

## **A Brief Summary of the Medication Aide Act for School Administrators**

### **Statutory Authority and Regulation:**

The reference statutes are: Neb. Rev. Stat. 71-6718 to 71-6742. Related rules and regulations are also found in 172 NAC 95.

The reference regulations for the Medication Aide Act in schools are contained in 92 NAC 59, and can be found online at [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Education\\_Dept\\_of/Title-92/Chapter-59.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Education_Dept_of/Title-92/Chapter-59.pdf). Title 92 NAC 59 also includes information on requirements for Emergency Response to life-threatening breathing emergencies through the administration of epinephrine by injection and albuterol by nebulizer (inhalation). Additional resources on this topic are available from Attack on Asthma Nebraska, at <http://www.attackonasthma.org>.

Another important resource for schools is an opinion from the Nebraska Attorney General, issued October 20, 2005, which reiterates that school personnel assigned to provide medications to students must first undergo competency determination. Find the opinion on line at: <http://ago.nol.org/local/opinion/index.html?topic=details&id=2020>.

### **Medication Administration Basics:**

A Medication is any prescription or non-prescription drug intended for treatment or prevention of disease or to affect body function in humans (92 NAC 59 Section 002.10).

Medication administration at school encompasses three activities. The first two may be fulfilled by a person deemed competent to provide medications at school. The third function may only be assigned with limitations. The three activities are:

- providing medication for another person correctly (right student, right medication, right time, right dose, right route);
- recording or documenting the medication provision; and
- observing, monitoring, reporting, and otherwise taking appropriate actions regarding desired effects, side effects, interactions, and contraindications associated with the medication. (92 NAC 59 Section 002.02A-C)

The Medication Aide Act encompasses the staff member who gives or provides medication to a student and the staff member who helps a student give or apply medication to themselves (92 NAC 59 Section 002.14).

The Act organizes medications, and requirements for the school personnel assigned to give them, into three general areas:

- Routine administration by one of four routes – oral, topical, inhalation, instillation (92 NAC 59 Section 003.02A-D)
- Medications administered by routes other than these four – for example rectal, by gastrointestinal tube, injection (92 NAC 59 Section 003.03A-C)

- Medications not given routinely but on an “as needed” basis, sometimes referred to as PRN medications – assessment for need and effectiveness are required to fulfill determination of when the medication is needed (92 NAC 59 Section 002.13).
- The provision of emergency medications is not covered by the Medication Aide Act.

The Act describes fourteen competency areas involved in the correct and safe administration of medication. School personnel assigned responsibility to give medications to students are expected to have demonstrated their competency in these fourteen areas, and to continue to successfully pass competency assessments as described in the Act no less than every three years thereafter. (In 2007, an amendment to the Medication Aide Act was adopted that changed the frequency of competency determination to every two years, but this change has not been included in 92 NAC 59.)

While the Medication Aide Act does speak to the practices that make medication administration accurate, safe, and appropriate, the regulations do not take the place of the school policies and procedures that may be needed to guide the medication administration program in a school.

The Act also speaks to record retention and storage and handling of medication products.

#### **The Role of School Personnel under the Medication Aide Act:**

The administration of medication at school is a regulated act in the state of Nebraska. School personnel who administer medication to a minor child, or who help the child administer medication to him or herself, are required to demonstrate competency in fourteen areas in order to assure the accuracy and appropriateness of the act, and protect the safety of the child.

Many school personnel are very willing and conscientious in their approach to medication administration. Others will voice reservations, doubts, and concerns. Responsibility for assigning responsibility for medication administration lies with the principal or school administrator. A licensed nurse is qualified to perform competency determination for school personnel, and nurses frequently do so. The school staff member who continues to voice lack of confidence, fear, doubt, or unwillingness to carry out the assigned duty cannot be deemed competent by the nurse. After attempts at retraining and addressing staff concerns, if doubts or reservations continue to be voiced, the matter should be brought to the attention of the administrator by the licensed nurse in order to assure that the individual assigned the responsibility of medication administration is both competent and confident.

#### **Direction and Monitoring:**

School personnel may participate in medication administration when directed and monitored by a licensed health care professional or by the student’s parent or caretaker (92 NAC 59 Section 003.01).

Direction and monitoring of medication administration, defined as responsibility for observing and taking appropriate action regarding any desired effects, side effects, interactions, and contraindications associated with the medication cannot be assigned to unlicensed school personnel. In the school medication administration program, the responsibility for direction

and monitoring must be assumed either by a licensed health care professional in the school or by the parent/guardian/caretaker (92 NAC 59 Section 002.05).

**Competency Determination Requirements:**

School staff members assigned the responsibility of providing medications, assisting or helping student to take their own medications, and/or who participate in observing and reporting the effects of medications, must be able to successfully pass a competency assessment no less than every three years. (In 2007 the Medication Aide Act was amended to require competency assessment every two years. This change has not yet carried over to 92 NAC 59.) Competency assessments shall consist of a demonstration of each of the required competency areas described in the Medication Aide Act, to the satisfaction of the health care professional designated by the school to conduct the assessment. (92 NAC 59 Sections 001.02, 004.01, and 005.01).

The licensed health care professional is an individual for whom medication administration is included in the regulated scope of his/her practice.

When a licensed health care professional in whose scope of practice medication administration is included performs competency determination, such determination may be made for staff providing medication to all designated recipients. (172 NAC 92 Section 008).

The fourteen competency areas for correct administration of medication are identified in Regulation (92 NAC 59 Section 004 and 172 NAC 95 Section 004) and in the Attachment to this document.

Successfully passing competency assessment and intention to fulfill the assigned responsibilities are to be documented and the record retained for at least three years. (In 2007 the Medication Aide Act was amended to require record retention for at least two years, but this change is not present in 92 NAC 59.)

***Competency Determination by parent/caretaker:***

Where a licensed health care professional is not available or otherwise designated to conduct competency assessment for school personnel, 92 NAC 59 allows a parents/caretaker to do so only for the specific personnel assigned to give medication to their own specific child. (92 NAC 59 Sections 003.02 and 003.03). This includes medication administered on a PRN basis and medications administered by other routes.

When a parent wishes unlicensed school personnel to administer medication by routes other than topical, oral, instillation, or inhalation (examples: insulin by injection; diazepam gel by rectum) the school is in the position of determining whether this is a safe and appropriate strategy, given the student's medical condition, capacity of school personnel, and statutes and regulations governing the provision of nursing care in Nebraska. Information useful to the school in making this determination includes:

- Detailed written directions for recipient specific procedures.
- Detailed written directions for observing and reporting for monitoring medication must be provided, including parameters for provision of the PRN medication.

- Written statement from the health care provider (presumably the medication prescriber) to the school that the medication provided *safely* by the unlicensed person for the specific recipient.
- Sufficient information on the student's condition to determine that the student is apparently medically stable, resilient, and non-complex.

### **Medication Administration for Students with Complex Medical Needs:**

School practices related to medication administration must take into account the medical needs and status of the individual child receiving medication. Consideration of appropriate delegation of tasks related to care, including but not limited to medication administration, occurs within the context of individualized health care planning for the student, and statute and regulation guiding the regulated practice of nursing. If a registered nurse delegates medication provision, the delegation must be done in accordance with the Medication Aide Act. Only the licensed Registered Nurse is qualified and credentialed to make the delegation decision in the state of Nebraska.

A student whose care is complex; requires skilled assessment, judgment, or problem-solving in the delivery of cares; and/or whose response to treatment or intervention is not predictable may require a nurse to deliver care, including medications. Possible situations where such a delegation decisions may result in a nurse being needed to deliver the students care may involve insulin administration for students with diabetes or diazepam gel administration per rectum for students with seizure disorders.

### **The Role of the Licensed School Nurse:**

Where available, school nurses have an important role in preparing other school personnel whose activities are regulated by the Medication Aide Act. Most frequently, the school nurse performs competency determination for unlicensed school personnel. In many cases the school nurse manages and supervises the school's medication administration program. The licensed nurse is qualified to accept responsibility for direction and monitoring functions which cannot be assigned to unlicensed school personnel. Registered Nurses function as resource professionals for schools in the area of policy and procedure development. Often school nurses directly administer medications, particularly those that fall outside of the routine scope of the Medication Aide Act. Medications administered routes such as rectal, vaginal, tube, or injection may be reserved for the licensed nurse to administer.

As a credentialed health care professional whose scope of practice includes medication administration, Registered Nurses (RNs) and Practical Nurses (LPNs) are not required to demonstrate competency in medication administration as described by the Medication Aide Act (92-59.002.18).

A licensed nurse need not be employed by the school as "School Nurse" in order to fulfill the functions of the licensed health care professional under the Medication Aide Act. Some schools contract with a Registered Nurse to carry out selected functions such as competency determination and review/update in the medication administration program. Volunteer nurses may be qualified to carry out these functions on behalf of the school.

### **Policies and Procedures for Medication Administration at School:**

Schools are responsible for documenting competency determination of assigned school personnel, acceptance of direction and monitoring, and medication administration records. Records must be retained for a minimum of two years. This documentation is to be made available to the Department of Education or the Department of Health and Human Services upon request. (92-59-005.02, 92-59-005.04). No specific forms are required by the regulations. Schools develop their own or adapt examples from other locations.

Many schools also find it helpful to develop written medication administration policies and procedures specific to their school or district expectations. Following are suggested topics for policy and procedure development at the school or district level. Samples and additional resources are available by contacting Kathy Karsting, RN, School Health Program Manager, DHHS.

Inventory practices	Medications in Athletics
Parent Consent Required	Medications in After School Programs
Medical Authorization Required	Medical Authorization Assigned
Over-the-Counter medications	Field Trip Procedures
Controlled Substances	Verbal Orders
Lost or destroyed meds	Original packaging with label intact
Security, Controlled Access	Standing Orders
Communication between School Nurse and Prescriber	

## **ATTACHMENTS**

1. Fourteen Competency Areas

## **AVAILABLE RESOURCES (contact Kathy Karsting, RN):**

2. NE DHHS School Health Guidelines chapter on Med Admin.
3. Statutory and regulatory references
4. Sample school policies
5. Sample medication administration training outlines
6. Sample skills testing tools



**SCHOOL HEALTH PROGRAM**  
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**FOURTEEN COMPETENCY STANDARDS FOR MEDICATION ADMINISTRATION**

<b>NRS 71-6725</b>	<b>Title 172, Chapter 95, Section 004 Minimum Competency Standards</b>	<b>Rule 59 Section 002.12 Minimum Competencies</b>
a. maintaining confidentiality	004.01 Recognize the recipient's right to personal privacy.	a. maintaining confidentiality
b. complying with a recipient's right to refuse to take medication	004.02 Recognize and honor the right of those recipients...to make informed decisions about medications and at no time be forced to take medications...Recognize that persuasive methods should not include anything that causes injury to the recipient	b. complying with a recipient's right to refuse to take medication
c. maintaining hygiene and current accepted standards for infection control	004.03 Follow currently acceptable standards in hygiene and infection control including handwashing	c. maintaining hygiene and currently accepted standards for infection control
	<b>004.04 Follow facility policies and procedures regarding storage and handling... disposal...</b>	<i>Found in 004.01D</i>
	<b>004.05 Recognize general unsafe conditions indicating that the medication should not be provided...</b>	<i>Found in 004.01E</i>
d. documenting accurately and completely	004.06 Accurately document medication name, dose, route, and time administered, or refusal	d. documenting accurately and completely
e. providing medications according to the five rights	004.07 Provide the right medication, to the right person, at the right time, in the right dose, and by the right route.	e. providing medications according to the five rights
	<b>004.08 Provide medications according to the specialty needs of the recipient...</b>	<i>Found in 004.01H</i>

NRS 71-6725	Title 172, Chapter 95, Section 004	Rule 59
	<b>004.09 Recognize general conditions which may indicate an adverse reaction to medication... and inability to receive medication.</b>	<i>Found in 004.01I</i>
f. having the ability to understand and follow directions		f. having the ability to understand and follow instructions
g. practicing safety in application of medication procedures	004.10 Safely provide medications according to the following routes: oral, topical, inhalation and instillation	g. practicing safety in application of medication procedures
h. complying with limitations and conditions under which a medication aide may provide medications	004.11 Recognize the limits and conditions by which a medication aide or other unlicensed person may provide medications.	h. complying with limitations and conditions under which a medication aide (and other unlicensed persons) may provide medications according to provisions contained in Title 172, Nebraska Administrative Code, Chapter 95
	<b>004.12 Recognize the responsibility to report...if reasonable cause exists to believe that a vulnerable adults has been subjected to abuse or neglect...</b>	<i>Found in 004.01L</i>
i. having an awareness of abuse and neglect reporting requirements and any other areas as shall be determined by rules and regulations.	004.13 Recognize the responsibility to report ... if reasonable cause exists to believe that a child has been subjected to abuse or neglect...	i. Having an awareness of abuse and neglect reporting requirements and any other areas as shall be determined by Title 172, Nebraska Administrative Code, Chapter 95.
	<b>004.14 Recognize the recipient's property rights and personal boundaries</b>	<i>Found in 004.01N</i>