Arkansas Department of Health

Arkansas State Board of Nursing
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POSITION STATEMENT
03-1
School Nurse Guidelines in Patient Care Settings other than Schools

It is the Board's opinion that the Arkansas State Board of Nursing School Nurse Roles and Responsibilities Practice Guidelines may be applied to settings other than schools provided they are used as a whole and not taken out of context. **Further it is the opinion of the Board that it is inappropriate to use these guidelines to approve or deny services to clients.**

In May 2000 the Arkansas State Board of Nursing approved practice guidelines for school nurses. These guidelines were developed to assist the school nurse in determining the nursing care activities that could safely be delegated when certain conditions were met. The guidelines may be applied to other similar settings if:

1. Nursing care is NOT the primary purpose of the client being in the setting,
2. The parent/guardian would do the same nursing task(s) if they were present, and
3. The parent/guardian has given their consent for the unlicensed person to perform the nursing tasks.

In addition, the nurse who delegates nursing care to an unlicensed person must apply the following criteria in determining if it is appropriate to delegate the care:

1. A licensed nurse responsible for the client's nursing care and qualified to determine the appropriate application of delegation to an unlicensed person must assess the client. Periodic reassessment must confirm that the nursing care being delegated to an unlicensed person continues to be appropriate.
2. The client's nursing care needs must be stable.
3. The performance of the nursing care by an unlicensed person must not pose a potential harm to the client.
4. No or little modification can be made in the nursing care provided the client.
5. The nursing care being provided for the client cannot involve ongoing assessments, interpretations, or decision-making.
6. The competency of the unlicensed person to perform the required nursing care is validated and documented. This requires the nurse who is delegating the nursing care to be familiar with the client's needs and with the unlicensed person's skills.
7. Supervision that is required for the individual unlicensed person performing the specific task(s) for a specific client is readily available.
8. The facilities' policies and procedures identify the task(s) that may be delegated to an unlicensed person. The policies and procedures must also recognize that the nurse who is delegating the task(s) is responsible for determining that a task is appropriate to delegate in a specific situation.

Nurses who delegate nursing tasks are responsible and accountable for ensuring that the delegation was appropriate. Unlicensed persons are responsible and accountable for competent performance of the nursing care that is delegated to them which includes calling the delegating nurse for assistance if the client's condition or needs change.

As with all areas of nursing practice, the RN shall apply the *Nurse Practice Act* and *Rules* to the specific practice setting, and shall utilize good professional judgment in determining whether to engage in a given patient-care related activity.

Employing facilities shall have policies and procedures to guide the RN. The Arkansas State Board of Nursing has adopted the attached guidelines.

Adopted February 12, 2003

ARKANSAS STATE BOARD OF NURSING

ARKANSAS DEPARTMENT OF HEALTH

Division of Healthcare Related
Boards & Commissions

SCHOOL NURSE ROLES AND RESPONSIBILITIES

September 2021 | **Practice Guidelines**

May 2000, Revised September 2007
Revised July 2018, Revised September 2021

Purpose

The Arkansas State Board of Nursing (ASBN) and Arkansas School Nurses Association (ASNA) collaborated in 2000 to develop guidelines for nursing practice in the school setting. The guidelines assist school nurses, educators, and administrators in determining the care and staff qualifications that are required for the health and welfare of their student population. While the school nurse and school environment are specifically named in the guidelines, the same principles are to be applied to any setting where nurses are acting in loco parentis:

> **In loco parentis** / in-ˈlō-kō-pə-ˈren-təs / means "in place of parent." The *in loco parentis* legal doctrine can be applied to both governmental and non-governmental entities and is implicated "when a person [or legal entity] undertakes the care and control of another [person of legal incapacity] in the absence of such supervision by the latter's natural parents and in the absence of formal legal approval." *Black's Law Dictionary* 787 (6th Ed. 1990) (quoting *Griego v. Hogan*, 377 P.2d 953, 955-56 (N.M. 1963)). The doctrine most commonly applies to minors, but can apply in other contexts, such as adult-age persons who are suffering from permanent and severe medical incapacity.
>
> While the nurse is acting in place of the parent, the nurse must obey all laws as defined in the *Arkansas Nurse Practice Act (NPA) and* Arkansas State Board of Nursing *Rules*. In addition to the NPA, the nurse needs to be aware and follow any law that applies to his/her area of practice, such as but not limited to those that are under the jurisdiction of the Arkansas Department of Health (ADH) and Arkansas Department of Education (ADE).

The following nurses have graciously given their time, energy and expertise in revising the guidelines:

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TABLE OF CONTENTS

INTRODUCTION..... 4

SCHOOL NURSE ROLE DESCRIPTION.....5

SCOPE OF PRACTICE..... 6

SCHOOL NURSING A SPECIALIZED PRACTICE..... 8

STANDARDS OF SCHOOL NURSING PRACTICE AND PROFESSIONAL PERFORMANCE..... 9

SCHOOL NURSE QUALIFICATIONS..... 11

SUPERVISION..... 14

COMPLAINTS TO THE ARKANSAS STATE BOARD OF NURSING..... 17

PRINCIPLES OF DELEGATION..... 18

MEDICATION ADMINISTRATION..... 26

DISPOSAL OF UNUSED MEDICATION..... 30

IMMUNIZATIONS.....30

INTRODUCTION

Changes in American society, nursing practice and the nature of child health services have resulted in an increased demand for expert clinical health services in child-oriented settings, such as schools, camps, day care centers and juvenile detention centers. Advances in health care and technology have increased the survival rate and life expectancy of low-birth-weight infants, children with chronic illnesses, congenital anomalies and those who have survived traumatic injuries. Some of these children have special healthcare needs, such as technology assistance, medication and/or treatment administration, and supplemental nutrition, which needs addressed when the child is away from home. An even greater number of children have long-term chronic medical conditions including, but not limited to diabetes, asthma, anemia, hemophilia, epilepsy, and leukemia. Some of these conditions require daily management in a setting outside of the home, while other conditions may require only intermittent management or acute care procedures on an emergency basis. These changes have also heightened the need for population-based health promotion, prevention, and early intervention services in child-oriented settings. Safe and accountable nursing practice requires adherence to the nursing process (assessment, diagnosis, outcome identification, planning, implementation, and evaluation) and systematic, continuous documentation of the individual care provided to children.

Statutes from the Education Chapter of the Arkansas Code specifically address the issue of providing for a child's healthcare needs and the person required to perform tasks.

- A.C.A. §6-18-701 (f)(1) "A public school student with special healthcare needs, including without limitation a student who has a chronic illness, is considered medically fragile, or who is dependent on technology, shall have an individualized healthcare plan that is developed in collaboration with the school nurse."
- A.C.A. §6-18-701 (f)(2) "An invasive medical procedure required by the public-school student and provided at the public school shall be performed by trained and licensed, licensed healthcare provider who is licensed to perform the task under § 17-87-102(10)(D) or other professional licensure statutes, unless otherwise permissible under § 17-87-103(10) and (11)."
- A.C.A. §6-18-701 (f)(3) "A regular classroom teacher shall not perform tasks under subdivision (f)(2) of this section, except as otherwise permissible under § 6-18-711(c)."
- (A.C.A. §6-18-701 (f)(4) "Custodial healthcare services required by a public school student under an individualized healthcare plan shall be provided by trained school employees other than the regular classroom teacher."

The *Arkansas Nurse Practice Act* that regulates the practice of nursing referenced in the above statute.

A.C.A. §17-87-102 (10) "Practice of professional nursing" means the performance by a registered nurse (RN) or an advanced practice registered nurse (APRN) for compensation of any acts involving:

(A) The observation, care, and counsel of the ill, injured, or infirm.

(B) The maintenance of health or prevention of illness of others.

(C) The supervision and teaching of other personnel.

(D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board.

(E) The administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.

The ASBN interprets these statutes to require the school to provide for the development of an individualized healthcare plan (IHP) by personnel who are qualified through education and licensure to perform the task. Furthermore, the school is required to provide for the tasks identified in the IHP to be performed by personnel under the direction of a RN in accordance with the *Nurse Practice Act*, ASBN *Rules* and Position Statements. The RN may delegate or assign specific tasks to be performed by a licensed practical nurse (LPN), licensed psychiatric technician nurse (LPTN), or unlicensed assistive personnel (UAP.) Scopes of practice of the RN, LPN, LPTN, and UAP defined on pages 6-8.

To provide the necessary services, schools must clarify the roles, responsibilities, and liabilities of the health care team; including various professionals and unlicensed assistive personnel as they work together to meet the health care needs of children. A health care team may include many different professionals, each licensed within the State of Arkansas. Licensure acts delineate the services that each professional may perform.

SCHOOL NURSE ROLE DESCRIPTION

School nursing practice is one of the most rapidly expanding subspecialties of nursing. Increased attention has focused on the schools as a site where prevention, early intervention, and primary care can occur. The school nursing role has changed to incorporate an increased responsibility for managing the health service program and has expanded clinical skills to serve students with a wide range of health risks, illnesses, and disabilities. The role, duty, responsibility, and employment of the school nurse must comply with the *Arkansas Nurse Practice Act* and Arkansas State Board of Nursing *Rules.* The school registered nurse is responsible for the development, implementation, input, evaluation and revision of the individualized health care plan for each student with special health care needs under his/her supervision. Each nurse is responsible for practicing within his/her scope of practice.

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency-based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities. The parameters of the practice are defined by basic licensure, preparation, and advanced education. All nurses should remain current and increase their expertise and skill with continued

professional development. The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the roles and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important the nurse makes decisions regarding his/her scope of practice.

- Decision Making Model

SCOPE OF PRACTICE

The following are excerpts from *the Arkansas Nurse Practice Act and* Arkansas State Board of Nursing *Rules* defining nursing and the scope of practice based on educational preparation and experience.

The Practice of Advanced Practice Registered Nursing

The APRN shall practice in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in the ASBN *Rules*. The advanced practice registered nurse may provide health care for which the APRN is educationally prepared and for which competence has been attained and maintained.

> **ACA § 17-87-102 (4)(A)** The delivery of health care services for compensation by a professional nurse who has gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

The Practice of Registered Nurse Practitioner Nursing

> **A.C.A. § 17-87-102 (12)(A)** The performance for compensation of nursing practices by a registered nurse practitioner that are relevant to the delivery of healthcare services in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician.

The Practice of Professional Registered Nursing

The delivery of health care services, which require **assessment, diagnosis, planning, intervention, and evaluation** fall within the professional registered nurse scope of practice.

> **A.C.A. § 17-87-102 (10)** The performance by a registered nurse or an advanced practice registered nurse for compensation of any acts involving:
> (A) The observation, care and counsel of the ill, injured or infirm.
> (B) The maintenance of health or prevention of illness of others.
> (C) The supervision and teaching of other personnel.
> (D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board.
> (E) The administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law when such acts require

substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences.

The Practice of Practical Nursing

The delivery of health care services which are performed under the direction of the professional registered nurse, licensed physician, or licensed dentist, including **observation, intervention, and evaluation,** fall within the LPN/LPTN scope of practice.

A.C.A. § 17-87-102 (9) The performance for compensation of nursing practices by a licensed practical nurse that are relevant to the care of the ill, injured, or infirm; or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board, under the direction of a registered nurse, an advanced practice registered nurse, a licensed physician or a licensed dentist, that do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

The Practice of Psychiatric Technician Nursing

The delivery of health care services which are performed under the direction of the professional registered nurse, an advanced practice registered nurse, licensed physician, or licensed dentist, including **observation, intervention, and evaluation,** fall within the LPN/LPTN scope of practice.

A.C.A. § 17-87-102 (11) The performance for compensation of nursing practices by a licensed psychiatric technician nurse that are relevant to the care of the physically and mentally ill, injured, or infirm; or the delegation of certain nursing practices to other personnel as set forth in rules established by the board; and the carrying out of medical orders under the direction of a professional registered nurse, an advanced practice registered nurse, a licensed physician or a licensed dentist, when such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

Unlicensed Assistive Personnel

Definitions of the RN, LPN, and LPTN allow each to delegate certain nursing practices to other personnel such as UAP.

Registered Nurses - A.C.A. § 17-87-102 (10)

(C) The supervision and teaching of other personnel.

(D) The delegation of certain nursing practices to other personnel as set forth in rules established by the board.

Licensed Practical Nurses - A.C.A. § 17-87-102 (9)

- The delegation of certain nursing practices to other personnel as set forth in rules established by the board.

Licensed Psychiatric Technician Nurses - A.C.A. § 17-87-102 (11)

- The delegation of certain nursing practices to other personnel as set forth in rules established by the board.

The scope of practice of the UAP is further defined in the Arkansas State Board of Nursing *Rules*, Chapter 5 on Delegation.

Trained Volunteer School Personnel

Licensed or classified personnel employed by an Arkansas public school district or open-enrollment public charter school who volunteer and successfully complete training for the administration of insulin and/or glucagon to students diagnosed with diabetes. only in the absence or unavailability of a school nurse. Arkansas State Board of Nursing *Rules*, Chapter 9 Insulin and Glucagon Administration (ASBN 2016).

Note: Regardless of the school districts titling of the position or other job duties, when individuals are providing services listed in the Nursing Task List (pages 22-25) or other similar services, the delegation and supervision rules apply. Individuals who violate the *Arkansas Nurse Practice Act* by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.

SCHOOL NURSING A SPECIALIZED PRACTICE

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations (ANA, 2011).

School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential (Adopted by the NASN Board of Directors, February 2017).

The definitions of nursing and school nursing provide the base for the unique specialty scope of standards of school nursing practice.

The *Framework for 21st Century School Nursing Practice* (NASN, 2016c) characterizes the student as the central focus of care and highlights the principles guiding school nursing practice that are evident in the Standards of School Nursing Practice. The principles include care coordination, leadership, quality improvement (QI), and community/public health. The principles are not hierarchical but overlap and conceived to be synergistic. The components of each of the principles reflect nursing activities that enhance the entire school community's health and well-being.

STANDARDS OF SCHOOL NURSING PRACTICE AND PROFESSIONAL PERFORMANCE

The Standards of School Nursing Practice, 3rd Edition, ANA and NASN, 2017 and their accompanying measurement criteria describe and measure a competent level of school nursing practice and professional performance. Built on American *Nurses Association's Nursing: Scope and Standards of Practice* (ANA, 2011) for registered nurses, these standards are authoritative statements of the accountability, direction, and evaluation of individuals in this special nursing practice. Composed of two sets – the Standards of Practice and the Standards of Professional Performance – these standards define how outcomes for school nurse activities can be measured.
The Standards of Practice reflect the six steps of the nursing process (assessment, diagnosis, outcomes identification, implementation, planning and evaluation), which is the foundation for the critical thinking of all registered nurses. The Standards of Professional Performance describe the behaviors expected of the nurse in the role of a school nurse (ANA, 2011).

Standards of School Nursing Practice

Standard 1. Assessment
The school nurse collects pertinent data and information relative to the student's health, pain, or situation.

Standard 2. Diagnosis
The school nurse analyzes the assessment data to determine actual or potential diagnoses, problems, and issues.

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

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

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

5A. Coordination of Care
The school nurse coordinates care delivery.

5.B Health Teaching and Health Promotion:
The school nurse employs strategies to promote health and a safe environment, especially regarding health education.

Standard 6. Evaluation
The school nurse evaluates progress toward attainment of goals and outcomes.

Standards of Professional Performance for School Nursing

Standard 7. Ethics
The school nurse practices ethically.

Standard 8. Culturally Congruent Practice
The school nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

Standard 9. Communication
The school nurse communicates effectively in all areas of practice.

Standard 10. Collaboration
The school nurse collaborates with key stakeholders in the conduct of nursing practice.

Standard 11. Leadership
The school nurse leads within the professional practice setting and the profession.

Standard 12. Education
The school nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Standard 13. Evidence–based Practice and Research
The school nurse integrates evidence and research findings into practice.

Standard 14. Quality of Practice
The school nurse contributes to quality nursing practice.

Standard 15. Professional Practice Evaluation
The school nurse evaluates one's own and other's nursing practice.

Standard 16. Resource Utilization
The school nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

Standard 17. Environmental Health
The school nurse practices in an environmentally safe and healthy manner.

Standard 18. Program Management
The school nurse directs the health services program within the school and community that includes evidence-based practice and accountability measures for quality, student health, and learning outcomes.

SCHOOL NURSE QUALIFICATIONS

The *Arkansas Nurse Practice Act* authorizes the RN to provide nursing care. LPNs and LPTNs provide nursing care under the direction of an RN, APRN, licensed physician or dentist.
Arkansas school health laws annotated addresses the issue of providing for a child's healthcare needs and who may perform the required tasks.

- A.C.A. §6-18-701 (f)(1) "A public school student with special healthcare needs, including without limitation a student who has a chronic illness, is considered medically fragile, or who is dependent on technology, shall have an individualized healthcare plan that is developed in collaboration with the school nurse."
- A.C.A. §6-18-701 (f)(2) "An invasive medical procedure required by the public-school student and provided at the public school shall be performed by trained and licensed, licensed healthcare provider who is licensed to perform the task under § 17-87-102(10)(D) or other professional licensure statutes, unless otherwise permissible under § 17-87-103(10) and (11)."
- A.C.A. §6-18-701 (f)(3) "A regular classroom teacher shall not perform tasks under subdivision (f)(2) of this section, except as otherwise permissible under § 6-18-711(c)."
- (A.C.A. §6-18-701 (f)(4) "Custodial healthcare services required by a public school student under an individualized healthcare plan shall be provided by trained school employees other than the regular classroom teacher."

The *Arkansas Department of Education Resource Guide: Developing School Policies on Children with Special Health Care Needs* (2007) requires the school district to:

> "Ensure that appropriate training is provided for all school district personnel. The school district must address the issue of using only qualified, trained personnel to provide health care procedures and services. Policies should indicate that personnel performing health care services must be appropriately trained, credentialed and/or licensed prior to administering health care services. The school district should address continuing education for licensure of the nurse as part of its Comprehensive System of Personnel Development (CSPD) plan. This continuing education will ensure the nurse's competency in providing quality care for the students of the school district.

It is recommended the school nurse hold the following minimum qualifications:

> **Nurse Supervisor** - Coordinates and supervises nursing activities of one or more licensed nurses in one or more school districts.

1. Hold an active RN License
2. 5 years licensed nursing experience (2 of which must have been as an RN)
3. 3 years' experience as a school nurse
4. 1year experience as a supervisor (preferred)
5. Current certification in Basic Life Support (BLS) with American Heart Association or American Red Cross
6. Current certification in scoliosis, hearing, vision, and growth (height and weight) screenings

Registered Nurse/Registered Nurse Practitioner

1. Hold an active RN License
2. 2 years licensed nursing experience (3 years preferred)
3. Current certification in Basic Life Support (BLS) with American Heart Association or American Red Cross
4. Current certification in scoliosis, hearing, vision, and growth (height and weight) screenings

Licensed Practical Nurse/Licensed Psychiatric Technician Nurse

1. Hold an active LPN/LPTN License
2. 2 years licensed nursing experience (3 years preferred)
3. Current certification in Basic Life Support (BLS) with American Heart Association or American Red Cross
4. Current certification in scoliosis, hearing, vision, and growth (height and weight) screenings

Advanced Practice Registered Nurse

1. Hold an active APRN License
2. Certification in a field that includes pediatrics
3. 2 years APRN experience
4. Current certification in Basic Life Support (BLS) with American Heart Association or American Red Cross
5. Current certification in scoliosis, hearing, vision, and growth (height and weight) screenings

NON-LICENSED PERSONNEL QUALIFICATIONS

Unlicensed Assistive Personnel (UAP) - individuals who provide any of the nursing tasks listed in the Nursing Task List on pages 22-25 or any similar nursing care task. It is required the UAP who provides nursing care to students hold the following minimum qualifications prior to providing care:

1. High school diploma or the equivalent.
2. Demonstrate proficiency reading, writing, and basic math skills.
3. Current certification in Cardiopulmonary Resuscitation (CPR) with Automated External Defibrillator (AED) and First Aid.

4. Successfully completed training and competency validation in performing nursing tasks to be delegated by a nurse.

Note: Regardless of the school districts titling of the position or other job duties, when individuals are providing services listed in the Nursing Task List (pages 22-26) or other similar services, the delegation and supervision rules apply. Individuals who violate the *Arkansas Nurse Practice Act* by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.

Trained Volunteer School Personnel – Licensed or classified personnel employed by an Arkansas public school district or open-enrollment public charter school who volunteer and successfully complete training for the administration of insulin and/or glucagon to students diagnosed with diabetes. Training by at least one individual listed in Sections II. D. and II. E. of Arkansas State Board of Nursing *Rules, Chapter 9, Insulin and Glucagon Administration* must be physically present to provide the training shall include at a minimum:

1. Overview of diabetes,
2. Blood glucose monitoring,
3. What insulin and glucagon are and how insulin and glucagon work,
4. When, how, and by whom insulin and/or glucagon may be prescribed,
5. The requirements of Arkansas law pertaining to the administration of insulin and/or glucagon injections to Arkansas public school students with a diagnosis of diabetes,
6. How to calculate carbohydrate intake (insulin training only),
7. How to calculate appropriate insulin dosage based on carbohydrate intake (insulin training only),
8. When insulin and/or glucagon should be administered, how insulin and/or glucagon should be prepared, the dosage and side effects of insulin and/or glucagon, and follow-up care after insulin and/or glucagon is administered,
9. How insulin and/or glucagon should be stored, including identifying the expiration date and need for replacement,
10. The role of the school nurse in the administration of insulin and/or glucagon and the delegation of the administration of insulin and/or glucagon,
11. The signs of hyperglycemia and hypoglycemia in students diagnosed with diabetes, including techniques and practices used to prevent the need for emergency insulin and glucagon,
12. Successful demonstration of mastery of procedures involving the administration of insulin and/or glucagon, and
13. Certification signed by an individual listed in Sections II. D. and II. E. of Arkansas State Board of Nursing *Rules, Chapter 9, Insulin and Glucagon Administration* indicating volunteer has successfully completed all aspects of training and has

successfully demonstrated proficiency of procedures involving the administration of insulin and/or glucagon.

SUPERVISION

Only the school RN can determine the medically necessary nursing care to safely delegate to unlicensed assistive personnel and under what circumstances. Family members can legally provide nursing care without a nursing license as an allowable exception to the *Arkansas Nurse Practice Act*. However, when these services are transferred to the public, the *Arkansas Nurse Practice Act* applies. Sometimes confusion exists when an unlicensed assistive person is asked to do a procedure that a parent has been doing at home. For example, some parents may administer intravenous medication at home. The assumption may be made because a parent has been administering the medication intravenously, any school employee can do it. **While administrators, teachers, and parents may be helpful resources and allies, nurses have the knowledge base to make adequate judgments about delegation of medical or nursing care; nurses are held legally accountable and liable for nursing care delivered. The school nurse may be accountable to the administrator for personnel issues while the nurse is responsible for directing nursing care.**

Supervision Defined

Merriam-Webster On-Line Dictionary defines supervision as "a critical watching and directing (as of activities or a course of action.)" The American Nurses Association defines supervision as "the active process of directing, guiding, and influencing the outcome of an individual's performance of an activity." Supervision does not require the supervisor to physically be present 100% of the time, however, the supervisor must be able to critically watch and direct the LPN's and/or UAP's activities or course of action. The amount of supervision required is directly related to the individual LPN's or UAP's experience, skills and abilities and the healthcare needs of the students being served.

School Nurses

School nurses though supervised administratively by a superintendent or principal, are responsible for health services and nursing care administered through the health services program. Schools may utilize a team consisting of RNs, LPNs, LPTNs and/or UAPs to provide health services. In accordance with the NPA and ASBN Scope of Practice Position Statement, RNs assess, diagnose, plan, implement and evaluate nursing care. The LPN/LPTN under the direction of an RN, APRN, licensed physician or dentist observes, implements, and evaluates nursing care. Healthcare UAPs perform delegated nursing care in accordance with the ASBN *Rules*.

Registered Nurse

While the RN has autonomy in providing nursing care, she/he must have a prescription from a practitioner authorized to prescribe and treat in order to administer medications and/or treatments that require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social science.

The Arkansas State Board of Nursing *Position Statement 98-6 Scope of Practice Decision Making Model* defines the RN scope of practice as:

> "The delivery of health care services which require assessment, diagnosis, planning, intervention and evaluation"

Licensed Practice Nurses/Licensed Psychiatric Technician Nurses

The *Arkansas Nurse Practice Act* requires the LPN and LPTN to work under the direction of a RN, APRN, physician or dentist.

The Arkansas State Board of Nursing *Position Statement 98-6 Scope of Practice Decision Making Model* defines the LPN/LPTN scope of practice as:

> "The delivery of healthcare services which are performed under the direction of the professional nurse, licensed physician or licensed dentist, including observation, interventions, and evaluation, fall within the LPN/LPTN scope of practice"

Based on these references, under the direction of an RN, APRN, physician, or dentist the LPN may provide healthcare services that do **not** require assessment, diagnosis, or planning.
Statutes in the Education Chapter of the Arkansas Code require the school to provide individual healthcare plans (IHP) for students with healthcare needs. The statute also requires those who are providing the care in the IHP to be trained and licensed in accordance with the appropriate professional licensing statutes and rules. The IHP inherently requires assessment, diagnosis and planning. The RN and APRN have these skills within their professional scope of practice.

A chart within these guidelines identifies nursing procedures that students could require while attending school. Included in the chart is identification of those who are qualified to perform the task with supervision and in-service education. Nursing procedures that specifically require the LPN to be supervised include:

- Naso-gastric (NG) Tube Feeding and Monitoring
- Gastrostomy Tube Feeding and Monitoring
- Gastro-Jejunostomy (GJ) Tube Feeding and Monitoring
- Total Parenteral Feeding (intravenous) and Monitoring
- Clean Intermittent and Sterile Catheterization
- Ventricular Peritoneal Shunt Monitoring
- Mechanical Ventilator Monitoring
- Mechanical Ventilator Ambubag
- Intermittent and Continuous Oxygen
- Central Line Catheter Management
- Peritoneal Dialysis
- Medication Administration by all routes
- Ostomy Care and Irrigation

- Pharyngeal and Tracheostomy Suctioning
- Screenings: growth, vital signs, vision, hearing, scoliosis
- Blood and Urine Glucose testing
- Seizure Procedures
- Pressure Ulcer Care
- Sterile and Non-sterile Dressings

This document also identifies nursing procedures that the LPN is **not** qualified to perform. The following are included:

- Nutritional Assessment
- Gastrostomy Tube Reinsertion
- Adjustment of Ventilator
- Developing Protocols such as
    - Healthcare Procedures,
    - Emergency Protocols, and
    - Individualized Healthcare Plans.

Unlicensed Assistive Personnel

School UAPs and education assistants may be assigned to a particular school building and are accountable to the principal for personnel and school building functions; however, they must have licensed nursing supervision when they are delegated nursing tasks. Special education assistants are accountable to the special education director for personnel and activities related to the student's special education plan. Given the complexity of answering to two supervising authorities, the role of the school health UAP and special education assistant warrants continuous support.

Trained Volunteer School Personnel

Volunteer school personnel who are designated as UAPs and trained to administer insulin and/or glucagon shall administer insulin and/or glucagon only in the absence or unavailability of a school nurse.

Private Duty Care

As the school and school nurse are responsible for ensuring safe nursing care is provided when the student is under their care, the school is encouraged to develop policies requiring private duty nurses and private duty UAPs to report to the school nurse. The plan of care/action is to be reviewed. The private duty nurse or UAP is responsible for following the school's policies and procedures regarding health care. The private duty health care provider is accountable to deliver care within their scope of practice parameters and the *Arkansas Nurse Practice Act*.

COMPLAINTS TO THE ARKANSAS STATE BOARD OF NURSING

If the Board of Nursing receives a complaint regarding a nurse's practice in a school, the Board's staff will conduct an investigation. The nurse may be asked to provide evidence that the nursing procedures they perform are within their personal scope of practice. If it is determined that the nurse has violated the *Nurse Practice Act* disciplinary action may be taken.

When a complaint is filed regarding an LPN/LPTN, the Board may ask the LPN to show evidence they work under the direction of an RN, APRN, physician or dentist. Evidence may include but would not be limited to:

- job description,
- documentation of competency validation,
- policies and procedures,
- attendance records of continuing education provided by the supervising/directing RN, APRN, physician, or dentist, and
- a statement from the RN, APRN, physician, or dentist who evaluates the nursing care provided by the LPN regarding compliance with policies and procedures set up by the RN, APRN, physician or dentist.

Disciplinary Action

Any nurse who violates the *Nurse Practice Act* is subject to disciplinary action by the Arkansas State Board of Nursing. Disciplinary action against the license could include any of the following:

- Letter of Reprimand
- Probation
- Suspension
- Revocation

Disciplinary Action of Unlicensed Assistive Personnel

Individuals who violate the *Nurse Practice Act* by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.

17-87-104. Penalty

(a)(1) It shall be a misdemeanor for any person to:

(C) Practice professional nursing, advanced practice nursing, registered nurse practitioner nursing, practical nursing, or psychiatric technician nursing as defined by this chapter unless licensed by the Arkansas State Board of Nursing to do so;

(2) Such misdemeanor shall be punishable by a fine of not less than twenty-five dollars ($25.00) nor more than five hundred dollars ($500). Each subsequent offense shall be punishable by fine or by imprisonment of not more than thirty (30) days, or by both fine and imprisonment.

(b)(1) After providing notice and a hearing, the board may levy civil penalties in an amount not to exceed one thousand dollars ($1000) for each violation against those individuals or entities found to be in violation of this chapter or regulations promulgated thereunder.

(2) Each day of violation shall be a separate offense.

PRINCIPLES OF DELEGATION

The decision to delegate nursing care rests with the judgment of RN, LPN, LPTN, or APRN. Only a licensed nurse may determine that a UAP or other school staff can safely deliver the care.

Factors to consider when delegating nursing care include:

1. The **complexity** of the child's condition and the nursing care that is required: A routine dressing change is less likely to result in complications than the administration of IV medications, even if both are done poorly. Consider the question: What are the risks to the student if this procedure is done improperly?

2. The **dynamics** of the child's status or frequency with which nursing care requirements change: A newly inserted tracheostomy presents significantly different problems than one that has been in place for ten years. A student with Type I diabetes who has many insulin reactions and a noon glucometer check with directions for varying the insulin dosage is different than a student who is stable with a noon glucometer check to validate stable blood sugar levels.
3. The **knowledge and skills** that are required to complete the task: Feeding through a nasal gastric feeding tube requires knowledge and skills that are not required in a gastrostomy tube feeding.

4. The **technology** that is employed in providing the nursing care; Assess whether the UAP has had appropriate training to perform the task or operate equipment required in performing the task that is being delegated. Using a glucometer to monitor a stable student's blood sugar requires less knowledge and skill than adjusting the settings a ventilator.

5. The amount of **supervision** required by the UAP to whom the task is being delegated: Has the UAP demonstrated the ability to competently perform the task and is that competency documented in their personnel file? Since the competency was documented, has the individual performed the task frequently enough to maintain competency?

6. The **availability** of the licensed nurse for supervision: Is a written plan of care and up-to-date policy and procedure manual readily accessible to the UAP? Does the UAP know the signs and symptoms that require them to call for assistance and/or to report to the licensed nurse? Is the licensed nurse who delegated the task readily available in person or telephonic communications?

7. Relevant **safety and infection control** issues: Has the unlicensed assistive personnel had the training and competency validation to safely perform the task and utilize infection control principles.

8. **Healthcare Policies and Procedures:** School nurses are responsible for ensuring current policies and procedures are available to guide the nursing care that is delivered. While District School Boards may review and approve internal policies and procedures, the school nurse is accountable for maintaining current nursing practice standards.

In accordance with the Arkansas State Board of Nursing *Rules* Chapter 5 on Delegation policies and procedures are to:

Recognize the criteria for delegation:

1. Delegation of nursing tasks to unlicensed persons shall comply with the following requirements:
    - **a.** A licensed nurse delegating the task is responsible for the nursing care given to the client and for the final decision regarding which nursing tasks can be safely delegated.
    - **b.** A licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task. (Ref. Section C. for exceptions.)
    - **c.** The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation or teaching skill; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.
    - **d.** A licensed nurse shall have written procedures available for the proper performance of each task and shall have documentation of the competency of the unlicensed person to whom the task is to be delegated.
    - **e.** The delegating licensed nurse shall be readily available either in person or by telecommunication.
    - **f.** The licensed nurse shall be responsible for documentation of delegated tasks.
    - **g.** Unlicensed nursing students may work only as unlicensed nursing personnel. They may not represent themselves, or practice, as nursing students except as part of a scheduled clinical learning activity in the curriculum of a Board approved nursing program.
    - **h.** The licensed nurse shall adequately supervise the performance of delegated nursing tasks in accordance with the requirements of supervision which follow.
2. Supervision: The degree of supervision required shall be determined by the licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:
    - **a.** The stability of the condition of the client,
    - **b.** The training and capability of the unlicensed person to whom the nursing task is delegated,
    - **c.** The nature of the nursing task being delegated, and
    - **d.** The proximity and availability of a licensed nurse to the unlicensed person when performing the nursing task.

Recognize nursing tasks that can be delegated without prior assessment including:
By way of example, and not in limitation, the following nursing tasks are ones that are within the scope of sound nursing practice to be delegated, provided the delegation is in compliance with ACA §17-87-102 and the level of supervision required is determined by the nurse.

1. Noninvasive and non-sterile treatments unless otherwise prohibited by ASBN *Rules*, Chapter 5, Section D. (relating to nursing tasks that may not be routinely delegated),
2. The collecting, reporting, and documentation of data including, but not limited to:
   a. Vital signs, height, weight, intake and output, urine test, and hematest results,
   b. Changes from baseline data established by the nurse,
   c. Environmental and safety situations,
   d. Client or family comments relating to the client's care; and
   e. Behaviors related to the plan of care,
3. Ambulation, positioning, and turning,
4. Transportation of the client within a facility,
5. Personal hygiene,
6. Feeding, cutting up of food, or placing of meal trays,
7. Socialization activities.,
8. Activities of daily living, and
9. Reinforcement of health teaching planned and/or provided by the registered nurse.

Recognize nursing tasks that SHALL NOT be delegated:
By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate:

1. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up.
2. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered.
3. Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention.
4. The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals.
5. Administration of any medications or intravenous therapy, including blood or blood products except as allowed by ASBN *Rules* Chapter 8 for Medication Assistant-Certified and by ASBN School Nurse Roles and Responsibilities Practice Guidelines.
6. Receiving or transmitting verbal or telephone orders.
7. Registered nurse practitioners and advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.

Recognize specific nursing tasks that MAY be delegated provided the five rights of delegation are followed:

1. Right Task
2. Right Person
3. Right Circumstances
4. Right Communication
5. Right Supervision

Recognize the transference of delegated nursing tasks:
It is the responsibility of the licensed nurse to assess each client prior to delegation of a nursing task and determine that the unlicensed person has the competence to perform the nursing task in that client's situation.

1. The licensed nurse shall not transfer delegated task to other clients under the care of the unlicensed person.
2. In delegating personal care, a licensed nurse is not required to assess each client; but must periodically assess the competence of the caregiver in those activities.

Delegation of Specific Tasks
The following table is to be used to determine to whom specific tasks may be delegated. Only the nurse responsible for the student's nursing care may determine which nursing tasks may be delegated to an UAP. The tasks listed in the chart below may only be delegated if the Five Rights of Delegation are met. Refer to the previous section on Delegation Principles.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following:

1. Child's nursing care needs are stable.
2. Performance of the task does not pose a potential harm to the child.
3. Task involves little or no modification.
4. Task has a predictable outcome.
5. Task does not inherently involve ongoing assessments, interpretations or decision making.
6. The unlicensed assistive personnel's skills and competency levels.
7. The availability of supervision.

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NURSING TASKS						
A = Within Scope of Practice **S = Within Scope of Practice with supervision** **D = Delegated task with supervision** **EM = In emergencies** **X = Cannot perform**				**Provider = Person w/legal authority to prescribe – M.D., APRN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.**		
Procedure	**Provider Order Required**	**RN**	**LPN/ LPTN**	**UAP**	**Student for Self**	**RN Scope of Practice:** The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice:** The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention and evaluation.**
1.0 Activities of Daily Living						
1.1 Toileting/Diapering		A	A	A		
1.2 Bowel/Bladder Training		A	A	D	S	
1.3 Bathing/Grooming		A	A	S	S	
1.4 Dressing		A	A	A	S	
1.5 Oral Hygiene		A	A	S	S	
1.6 Dental Hygiene		A	A	S	S	
1.7 Lifting/Positioning/Transfers		A	A	S	S	
1.8 Feeding						
1.8.1 Nutritional Assessment		A	X	X	X	
1.8.2 Oral Feeding		A	A	S	A	
1.8.3 Naso-Gastric (NG) Tube Feeding	Yes	A	S	X	S	
1.8.4 Monitoring NG Feeding		A	S	X	S	
1.8.5 NG Tube Removal	Yes	A	S	EM	S	
1.8.6 Gastrostomy Feeding	Yes	A	S	D	S	
1.8.7 Monitoring Gastrostomy Feeding		A	S	D	S	
1.8.8 Gastrostomy Tube Reinsertion	Yes	X	X	X	X	
1.8.9 Gastro-Jejunostomy (GJ)Tube Feeding	Yes	A	S	X	X	
1.8.10 Monitoring GJ Tube Feeding		A	S	D	S	
1.8.11 Parenteral/Intravenous (IV) Feeding	Yes	A	S	X	X	
1.8.12 Monitoring Parenteral/IV Feeding		A	S	X	X	
2.0 Urinary Catheterization						
2.1 Clean Intermittent Cath.	Yes	A	S	D	S	
2.2 Sterile Catheterization	Yes	A	S	X	X	
2.3 External Catheter application	Yes	A	A	S	S	
2.4 Indwelling Catheter Care (cleanse with soap & water, empty bag)		A	A	S	S	

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Procedure	**Provider Order Required**	**RN**	**LPN/ LPTN**	**UAP**	**Student for Self**	**RN Scope of Practice: The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice: The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention and evaluation.**
3.0 Medical Support Systems						
3.1 Ventricular Peritoneal Shunt Monitoring	Yes	A	S	D	X	
3.2 Mechanical Ventilator						
3.2.1 Monitoring	Yes	A	S	D	X	
3.2.2 Adjustment of Ventilator	Yes	A	X	X	X	
3.2.3 Ambubag		A	S	EM	X	
3.3 Oxygen						
3.3.1 Intermittent	Yes	A	S	D	X	
3.3.2 Continuous – monitoring	Yes	A	S	D	S	
3.4 Central Line Catheter	Yes	A	S	X	X	
3.5 Peritoneal Dialysis	Yes	A	S	X	X	
4.0 Medication administration						
4.1 Oral - Controlled Substance Prescription	Yes	A	S	X	X	Exception: **Parent/guardian may delegate** to the designated trained school volunteer to administer in the unavailability of the school nurse.
4.2 Oral – Non-Controlled Prescription	Yes	A	S	D	X	
4.3 Oral – Over the Counter		A	S	D	S	Must have written parental consent
4.4 Injection	Yes	A	S	X	S	
4.4.1 Glucagon	Yes	A	S	X	S	Exception: Trained School Volunteer Personnel may only administer in the unavailability of the school nurse.
4.4.2 Insulin – Scheduled dose	Yes	A	S	X	S	
4.4.3 Insulin – Unscheduled dose	Yes	A	S	X	S	Exception: Trained School Volunteer Personnel may only administer in the unavailability of the school nurse.
4.5 Epinephrine Auto injector	Yes	A	S	EM/S	S	
4.6 Inhalation						
4.6.1 Prophylactic/Routine Asthma Inhaler	Yes	A	S	D	S	
4.6.2 Emergency/Rescue Asthma Inhaler	Yes	A	S	D	S	

NURSING TASKS						
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Procedure	**Provider Order Required**	**RN**	**LPN/ LPTN**	**UAP**	**Student for Self**	**RN Scope of Practice:** The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice:** The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention and evaluation.**
4.6.3 Nasal Insulin/Glucagon	Yes	A	S	X	X	Exception: Trained School Volunteer Personnel may only administer in the unavailability of the school nurse.
4.6.4 Nasal controlled substance (such as but not limited to Versed/Diazepam	Yes	A	S	X	X	Exception: **Parent/guardian may delegate** to the designated trained school volunteer to administer in the unavailability of the school nurse. Prefilled single use vial only
4.6.5 Naloxone	No	EM	EM	EM	EM	See Naloxone information and additional information on page 29.
4.7 Rectal	Yes	A	S	X	X	
4.8 Bladder Instillation	Yes	A	S	X	X	
4.9 Eye/Ear Drops	Yes	A	S	D	X	
4.10 Topical						
4.10.1 Prescription Topical	Yes	A	S	D	X	
4.10.2 Over the Counter Topical		A	S	D	S	Must have written parental consent
4.11 Per Naso-gastric Tube	Yes	A	S	X	X	
4.12 Per Gastrostomy Tube	Yes	A	S	D	X	
4.13 Intravenous	Yes	A	S	X	X	
5.0 Ostomies (colostomy, ileostomy)						
5.1 Ostomy Care (empty bag, cleanse w/soap & water)		A	S	S	S	
5.2 Ostomy Irrigation	Yes	A	S	X	S	
6.0 Respiratory						
6.1 Postural Drainage	Yes	A	S	D	X	
6.2 Percussion	Yes	A	S	D	X	
6.3 Suctioning						
6.3.1 Oral	Yes	A	S	D	X	
6.3.1 Pharyngeal	Yes	A	S	D	X	
6.3.2 Tracheostomy	Yes	A	S	D	X	

NURSING TASKS						
A = Within Scope of Practice **S = Within Scope of Practice with supervision** **D = Delegated task with supervision** **EM = In emergencies** **X = Cannot perform**				**Provider = Person w/legal authority to prescribe – M.D., APRN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.**		
Procedure	**Provider Order Required**	**RN**	**LPN/ LPTN**	**UAP**	**Student for Self**	**RN Scope of Practice:** The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice:** The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention and evaluation.**
6.4 Tracheostomy Tube Replacement	Yes	A	EM	EM	EM	
6.5 Tracheostomy Care (clean/dress)	Yes	A	S	D	X	
7.0 Screenings						
7.1 Growth (Height/Weight)		A	S	D	S	A.C.A. § 20-7-135
7.2 Vital Signs		A	A	S	X	
7.3 Hearing		A	S	D	X	A.C.A. § 6-18-701
7.4 Vision		A	S	X	X	A.C.A. § 6-18-1501
7.5 Scoliosis		A	S	D	X	DESE Rules
8.0 Specimen Collecting/Testing						
8.1 Blood Glucose	Yes	A	S	D	S	
8.2 Urine Glucose/Ketone	Yes	A	S	D	S	
9.0 Other Healthcare Procedures						
9.1 Seizure Safety_Procedures		A	S	D	X	
9.2 Vagal Nerve Stimulator	Yes	A	S	D	X	
9.3 Pressure Ulcer Care	Yes	A	S	D	X	
9.4 Dressings, Sterile		A	S	D	X	
9.5 Dressings, Non-sterile		A	S	D	S	
10.0 Developing Protocols						
10.1 Healthcare Procedures		A	X	X	X	
10.2 Emergency Protocols		A	X	X	X	
10.3 Individualized Healthcare Plan		A	X	X	X	

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MEDICATION ADMINISTRATION

The Delegation Chapter of the Arkansas State Board of Nursing *Rules* lists medication administration as a task that shall not be delegated to unlicensed persons. It is recognized that in the school, camp, day care center and juvenile detention center settings, the student condition is generally stable, on routine or occasional as needed medications and the parent would medicate them in the same manner, if the parent were present. The licensed school nurse is responsible for the administration of medications. During times when the school nurse is not present, the administration of medications may be delegated to persons identified in the table for delegating specific tasks. A provider order and/or written permission from the parent/guardian must be on file for all medications administered "in loco parentis," in the place of the parent.

The licensed nurse is responsible for identifying qualified persons to be trained to administer medications in the nurse's absence. After training and documentation of the unlicensed person's competency, administering medications may be delegated as indicated in the nursing task chart and following the Principles of Delegation and the Five Rights of Delegation.

Each facility (school, camp, day care center, juvenile detention center, etc.) shall have a written policy regarding the administration of medication. The policy should include at least the following:

- A provider order is required for all prescription medications. A label on a prescription bottle may serve as the prescription, if acceptable to the facility.
- Written parental permission is on file for all over the counter medications that are administered to a minor. Permission slips may be time limited, such as, the school year, a semester, one month, or one week, depending on the governing body policy.
- All medications must be in the original container.
- The container must specify special storage instructions if appropriate (insulin needs to be refrigerated.)
- Prescription medications are to be labeled with the student's legal name (on record with the facility), date Rx was filled, ordering provider name, name of medication, dose, route, and frequency.
- All medications will be given according to labeling directions on the container. Deviations from label directions will require a written provider order.
- Procedure for administering and documenting medications during field trips and extracurricular activities.
- Documentation methods for the receipt of medication and the administration of medication.
- Methods by which nurse will receive medication e.g., students may bring medication in with written authorization from parent/guardian or parent is required to deliver medication to the school nurse.
- Storage and security of medications.
- Access to non-controlled medications in the absence of the school nurse.
- Accountability methods for controlled substances.

- Arkansas Department of Health, *Pharmacy Services Rules* requires controlled substances be kept under double locks.
- Nurses must establish a counting system to document the number of doses of a controlled substance brought to the school, such as counting the number of doses at the time they are delivered by the parent or student in the presence of the parent or student. Both must document the number delivered to the school. A count should be done periodically to verify the medication can be accounted for by documentation and the number on hand for the specific student. Access to controlled substances is to be limited to as few personnel as possible. The licensed nurse is to access and administer controlled substances.

In addition, the policy may specify the following:

- A requirement that the initial dose of a new medication must be given by the parent/guardian outside of the facility setting. A specific length of time may be required between the initial dose being given and the student's re-admittance to the facility.
- Reports to parents/guardians regarding medication administration.
- Parents/guardians are encouraged to administer medication at home whenever possible.

Insulin and Glucagon Administration

Arkansas Department of Education and Arkansas State Board of Nursing *Rules governing the Administration of Insulin and Glucagon by School Personnel to Arkansas Public School Students Diagnosed with Diabetes Rules* are enacted pursuant to the Arkansas State Board of Education's authority under A.C.A. §§6-11-105, 6-18-711, 17-87-103 and 25-15-201 et seq. and the Arkansas State Board of Nursing's authority under A.C.A. §§6-18-711, 17-87-203, 17-87-103 and 25-15-201 et seq.

Insulin and Glucagon General Requirements - ASBN *Rules*, Chapter 9, Section III

A. Upon written request of a parent or guardian of a student with diabetes and written authorization by the treating physician of the student, a student, in the classroom, in a designated area at the school, on school grounds, or at a school-related activity may:
   1. Perform blood glucose checks
   2. Administer insulin through the insulin delivery system the student uses
   3. Treat hypoglycemia and hyperglycemia
   4. Possess on his or her person the necessary supplies and equipment to perform diabetes monitoring and treatment functions.

B. A student shall have access to a private area to perform diabetes monitoring and treatment functions upon request of the parent or guardian of a student, as outlined in the student's health plan.

C. A public-school employee may volunteer to be trained to administer and may administer glucagon to a student with Type I diabetes in an emergency as permitted under A.C.A. §17-87-103(11).

D. A school district shall strive to achieve the following staffing ratios for students with diabetes at each public school, at least:
   1. One (1) care provider (volunteer school personnel) for a public school with one (1) full-time licensed registered nurse: and
   2. Three (3) care providers (volunteer school personnel) for a public school without one (1) fulltime licensed registered nurse.

E. The school district may recruit and identify public school personnel to serve as care providers (volunteer school personnel) to administer insulin and/or glucagon when a licensed registered nurse is not available. A school district shall not require or pressure a parent or guardian of a student with diabetes to provide diabetes care at school or a school-related activity.

F. Trained volunteer school personnel designated as care providers in a health plan that covers diabetes management and is based on the orders of a treating physician and have been trained by a licensed registered nurse employed by a school district or other healthcare professional, may administer insulin and/or glucagon to students diagnosed with diabetes.

G. The training listed in Sections III. E. and V. of these rules shall be conducted at least annually, regardless of whether a volunteer has previously completed training. Nothing in these rules prohibits training from being conducted more often than annually.

H. No trained volunteer school personnel designated as care providers pursuant to these rules may administer insulin and/or glucagon to a student diagnosed with diabetes unless the parent or guardian of the student first signs a written authorization allowing the administration of insulin and/or glucagon to the student. The trained volunteer school personnel designated as a care provider shall be incorporated into the health plan of a student.

I. The trained volunteer shall be released from other duties during a scheduled dose of insulin for the time designated in the student's health plan.

J. During glucagon or non-scheduled insulin administration, other qualified staff shall assume the regular duties of the trained volunteer. Once other qualified staff have relieved the trained volunteer from his/her regular duties, the trained volunteer shall remain released until parent, guardian or medical personnel arrive.

K. When a school nurse is available and on site during an emergency situation, the school nurse shall administer insulin or glucagon to the student, when necessary. Volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon shall provide insulin and/or glucagon injections only in the absence or unavailability of a school nurse.

L. The training outlined in these rules is intended to be provided to volunteer school personnel. No school personnel shall be required, pressured, or otherwise subjected to duress in such a manner as to compel their participation in training. Prior to receiving training, volunteers must sign a written acknowledgement indicating their desire to volunteer.

Insulin and Glucagon Records - ASBN *Rules*, Chapter 9, Section VI

A. Records of volunteer training shall be kept on file at each school.

B. For each student diagnosed with diabetes who attends the school, the school district shall maintain a copy of the health plan, a list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon, and a copy of the parent's or guardian's signed authorization. The list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon, and a copy of the parent's or guardian's signed authorization shall be updated yearly and attached to the student's Individualized Health Plan (IHP).

C. The list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon shall only include the names of such personnel who successfully complete the required training as set forth in Section V. of these rules. The list of volunteer school personnel trained to administer insulin and/or glucagon for each school should be published and made known to all school personnel.

D. The principal of each school, in conjunction with each school nurse, shall properly maintain all such records.

Naloxone Administration

Arkansas Code §14-92-101(16) provides a standing order to reduce the morbidity and mortality of opioid overdoses in Arkansas by allowing Arkansas-licensed pharmacists to initiate therapy including ordering, dispensing and/or administering naloxone, along with any necessary supplies for administration, to eligible persons who are at risk of experiencing an opioid-related overdose, or who are family members, friends or others who are in a position to assist a person at risk of

experiencing an opioid-related overdose. Further information regarding Arkansas's Naloxone Protocol can be located at the Arkansas State Board of Pharmacy website.
The Arkansas State Board of Nursing supports the state's efforts in reducing the morbidity and mortality of opioid overdoses. All nurses are encouraged to review the complete protocol and referenced websites for further information.

DISPOSAL OF UNUSED MEDICATION

Every attempt should be made to return all unused, discontinued, or expired medications to the parent/guardian by the end of the school year. School districts should have a written policy and procedure for receiving and returning medications to the student/parent/guardian. The policy must comply with state and national guidelines and include a procedure on the disposal of medications remaining at the end of the school year.

ADH Pharmacy Services Rules and Regulations
DEA Drug Disposal Fact Sheet
Arkansas Take Back Program

IMMUNIZATIONS

The requirements and procedures for governing grades kindergarten through twelve (K-12) immunization requirements in Arkansas public and private schools can be referenced at the following:

A.C.A. §6-18-701 Physical Examinations

A.C.A. §6-18-702 Immunizations

Division of Elementary and Secondary Education Rules Governing Immunization Requirements in Arkansas Public Schools(July 6, 2020).

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