Standing Orders and Stock Medications in the School Setting

MICHIGAN ASSOCIATION OF SCHOOL NURSES STANDING ORDERS AND STOCK MEDICATIONS IN THE SCHOOL SETTING

Original Date of Issue: 2016
Foreword

These guidelines contain recommendations for current best practices for the health service topic addressed. They have been reviewed by the School Nurse Practice Subcommittee of the Michigan Statewide School Nurse Task Force as a means to provide consistent and safe care to the students. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines. There is no guarantee that the use of guidance in this document will lead to any particular result or outcome. The information in this document was researched in June, 2016.

Purpose

This document will provide guidelines and resources about standing orders and stock medications in school settings.

Overview

School nurses need to create and sustain a culture of safety in the school setting. Safe medication administration in Michigan schools is guided by:

- Federal law (FERPA, HIPAA)
- Attorney General Opinion, No. 5679, April 11, 1980
- The Revised School Code (Excerpt) Act 451 of 1976 Section 380.1178 and Section 380.1179
- Administrative Rule R340.1161 - 1163
- School district policies and procedures
- National Association of School Nurses (NASN) School Nursing: Scope and Standards Practice (NASN & American Nurses Association, 2011)

Standing orders from a school physician advisor for stock medications at school are directed by the above laws and guidance documents. Writing standing nursing orders/protocols was identified as one of the roles for school physicians (American Academy of Pediatrics (AAP) Council on School Health, 2013). In Michigan, students have varying access to school nurses as well as school physician advisors to provide needed health services and support. Taliaferro and Resha (2016) provide a distinction between general orders and specific orders indicating that general orders are written by a physician, often the medical consultant, which apply to all students for whom the order may be applicable while specific orders are written and signed by a physician for an individual child. The two areas of stock medication that have been discussed in the school nursing literature are rescue or emergency medications (epinephrine autoinjector, albuterol and oxygen) and over-the-counter medications.
Providing an environment that is responsive to emergency health needs of students is essential to creating a safe school setting (NASN, 2012b). The two most documented medical complaints requiring EMS activation were breathing difficulties and seizures (Olympia, Wan, & Avner, 2005). Olympia (2016) indicated both the AAP and the American Heart Association (AHA) published guidelines stressing the need to establish emergency response plans to deal with life-threatening emergencies in children that included the goal of equipping the school for life-threatening emergencies. Albuterol meter dose inhaler, automated external defibrillator, epinephrine autoinjectors and portable first aid kits were on the list of school preparedness equipment and supplies to deal with an emergency (Olympia, 2016). The AAP Council on School Health (2009) indicated school supplied stock medication (including but not limited to autoinjectable epinephrine and albuterol inhalers) are among the emergency or urgent care medications that need to be available in the event of a school lock-down or evacuation. Foley (2013) suggested that some schools may have additional equipment or medication needs, especially if they have a long EMS response time.

All medications including oxygen should be in accordance with state laws, pharmacy, and nurse practice acts (NASN, 2012b). Oxygen deprivation presents a serious emergent scenario and can help make up for the lower amount of oxygen being received from the reduced volume of air entering the body in situations such as, asthma, drowning, narcotic overdose, strangulation, aspiration, smoke inhalation (Goldman, 2015). Goldman (2015) recommended determining how to proceed with making oxygen available as an emergency medication in school that may be part of the school emergency response plan.

Approximately 25% of students who have experienced allergic reactions at school requiring epinephrine had never been diagnosed with an allergy (McIntyre, Sheetz, Carroll, & Young, 2005). Stock epinephrine protocols allow schools to promptly administer life-saving medication, prescribed by a physician for the school, to students who do not have an autoinjector at school (Gregory, 2012). Public Act 187 of 2014 requires each Michigan public school to have at least two Epinephrine autoinjectors in addition to policies based on updated medication guidelines, training requirements and reporting requirements.

Over-the-counter (OTC) medications are provided in Michigan school settings and must be conducted in accordance with the guidelines for prescription medication. The appropriate use of stock over-the-counter medications can result in students staying in school with an improved ability to participate and learn in class but needs to be managed with legal and safety concerns (Wallace, 2016).

**Legal Framework for Standing Orders and Stock Medications in Schools**

There are no specific federal or state laws that address stock medication in schools. State and federal law, model policies and national school nursing guidelines provide guidance for administering stock medications in school.

**Federal Law**

<table>
<thead>
<tr>
<th>Law</th>
<th>Brief Description</th>
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<tbody>
<tr>
<td>34 CFR 99 Family Educational Rights and Privacy Act (FERPA)</td>
<td>Provides privacy restrictions on student records. School health records are covered under this act.</td>
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<tr>
<td>Michigan Law</td>
<td>Brief Description</td>
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<td>§380.1178</td>
<td>Liability- sets forth legal provisions for the immunity of school employees, <strong>designated by the school administrator</strong>, against an allegation of “simple” negligence if the employee administers the medication under certain requirements including being in the presence of another adult. <strong>If a school employee is a licensed registered professional nurse, subsection (1) applies to that school employee regardless of whether the medication is administered in the presence of another adult.</strong></td>
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<td>§ 380.1179</td>
<td>Allows pupil to carry and self-administer prescribed inhalers and/or epinephrine auto-injector for emergency use with the written order and approval of the child’s physician and written permission of the parent/legal guardian.</td>
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<td>Attorney General Opinion, No. 5679, April 11, 1980</td>
<td>A physician must delegate and supervise the act of medication administration if the school district does not employ a school nurse.</td>
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<td>MDE Model Medication Policy</td>
<td>The Michigan Department of Education issued a memo to school superintendents outlining a model medication policy (2002). Note: Not a law.</td>
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<td>PA 186 of 2014</td>
<td>Addresses stock epinephrine in schools. A prescriber may issue a prescription for and a dispensing prescriber or pharmacist may dispense an auto-injector epinephrine to a school board for meeting the requirements of section 1179a of revised school code, 1976, PA 451, MCL 380.1179a.</td>
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<td>PA 187 of 2014</td>
<td>Requires each Michigan public school have at least two Epinephrine auto-injectors in addition to policies based on</td>
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<td><strong>MICHIGAN ASSOCIATION OF SCHOOL NURSES STANDING ORDERS AND STOCK MEDICATIONS IN THE SCHOOL SETTING</strong></td>
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<td>updated medication guidelines, training requirements and reporting requirements.</td>
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<tr>
<td><strong>PA 221 of 2015</strong></td>
<td>Requires each Michigan public school have at least two Epinephrine auto-injectors in addition to policies based on updated medication guidelines, training requirements and reporting requirements.</td>
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<td><strong>Administrative Rule R340.1163</strong></td>
<td>Pertains to function of the school nurse. Assess and evaluate health status; interpret medical evaluations; plan course of action to minimize or prevent health problems; intermediary to family, physician, and social agencies; initiate supplemental testing; develop in-services and school policies. (School Code)</td>
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<td><strong>Michigan Public Health Code, PA 368 of 1978.</strong></td>
<td>Michigan has an act that regulates the practice of nursing, along with 25 other health occupations. Michigan does not have a stand-alone act called the Nurse Practice Act because in Michigan, we have a consolidated practice act that covers 25 health occupations and is formally titled the Occupational Regulation Sections of the Michigan Public Health Code, PA 368 of 1978.</td>
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<td><strong>PA 12 of 2014</strong></td>
<td>The governing body of a school that operates K-12 shall adopt and implement a cardiac emergency response plan for the school. The plan must include at least: 1) Use and regular maintenance of the auto external defibrillator, 2) Activation of a cardiac emergency response team during an identified cardiac emergency, 3) A plan for effective communication, and 4) If a school is grades 9-12 a training plan for use of an auto external defibrillator in CPR rescue techniques.</td>
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School Nurse’s Role

NASN (2011) identifies the school nurse as the leader in the school community that oversees school health policies and programs. The *Framework for the 21st Century School Nursing Practice* provides a conceptual framework that explains the key principals of school nursing and provides structure and focus to current evidence-based school nursing practice (NASN, 2016). *Leadership* is one of the five key principals in the framework that includes advocacy, policy development and implementation, and systems-level leadership that can provide direction to making decisions about implementing and managing stock medications in the school setting. *Community/Public Health*, is another key principle that can be helpful in determining the need for stock medications as it focuses on population-based care, surveillance, outreach and health equity. The NASN position statement (2012a), *Medication Administration in the School Setting* provides policy guidelines that protect the safety of students receiving medications in the school setting.

Recommendations for Practice

**Leadership**

**Policy Development**
- Ensure there are policies and plans in place for safe, effective, and efficient administration of medications at school (AAP Council on School Health, 2009).
- Ensure the development of policies and administrative regulations concerning medical emergencies (AAP Council on School Health, 2009).
- Ensure policies address how medical emergencies will be handled outside of the traditional school day (Tanner & Clark, 2016).
- Ensure there is a medication policy that guides medication administration and documentation of both specific, individual orders for medication and for any discretionary medications ordered by the school physician (Taliaferro & Resha, 2016).
- The medication policy should be reviewed annually and updated when necessary. Standing orders are written with the understanding that a registered nurse will administer these medications after an assessment of the child (Taliaferro and Resha, 2016).
- The medication policy should state that the physical assessment can only be done by a school nurse (Wallace, 2016).

**Policy Implementation**
- Make provisions for secured and immediate access to emergency medications at school, at all times, including before and after school hours and during students’ off-campus school sponsored activities (AAP Council on School Health, 2009).
- Ensure parents sign a written request for each school year indicating their child may receive any of the named medications in the discretionary medication policy from school personnel according to the district’s policy (Taliaferro & Resha, 2016; Wallace, 2016).
- Place a copy of the standing order in the student’s health record when a stock medication is administered.
- Protect student health information confidentiality (AAP Council on School health, 2009).
• Complete a systematic review of documentation of medication administration records for quality improvement (AAP Council on School Health, 2009).
• Consider using checklists to ensure the same process is followed consistently each time a stock medication is administered. Checklists don’t rely on human memory, allow for mutual checking, and enhance communication (Pereira-Argenziano & Levy, 2015).
• Understand that protocols allow for standardization of care through step-by-step directions (Tanner & Clark, 2016).
• Ensure the school physician’s roles and responsibilities are well defined and outlined within a written contract for prescribing stock medications (AAP Council on School Health, 2013).
• Identify and implement a communication plan for school district administration, personnel, parents, local health care providers, Emergency Medical Services (EMS), and the community.

Community/Public Health

Below are school nursing considerations for specific types of stock medications. School nurses always need to follow medication administration laws, public health codes, model policies and guidelines when administering medications at school.

Stock Medication: Epinephrine Autoinjector

• Ensure medication policies encompass a coordinated response for students with known allergies that have emergency action plans in place as well as those who have a first time reaction at school or a school event (Tanner & Clark, 2016).
• Ensure school policies identify the authorized school personnel who can administer epinephrine autoinjectors (Tanner & Clark, 2016).
• Ensure there is an emergency protocol for medication administration (Tanner & Clark, 2016, Votkits, Pumphey, Baker, Krametbauer, 2014).
• Develop and use specific procedures to identify students with food allergies. Share information with other staff members as needed, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information (Centers for Disease Control and Prevention (CDC), 2013).
• The Emergency Care Plan should specifically state who may have access to the information in the plan, and should ensure that any such access to this information is permissible under FERPA and any other applicable federal or state laws that protect the privacy or confidentiality of student information (CDC, 2013)
• Ensure proper storage, security and accessibility of student specific and stock epinephrine autoinjectors (Tanner & Clark, 2016; Votkits et al., 2014). Determine placement and storage of autoinjector kits over the summer to ensure the correct temperature control (Votkits et al., 2014).
• Determine how many autoinjectors will be available within each school facility (Tanner & Clark, 2016).
• Ensure the packaging of the autoinjectors includes gloves and a copy of the protocol. Consider differentiating packaging for student-prescribed autoinjectors packaging from stock autoinjector packaging (Votkits et al., 2014).
• Ensure there is a process to monitor stock levels. Include medication stock number in case of a recall (Votkits, et al., 2014).
• Ensure reporting for district-issued autoinjector epinephrine is reported according to Michigan law and documented according to school nurse documentation guidelines.
• Examine education and training programs for school personnel annually.
• Ensure students with a known life-threatening allergy have Individualized Health Care Plans (IHP) and/or Emergency Care Plans (ECP) (Tanner & Clark, 2016).
• Transport any individual receiving an epinephrine autoinjector by Emergency Medical Services (EMS) to an emergency facility (Tanner & Clark, 2016).

Stock Medication: Oxygen

• Understand training is recommended for oxygen administration (Goldman, 2015). The American Red Cross does provide training that should include:
  o When to utilize oxygen
  o Different types of oxygen delivery systems
  o Safety precautions
  o Assembly of the oxygen system (Goldman, 2015).
• Protocols should include when the unit needs to be refilled (Goldman, 2016).
• Understand that the recommended delivery device for emergency oxygen in the community setting is a pocket mask and associated tubing (Goldman, 2015).
• Follow the manufacturer’s label and accompanying checklist, especially for storage and maintenance, to ensure the reliability and safety of the unit (Goldman, 2015).

Stock Medications: Over-The-Counter (OTC)

• School nurses need to emphasize the need for a thorough assessment and determination of symptoms when considering the use of OTC medications (Wallace, 2016).
• Give careful consideration and thorough discussion with the medical director to identify parameters for age, weight, symptoms, dosage, and frequency when developing standing orders for OTC medications (Wallace, 2016). Also consider medication allergies, side effects.
• Document simple complaints such as mild headache, seasonal allergies, mild upper respiratory symptoms, menstrual cramps, sore muscles or pain from minor injuries will provide the data to support the use of OTC medications (Wallace, 2016).
• Monitor the symptom history information and frequency of medication visits (Wallace, 2016).
• Communicate with parents when a pattern or concern is identified that may indicate additional follow-up with the Primary Care Provider is indicated (Wallace, 2016).
• Use administration of OTC as an opportunity to discuss and educate students about the appropriate use and safety concerns regarding OTC medications (Wallace, 2016).
• Consider nonpharmacological options such as ice, heat, hydration, good nutrition, rest, and relaxation for students (Wallace, 2016).

Health Equity

The CDC (2009) provides a guide to creating easy-to-understand materials (fact sheets, FAQ’s, brochures, booklets, pamphlets, web content) from scientific and technical information. The guide includes practical
ways to organize information and use language and visuals. The guide can be retrieved from http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

Red Flags for Standing Orders and Stock Medications in School

1. OTC pain relievers can mask the symptom of fever which is an exclusion illness. Ensure vital signs are documented and a focused assessment of each student is completed before use of the OTC medication (Wallace, 2016).

2. Symptoms that present as a concern for significant illness, such as fever, headache and neck pain or acute abdominal pain should be carefully monitored and may not be appropriate for the OTC medication protocol (Wallace, 2016).

3. Medical grade oxygen may be dispensed without a prescription as long as an individual or a firm meet the requirements in the following labeling statement “For emergency use only when administered by properly trained personnel for oxygen deficiency and resuscitation. For all other medical applications, Rx only” (U.S. Department of Health and Human Services Food and Drug Administration, 2003 (p. 17). (D. Miller, personal communication, August 23, 2016).

References


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