, email, or hand delivery to the Catholic Schools Office immediately (no later than 24 hours after the incident). The chief administrator shall sign the report, make a photocopy for the school's records, and call the Catholic Schools Office to confirm receipt of the sent School Incident Report (Form 16).

e. If the incident involves a student injury (including afterschool activities and archdiocesan sports programs) the School Incident Report (Form 16) must be faxed to both the Catholic Schools Office at 877-776-9192 and to Catholic Mutual Group at 703-841-1217.

> **a.** For student injuries and other related medical expenses for students injured during school or school activities, K&K Student Accident Coverage provides basic medical coverage of up to $25,000 per student and catastrophic coverage, which is either excess to the student's own health insurance or primary if the student does not have health insurance.
>
> **b.** When a student is injured (not pertaining to minor cuts, bruises, etc.) during school or a school-related activity, then the following instructions should be followed for claim reporting:
>
> > **i.** The chief administrator contacts Catholic Mutual Group local service office at 703-841-1214 to report the accident.
> >
> > **ii.** The chief administrator completes K&K Form Part 1. The school should keep a copy for its records and forward a copy to the Catholic Mutual service office.

iii. The student's parent/guardian completes K&K Form Part 2 and provides it to the chief administrator, along with any itemized medical bills for accident-related medical expenses. Explanation of Benefits forms showing payments or denials, received from the primary health provider should also be included. Bills must show the patient's name, condition (diagnosis), type of treatment, date incurred and amount of charges.

iv. The chief administrator sends K&K Forms Part 1 & 2 and all associated documentation to K&K Insurance – Claims Department. The address is on K&K's claim form.

c. The chief administrator should continue to report all incidents involving injury, potential negligence, unusual circumstances or when further review is needed, to Catholic Mutual Group. **The Student Accident Coverage provided through K&K Insurance does not replace the Archdiocese's liability coverage or preclude a student from making a liability claim against the school.**

Appendix II

Select COMAR Regulations Pertaining to School Nursing

NOTE: Regulations were obtained for this manual at the time of printing. Always refer to COMAR regulations available online at: http://www.dsd.state.md.us/COMAR/searchall.aspx

10.27.11.03
.03 Criteria for Delegation.

A. The nurse may delegate the responsibility to perform a nursing task to an unlicensed individual, a certified nursing assistant, or a medication technician. The delegating nurse retains the accountability for the nursing task.

B. A nursing task delegated by the nurse shall be:

(1) Within the area of responsibility of the nurse delegating the act;

(2) Such that, in the judgment of the nurse, it can be properly and safely performed by the unlicensed individual, certified nursing assistant, or medication technician without jeopardizing the client welfare; and

(3) A task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment.

C. A nursing task delegated by the nurse may not require the unlicensed individual, certified nursing assistant, or medication technician to exercise nursing judgment or intervention except in an emergency situation.

D. When delegating a nursing task to an unlicensed individual, certified nursing assistant, or medication technician the nurse shall:

(1) Make an assessment of the patient's nursing care needs before delegating the task;

(2) Either instruct the unlicensed individual, certified nursing assistant, or medication technician in the delegated task or verify the unlicensed individual's, certified nursing assistant's, or medication technician's competency to perform the nursing task;

(3) Supervise the performance of the delegated nursing task in accordance with Regulation .04 of this chapter;

(4) Be accountable and responsible for the delegated task;

(5) Evaluate the performance of the delegated nursing task; and

(6) Be responsible for assuring accurate documentation of outcomes on the nursing record.

E. The nurse shall be the primary decision maker when delegating a nursing task to an unlicensed individual, certified nursing assistant, or medication technician. Nursing judgment shall be exercised within the context of the employing facility's model of nursing practice which includes a mechanism for:

(1) Identifying those individuals to whom nursing tasks may be delegated;

(2) Reevaluation of the competency of those to whom nursing tasks may be delegated;

(3) Recognizing that the final decision regarding delegation is within the scope of the nurse's professional judgment;

(4) Determining the competency of the nurse to delegate; and

(5) Determining to whom nursing tasks may be delegated, which includes input by nurses employed in the facility.

F. The registered nurse shall assume the role of case manager in delegating nursing tasks, including the administration of medications, only in accordance with Regulation .05G of this chapter in situations where the nurse has thoroughly assessed and documented that:

(1) The client's health care needs are chronic, stable, uncomplicated, routine, and predictable;

(2) The environment is conducive to the delegation of nursing tasks; and

(3) The client is unable to perform his or her own care.

10.27.11.04

.04 Supervision.

A. The nurse shall determine the required degree of supervision after an evaluation of appropriate factors including, but not limited to the:

(1) Stability of the condition of the client;

(2) Training of the individual to whom the nursing task is being delegated;

(3) Nature of the nursing task being delegated;

(4) Orientation of the unlicensed individual, certified nursing assistant, or medication technician to the specific patient environment;

(5) Ability of the unlicensed individual, certified nursing assistant, or medication technician to perform the delegated nursing task in a safe and competent manner; and

(6) Reevaluation of the client's health status.

B. The delegating nurse shall be readily available when delegating a nursing task to an unlicensed individual, certified nursing assistant, or medication technician.

C. For the client whose health status meets the criteria as stated in Regulation .03F of this chapter, the registered nurse managing the case shall make a supervisory on-site visit to the client at a minimum of every 45 days to:

(1) Evaluate the client's health status;

(2) Evaluate the nursing acts to be delegated;

(3) Determine whether health goals are being met;

(4) Evaluate the continued competence of the certified nursing assistant, unlicensed individual, or medication technician to perform the delegated nursing task; and

(5) Evaluate the environment in which the delegated task is performed.

D. For the client whom the registered nurse has determined does not meet the criteria as stated in Regulation .03F of this chapter, the registered nurse shall:

(1) Make a supervisory on-site visit to the client at least every 2 weeks to evaluate the criteria described in §C of this regulation; and

(2) Determine whether the:

(a) Nursing tasks may be safely delegated in that setting and given the client's clinical status; and

(b) Nursing assistant, unlicensed individual, or medication technician is competent to perform the nursing tasks to be delegated.

10.27.11.05

.05 Nursing Functions.

A. The following nursing functions require nursing knowledge, judgment, and skill and may not be delegated:

(1) The nursing assessment including, but not limited to, the admission, shift, transfer, or discharge assessment;

(2) Development of the nursing diagnosis;

(3) The establishment of the nursing care goal;

(4) Development of the nursing care plan;

(5) Evaluation of the client's progress, or lack of progress, toward goal achievement; and

(6) Any nursing task which requires nursing knowledge, judgment, and skill.

B. The nurse may delegate treatments of a routine nature if:

(1) The licensed nursing staff of the specific unit of care has identified the function as being routinely performed;

(2) The specific treatments are performed at a high frequency necessary to retain competency;

(3) The treatment has an inherently low risk to the client; as determined by weighing the

following factors:

(a) Type of equipment utilized to perform the function;

(b) Nurse staffing ratio that allows for close supervision;

(c) Basic educational preparation of the unlicensed individual or certified nursing assistant performing the delegated function; and

(d) Knowledge and skill set of the nurse delegating and supervising the delegated function; and

(4) There is a quality assurance mechanism in place to assure the function is performed safely and client outcomes meet accepted professional nursing standards including, but not limited to:

(a) An ongoing formalized documented performance appraisal mechanism designed to assure that unlicensed individual or certified nursing assistant's revalidation of continued competency is a component of the quality assurance mechanism; and

(b) Client outcomes meeting accepted professional standards, as reflected by:

(i) Infection rates;

(ii) Rates of adverse events;

(iii) Error rates; and

(iv) Patient satisfaction surveys.

C. The nurse may delegate the obtaining of specific information to an unlicensed individual or certified nursing assistant.

D. When implementing the plan of care, the nurse may delegate a nursing task to an unlicensed individual or certified nursing assistant after the nurse has completed a client assessment and when the delegation of that task does not jeopardize the client's welfare.

E. The nurse may delegate the responsibility to perform a nursing task to an unlicensed individual if:

(1) Acceptance of the delegated nursing task does not become a routine part of the unlicensed individual's job duties; or

(2) An unlicensed individual merely provides assistance with activities of daily living unless the client's needs are such that adverse health consequences are predictable.

F. Administration of medication is a nursing function. As such, the nurse retains full responsibility for medication administration.

G. The following activities related to medication administration may not be delegated except as provided in §H of this regulation:

(1) Calculation of any medication dose;

(2) Administration of medications by injection route;

(3) Administration of medications by way of a tube inserted in a cavity of the body; and

(4) Administration of medication by intravenous route.

H. Delegation of Medication Administration.

(1) The administration of medication as listed in §H(3) of this regulation may be delegated to certified medicine aides and medication technicians only in compliance with §H(2) of this regulation and when clients meet the requirements of Regulation .03F or .04D of this chapter in the following situations:

(a) Supervised group living settings;

(b) Supervised or sheltered work settings;

(c) Independent living settings;

(d) Schools;

(e) Correctional institutions;

(f) Hospice care;

(g) Adult medical day care centers; and

(h) Child care centers established for children with health or medical conditions or both.

(2) A nurse may delegate to a medication technician or certified medicine aide under this section when:

(a) The nurse has provided instruction and direction; and

(b) The medication technician or certified medicine aide is on site in the unit of care on a continuing basis to:

(i) Monitor the therapeutic effects of the medication;

(ii) Observe, record, and report untoward effects of the medication;

(iii) Perform monitoring procedures required for each medication;

(iv) Observe for changes in the individual client's behavior and clinical status;

(v) Record and report the changes observed to the delegating nurse; and

(vi) Withhold administration of the medication.

(3) A nurse may delegate administration of the following medications to a medication technician or a certified medicine aide according to Regulations .03F, .04C, and .05H(1) of this chapter:

(a) Medication by metered dose inhalant, nebulizer, and oxygen by nasal cannula or mask;

(b) Medication by gastrostomy tube or rectal tube if the nurse has calculated the dosage;

(c) Oral medication, including:

(i) Measuring as prescribed an amount of liquid medication where the nurse has calculated the dose; and

(ii) Administering a fraction of a tablet if the nurse has cut the tablet;

(d) Medication by subcutaneous injection if the nurse has calculated the dose;

(e) Medication administered by topical route excluding stage III and IV pressure ulcers and wound care;

(f) Medication administered by suppository route;

(g) Medication drops administered by routes involving eye, ear, and nose; and

(h) Where the registered nurse makes an on-site visit at least every 7 days to assess the client status and the performance of the medication technician's or certified medicine aide's administration of topical medication to stage three or four pressure ulcers or wounds.

10.39.04.04

.04 Qualifications for Applicants for Certification.

A. An applicant for MT certification shall:

(1) Be 18 years old or older; and

(2) Submit to the Board:

(a) An application to the Board on the form required by the Board and signed by the RN that taught the applicant's medication technician training program;

(b) A current passport photograph; and

(c) The required fee;

(3) Be of good moral character; and

(4) Except for individuals listed on the medication assistant registry before October 1, 2004, provide evidence satisfactory to the Board of successful completion of a Board-approved MT training program.

B. An applicant for MT certification may not have:

(1) Committed any act or omission that would be grounds for discipline or denial of certification under this subtitle; or

(2) A record of abuse, negligence, misappropriation of a resident's property, or any disciplinary action taken or pending in any state or territory of the United States against any certificate or license issued to the applicant.

C. An applicant for MT certification from any other state, territory, or country shall meet all requirements of this chapter.

10.39.04.05

.05 Renewal of Certification.

A. The Board shall issue a renewal certificate to each certificate holder who meets the requirements of this chapter.

B. The certificate holder shall renew the certificate every 2 years by birth month.

C. The Board shall mail out a notice of renewal at least 3 months before the expiration date.

D. An individual applying for renewal of certification shall provide evidence of:

(1) Satisfactory completion of a Board-approved clinical refresher course; and

(2) Completion of 100 hours of practice as a certified medicine technician within the 2-year period preceding the date of renewal.

10.39.04.06

.06 Approved Training Program.

A. A Board-approved MT training program shall meet the requirements stated in this regulation and in Regulation .09 of this chapter.

B. The MT training program:

(1) Shall utilize the Board-approved uniform curriculum, including the math and English proficiency examinations, to teach the MT training program;

(2) Shall contain 20 hours of curriculum content, including 4 hours of content addressing common disease processes and high-risk medications specific to the client population of the practice setting in which the enrolled student will practice upon certification;

(3) May not have classes exceeding 6 classroom clock hours at one time;

(4) Shall have at least one instructor per 15 students; and

(5) Shall submit verification of the applicant's successful completion of the MT course on a form required by the Board within 5 business days.

C. The faculty for an MT training program shall consist of an RN who:

(1) Is licensed to practice in this State; and

(2) Has completed a course of instruction approved by the Board designed to instruct the RN on how to teach the MT training program for the specific practice setting in which the enrolled students are to work.

10.39.04.08

.08 Expiration of Certificate.

A. The certificate expires every 2 years on the 28th day of the certificate holder's birth month.

B. The Board may impose a civil fine, not to exceed $50, on a medication technician who:

(1) Fails to renew a certificate within 30 days after the expiration date; and

(2) Practices as an MT during the period of expiration.

10.39.04.09
.09 Nursing Functions.

A. Administration of medication is a licensed nursing function. As such, the nurse retains full responsibility when delegating this nursing function.

B. In community-based practice settings, the MT:

(1) May perform delegated medication administration functions as set forth in COMAR 10.27.11.05G(3) and 10.07.14; and

(2) Shall be supervised by the RN as specified in COMAR 10.27.09, 10.27.11, and 10.07.14.

C. The MT may perform the delegated nursing function of medication administration as permitted under COMAR 10.27.11.05H(3), which includes the administration of:

(1) Medication by metered dose inhalant or nebulizer, and oxygen by nasal cannula or mask;

(2) Medication by gastrostomy tube or rectal tube if the nurse has calculated the dosage;

(3) Oral medication, including:

(a) Measuring as prescribed an amount of liquid medication where the nurse has calculated the dose; and

(b) Administering a fraction of a tablet if the nurse has cut the tablet;

(4) Medication by subcutaneous injection after the nurse has calculated the dose;

(5) Medication administered by topical route as specified in COMAR 10.27.11.05H(3)(e) and (h);

(6) Medication administered by suppository route; and

(7) Medication drops administered by routes involving eye, ear, or nose.

10.39.04.10
.10 Prohibited Acts.

A. The MT may not:

(1) Calculate any medication dose;

(2) Administer medications by:

(a) Injection, except as specified in Regulation .09C(4) of this chapter;

(b) Way of a tube inserted in a cavity of the body, except as specified in Regulation .09C(2) of this chapter; or

(c) Intravenous route;

(3) Transcribe verbal orders;

(4) Fill medication assistive devices such as mediplanners or time-dose medication containers with medication;

(5) Package or repackage medications that are prescribed, ordered, over-the-counter, or herbal;

(6) Perform certified nursing assistant duties unless certified as a nursing assistant by the Board or otherwise authorized by Health Occupations Article, Title 8, Annotated Code of Maryland;

(7) Provide medication administration teaching; or

(8) Delegate medication administration.

B. An individual who is not certified as an MT under this chapter may not:

(1) Represent by title of "certified medication technician" or "MT", by description of services, methods, or procedures or otherwise, that the individual is authorized to practice as a certified medication technician;

(2) Use the words or terms "medication technician", "MT", "CMT", or any other abbreviation, title, symbol, sign, card, device, or other representation, with the intent to represent that the person practices as a certified medication technician; or

(3) Practice, attempt to practice, or offer to practice as a certified medication technician.

13A.16.11.04
.04 Medication Administration and Storage.

A. Medication Administration.

(1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless:

(a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the center before the medication is administered; and

(b) A licensed health practitioner has approved the administration of the medication and the medication dosage.

(2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home.

(3) If medication is by prescription, it shall be labeled by the pharmacy or physician with:

(a) The child's name;

(b) The date of the prescription;

(c) The name of the medication;

(d) The medication dosage;

(e) The administration schedule;

(f) The administration route;

(g) If applicable, special instructions, such as "take with food";

(h) The duration of the prescription; and

(i) An expiration date that states when the medication is no longer useable.

B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner.

C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated.

D. Recording Requirements.

(1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record.

(2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child’s record.

E. Medication Storage.

(1) Each medication shall be:

(a) Labeled with the child's name, the dosage, and the expiration date;

(b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and

(c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation.

(2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each employee designated by the operator to administer medication.

F. Effective July 1, 2011:

(1) Whenever children in care are present, there shall be at least one center employee present who has completed medication administration training approved by the office.

(2) Medication may be administered to a child in care only by an employee who has completed approved medication training.

G. Section F of this regulation does not apply if:

(1) The center employs a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or

(2) Responsibility for administering medication to children in care is delegated to a center employee by a delegating nurse in accordance with COMAR 10.27.11.

H. Self-Administration of Medication.

(1) Before a child may self-administer medication while in care, the operator shall:

(a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication;

(b) In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order; and

(c) Authorize the child to self-administer medication.

(2) Revocation of Authorization to Self-Administer.

(a) An operator may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation.

(b) Immediately upon revoking the child's authorization to self-administer medication, the operator shall notify the child's parent of that revocation.

(c) The operator shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record.