Agency Mission: **To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.**

Kansas State Board of Nursing
Landon State Office Building, Room 509
Practice Committee Agenda
June 10, 2025

NOTE: The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

Time: **3:00 p.m. – 4:00 p.m.**

Committee Members:
Lori Owen, LPN, Chair
Michelle Terry, Public Member, V. Chair
Melissa Oropeza, DNP, APRN-BC, CGRN
Amy Renn, MSN, RN
Gregg Morris, BSN, RN, CWCN, OMS
Brian Feldt, BSN, RN
Melanie Burnett, MSN, RN
Patty Palmietto, DNP, MSN, RN

Staff:
Linda Davies, MSN, BSN, RN, Practice Specialist
Stephanie Wiley, Sr. Administrative Assistant

I. Quorum (minimum of 5 members present) – Yes or No

II. Call to Order

III. Review Onsite Packet

IV. Additions/Revisions to Agenda

V. Announcements

VI. Approval of Minutes – March 25, 2025

Consent Item Agenda

1. Practice Calls Report

VII. Unfinished Business

1. Presentation by Kansas School Nurse Organization – Angela Anderson, MsEd., RN, BSN

VIII. New Business

1. Presentation by Kansas Midwives Alliance – Deidre Degrado, CPM
2. Five Year Legislative Statute and Regulation Review
   a. K.S.A. 65-4205 – Renewal of license
   b. K.A.R. 60-3-101 – Licensure
   c. K.A.R. 60-3-107 – Expiration dates of licenses
   d. K.A.R. 60-15-101 – Definitions and functions

e. K.A.R. 60-15-102 – Delegation procedures
f. K.A.R. 60-15-103 – Supervision of delegated tasks
g. K.A.R. 60-15-104 – Medication administration in a school
h. K.A.R. 60-7-101 – Licensure
i. K.A.R. 60-7-102 – Duplicate of Initial License
j. K.A.R. 60-7-111 – Reporting certain misd. Convictions

IX. Agenda for September 2025 Committee meeting

X. Adjournment

Committee Responsibilities:
To review and recommend revisions in RN, LPN and LMHT statutes and regulations. To provide nonbinding guidance on the scope of nursing and LMHT practice in response to written inquiries. To make recommendations to amend the practice act that reflect current nursing and mental health technician practice.

Please Note: Additional items, which have come to the attention of the Board, will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the board or committees for discussion by committee members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or chairperson of the committee.

You are invited to a Zoom webinar!
When: Jun 10, 2025 03:00 PM Central Time (US and Canada)
Topic: Kansas State Board of Nursing - Practice Committee

Join from PC, Mac, iPad, or Android:
https://us02web.zoom.us/j/84890328940?pwd=uJ1tbDqXE23LdXSyobdEj7ZaxVdlKL.1
Passcode:KsbnPCComm

Phone one-tap:
+13462487799,,84890328940#,,,,*9705951214# US (Houston)
+16694449171,,84890328940#,,,,*9705951214# US

Join via audio:
+1 346 248 7799 US (Houston)
+1 669 444 9171 US
+1 669 900 6833 US (San Jose)
+1 719 359 4580 US
+1 253 205 0468 US
+1 253 215 8782 US (Tacoma)
+1 305 224 1968 US
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
+1 360 209 5623 US
+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 646 876 9923 US (New York)
+1 646 931 3860 US
+1 689 278 1000 US
+1 301 715 8592 US (Washington DC)
Webinar ID: 848 9032 8940
Passcode: 9705951214
International numbers available: https://us02web.zoom.us/u/kzVqQAufc

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Kansas Board of Nursing

Practice Call Data – June 2025

2023-2025

Month	Total 2023	Total 2024	Total 2025
Jan	68	58	66
Feb	62	61	50
March	69	65	70
April	73	82	70
May	75	105	
June	81	87	
July	49	149	
Aug	132	108	
Sept	107	51	
Oct	83	80	
Nov	39	33	
Dec	53	25	
Total	**891**	**904**	**256**
Avg/month	74	75	

<u>Inquiries Received by KSBN Staff:</u>

APRN's:

- Scope of practice
  - referred to K.S.A. 65-1130 (education, training, certification) specific role and population focus;
- Starting a business guidance –
  - Found website: KS Business One Stop - https://ksbiz.kansas.gov/
    - Interagency collaboration between: Dept of Ag, Dept of Commerce, Dept of Labor, Dept of Revenue, Secretary of State (KS)
- Dispensing weight loss medications; DEA; DNR; Telehealth

RNs / LPNs:

- Starting Botox clinic at home; Joint Injections; Laser therapy; Med Spa
- How many hours can a nurse be made to work?
- What to do: Staff/workplace harassment
- School nurse Questions re Trach care, G-tube, etc
- Patient abandonment clarification; wound care

Facility/Attorney/Other

- Ethics of treating family members
- Request approval for RN to do an incision while MD holds the scope
- Graduate nurse practice
- Can LPN deliver babies?

Standard Response includes:

The Kansas State Board of Nursing ("KSBN") staff cannot and does not provide legal advice to members of the public. KSBN staff may provide assistance to the public by providing reference to the Kansas Nurse Practice Act. The Kansas Nurse Practice Act is available at https://ksbn.kansas.gov/npa/.This assistance should never be taken as legal advice, or as a complete reference to all relevant laws or regulations governing a particular situation. Any response given by KSBN staff is not binding on the Board and should not be taken as an official KSBN decision. If you believe you need legal advice, you should consult, at your own expense, a licensed attorney.

Determinations as to whether a nurse has violated the KNPA and whether disciplinary action is taken against a licensee, is a power granted to the Board. The Board does not make any determinations until after an investigation has been completed and evidence gathered has been presented to the Board. Therefore, agency staff are unable to provide an opinion as to whether there is a violation of the KNPA (see K.S.A. 65-1120, K.A.R. 60-3-110, and K.S.A. 65-1166 Art. III(c)(1)-(11).

The mission of the KSBN is to assure safe and competent practice.

Guidelines for Medication Administration in Kansas Schools

June 2025

Guidelines for Medication Administration in Kansas Schools 2025 are a revision of the *Guidelines for Medication Administration in Kansas Schools original from 2001 and revised in 2010 and 2017*.

Table of Contents

ACKNOWLEDGEMENTS

The following individuals have contributed to the revised content and/or review of these guidelines, and their time and professional expertise is greatly appreciated**.** Gratitude is extended to the School Nurse Advisory Committee (SNAC), for their leadership in this guidelines revision, and to the Kansas Department of Health and Environment Bureau of Health Promotion "Healthy Kansas School" project for funding and support.

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PURPOSE

The purpose of these guidelines is to review the provisions of Kansas statutes and regulations specific for medication administration in schools. In addition, these guidelines provide recommendations for the safe administration of medication in Kansas public and private schools, addressing areas not covered by current statutes and regulations. These guidelines are written to be used by licensed professional registered nurses (RN), licensed practical nurses (LPNs), school administrators, and unlicensed assistive personnel (UAP) in Kansas. The guidelines also provide links to helpful resources and sample forms and tools. Recommendations given, when not addressed in Kansas statutes and regulations, are based on National Standards of Practice in School Nursing, Nursing Code of Ethics, Professional Position Statements, and evidence-based practice found on the National Association of School Nurses Website (NASN).

The original seven-page document titled *Guidelines for Medication Administration in Kansas Schools* was published by the Kansas Department of Health and Environment (KDHE, 2001) as a resource for school nurses and administrators to safely administer medication to children attending Kansas schools.

A revision of the 2001 document, *Guidelines for Medication Administration in Kansas Schools 2010,* expanded the framework of the original document and included a variety of new resources. The 2010 guidelines focused on comprehensive, clear and thorough information on topics such as training of Unlicensed Assistive Personnel (UAP), use of student-specific emergency medication, medication administration outside of regular attendance hours, storage, inventory and disposal of medication, as well as planning for provision of student medication in an emergency building evacuation.

The 2017 revision titled “Guidelines for Medication in Kansas Schools 2017” is a collaborative effort of licensed professional registered nurses from school districts and public health departments across the state, and includes input from physicians and representatives from the state boards of nursing and pharmacy, who also contributed to the content of this document. The final product reflects the multidisciplinary partnerships required at both the state and local levels to assure safe medication management and administration to students in Kansas schools.

The 2025 revision of “Guidelines for Medication in Kansas Schools 2017” was developed to accommodate the legislative changes regarding medication in Kansas Schools. This includes adding Naloxone and Albuterol to the emergency medications that can be administered and maintained as stock medications in schools. It addresses parent consent laws and provides information about the laws in the Appendix. Licensed professional registered nurses collaborated in these updates and consulted physicians, and representatives from the state

board of nursing. This revision also provides basic information and references regarding administration of medication via gastrostomy tubes which occurs more frequently with the increased life span of children with neurological conditions which impact ability to safely eat foods orally.

DISCLAIMERS

- Specific issues and procedures should be addressed on a district-by-district basis including receiving, storing, and administering medications, clarifying prescriber orders, ensuring safety and efficacy of dose range for student's age and/or weight, managing medication errors and missed doses, addressing transportation concerns and monitoring/ supervising UAP when delegation has occurred.

- Recommendations made in these guidelines should never be substituted for legal counsel in a particular situation. Sometimes the law may be unclear; in these instances, it is recommended that district administrators consult with district legal counsel and/or a risk management consultant.

- The U.S. Department of Education 34.CFR 300.174 provides guidance regarding schools recommending medication for educational and behavioral treatment in the school setting and prohibits a school from requiring medication for education or behavioral concerns. For more information on medical and behavioral treatment in the school setting visit: https://www.gpo.gov/fdsys/pkg/CFR-2014-title34-vol2/pdf/CFR-2014-title34-vol2-sec300-174.pdf

- The forms and documents provided in the appendices are samples only and are not endorsed by KDHE or the Kansas State Department of Education (KSDE).

- Sample policies contained in these guidelines may be utilized and adapted, and should be approved by each individual school district's administration and board of education as applicable.

Because new medications and procedures with implications for licensed professional registered nurse practicing in school settings are constantly being approved and introduced, school nurses and administrators are encouraged to seek interpretation from the Kansas State Board of Nursing (KSBN) if questions arise. Specific practice questions regarding performance and delegation of nursing procedures, including medication administration in the school setting should be directed to the attorney Practice Specialist, at KSBN. Visit KSBN website for specific contact information at: http://www.ksbn.org

- ## INTRODUCTION TO GUIDELINES FOR MEDICATION ADMINISTRATION IN KANSAS SCHOOLS

  - **Rationale**

    Schools must establish consistent safe procedures to enhance student health and stabilize medical conditions for academic achievement. Many school children have health problems that require the administration of medication during the school day. The issue of medication administration at school is critical because medications may allow children to remain in school and avoid interruption of the learning process. The issue has become more complex due to a variety of factors, such as varying state and federal laws, new pharmaceutical and medical technologies, evolving mental and medical health practices, fewer full-time school nurses, and increasing numbers of children with health needs (both simple and complex) in schools.

    Medication administration to students is one of the most common health related activities performed in school. Historically, administering medication within the school setting has been a school nurse responsibility. As more children who are chronically ill, or medically unstable, enter the school system each year, awareness of the factors that can promote and support their academic success increases, including the need for medications that enhance the student's overall health or stabilize their chronic condition (NASN, 2012). Other factors exist that influence the administration of medication at school including:

    - Federal regulations and laws;
    - Varying state laws and regulations;
    - New pharmaceutical and medical technologies;
    - Evolving mental and medical health practices;
    - Changes in health staff models at individual schools;
    - School district policies and procedures; and
    - Individualized education programs or Section 504 plans of individual students.

    School districts must establish policies and implement procedures that meet all legal requirements for administration of medication required during school hours. The policies and procedures must be consistent with standards of medical, nursing, and pharmacy practice as well as Kansas statutes governing medication administration in schools. Important considerations include:

    - Who can legally administer medications;
    - How medications will be stored and handled in the school setting;
    - Whether healthcare provider orders are required; and
    - Potential for different rules depending on the route of the medication.

In addition, it is advisable to implement a collaborative approach when developing the school's medication policies and procedures by seeking input and feedback from the following individuals and groups:

- The school board and school administration;
- School or public health nurses;
- Other school personnel assigned to the health room;
- A physician and/or pharmacy consultant; and
- Health advisory committee for each school (district), as applicable.

A collaborative approach is important to both protect the legal rights of school personnel who administer medications and to assure the safety of the child (by providing for both daily medication administration needs as well as for the administration and immediate access to life-sustaining medications e.g., bronchodilators for asthma, epinephrine for severe allergic reactions, or anticonvulsant medications for seizures). See **Appendix A:** Samples School Board Medication Policies.

Considerations

The administration of prescription medications is considered a licensed professional registered nursing task and/or procedure per the Kansas Nurse Practice Act (K.A.R. 60-15-101 through 60-15-104). Therefore, school districts must employ or contract with licensed professional registered nurses to assume responsibility for implementing a system of safe administration of medication. "The registered professional nurse, after evaluating a licensed practical nurse's competence and skill, may decide whether the licensed practical nurse under the direction of the registered professional nurse may delegate tasks to unlicensed persons in the school setting,a" too (K.A.R. 60-15-102). This system may include delegation of medication administration to the UAP in the absence of a full-time, on-site nurse, including during field trips and before or after school events. Further, permission to delegate is dependent upon the type, route, and reason for the medication. For a more indepth look at issues the school nurse confronts related to the administration of medications refer to The Medication Administration Toolkit (2021). https://learn.nasn.org/courses/36927#.

DELEGATION

Delegation is defined as allowing the LPN or UAP to perform a specific nursing activity, skill, or procedure, defined in the nurse practice act, that is beyond the traditional role of the LPN or UAP. Additionally, the UAP does not routinely perform the nursing activity, skill, or procedure. The administration of medication in a school setting is an example of a task that is common to delegate in Kansas. Before deciding to delegate, several things must be understood by both the RN and is allowing the LPN/UAP to perform a nursing task and for the person accepting the responsibility of performing the task. Appropriate delegation allows for the transition of a responsibility in a safe and consistent manner. The RN transfers the performance of an activity, skill, or procedure to the UAP while maintaining legal responsibility that the task and/or procedure are performed correctly. The UAP needs to understand that practice pervasive functions of clinical reasoning, nursing judgment, or critical decision-making cannot be delegated (NCSBN, 2015**). See Appendix B:** Recommended Qualifications for the Unlicensed Assistive Personnel, (NASN, 2014a).

More specifically, the use of delegation is interpreted to mean that the RN:

- Determines who can safely and competently perform this task;
- Assesses any learning needs of the individual;
- Provides a standardized training in the procedure;
- Periodically monitors and supervises the individual performing the task to determine that the individual is following correct procedure;
- Determines the extent of the supervision needed;
- Periodically repeats the instruction and evaluates the services rendered, minimally twice per school year;
- Is available for consultation regarding the procedure; and
- Ensures access to medication in the absence of the nurse.

In the absence of a school district employing the RN, only the primary care provider or specialist (e.g., physician, physician assistant, or advanced practice registered nurse) may supervise or delegate administration of prescription medication in the school setting.

- **THE KANSAS NURSE PRACTICE ACT, REGULATIONS FOR PERFORMANCE OF SELECTED NURSING PROCEDURES IN THE SCHOOL SETTING, AND PROTECTION OF THE PUBLIC**

  The Kansas Board of Nursing (KSBN) is the regulatory agency charged with protection of the public health, safety, and welfare of the citizens of Kansas through the licensure and regulation of nursing practice. The Kansas Nurse Practice Act (KNPA) regulates the practice of every licensed professional registered nurse (RN) and licensed practical nurse (LPN) in the state of Kansas. The K.S.A 65 § 1134 dictates the scope of practice for all professions regulated by the KSBN, regardless of practice setting and has the ultimate legal authority to interpret these laws relating to the practice of nursing. The Kansas NPA can be viewed, downloaded and printed at: https://ksbn.kansas.gov/NPA/

  The following Kansas Administrative Regulations (K.A.R. 60-15-101 through 60-15-104) of the KNPA specifically address *Performance of Selected Nursing Procedures in the School Setting* and must be considered when creating health policies for local school districts that include delegation.

  - **K.A.R. 60-15-101 *Definitions and Functions*:**
    Only an RN (or a physician provider) has the authority to delegate the administration of medication or other nursing procedures in schools to the UAP. The RN must provide appropriate and adequate training, supervision and performance evaluation of the UAP as referenced in K.A.R. 60-15-101.

    This regulation can be accessed at: Kansas Nurse Practice Act *(See K.A.R. 60-15-102, for the role of licensed practical nurse in delegation in the school setting below.)*

  - **K.A.R 60-15-102 *Delegation Procedures*:**
    The RN, after evaluating an LPN's competence and skill may decide whether the LPN under the direction of the RN may delegate tasks to the UAP in the school setting. This includes a nursing assessment of the student and the RN developing a plan of care for the student that may include delegation to the UAP.

    This regulation can be accessed at:
    NURSE PRACTICE ACT STATUTES & ADMINISTRATIVE REGULATIONS

  An additional resource table to assist with delegation procedures is the ***Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid (KSBN, 2023)***. The table is used to determine specialized caretaking tasks or procedures that require delegation to be performed by a UAP, yet only the RN responsible for the student's nursing care may determine which nursing tasks may be safely delegated to the

UAP. See **Appendix C**: *Delegation of Specific Nursing Tasks in the School Setting For Kansas* https://ksbn.kansas.gov/wp-content/uploads/2020/07/Delegation.pdf

- **K.A.R. 60-15-103 Supervision of Delegated Tasks or Procedures:**

  The supervision of delegated nursing procedures in the school setting, including medication administration, must be done in accordance with K.A.R. 60-15-103. This includes the RN's responsibilities for determining the degree of supervision required based on the health status and stability of the student receiving nursing care, the complexity of the task or procedure to be delegated to the UAP, as well as the competency and training of the UAP to whom the task is delegated, and the proximity of the supervising RN to the student and t h e UAP. This regulation can be accessed at Supervision of delegated tasks or procedures 103.pdf

- **K.A.R. 60-15-104 *Medication Administration in the School Setting*:**

  If the requirements of K.A.R. 60-15-101 through 60-15-103 have been met, the RN may delegate medication administration to the UAP if:

  1. No dosage calculation is required (with diabetes and carbohydrate counting refer to the delegation table noted above).
  2. The medication is administered by accepted methods specified in the nursing plan of care.
  3. An RN ***shall not delegate*** the procedure of medication administration in a school setting by the UAP when administered by any of these means:
     - Intravenous (IV) route;
     - Intramuscular (IM) route, except when administered in an anticipated health crisis;
     - Intermittent positive pressure breathing machines; or
     - An established feeding tube that is not inserted directly into the abdomen.

  This regulation can be accessed at:
  https://ksbn.kansas.gov/wp-content/uploads/NPA/npa.pdf#page=117

TRAINING UNLICENSED ASSISTIVE PERSONNEL (UAP)

The RN is responsible for training the UAP's (school staff) in basic knowledge of safe medication administration in the school setting. The school nurse should establish a system to train and delegate to the UAP, and to monitor and supervise delegation which may be personnel-specific. (See **Appendix D:** *Sample Documentation of Instruction from the Licensed Professional Registered Nurse to*

Unlicensed Assistive Personnel).

- **Content and Competency Skills Included in Delegation Training**

Individuals delegated to and trained to administer medication should be able to:

1. Describe their roles in the delivery of medications.
2. State the general purpose of medication administration.
3. List any needed equipment and supplies.
4. Demonstrate proper administration of oral, topical, eye, ear, inhalant, and emergency medications as applicable, including proper handwashing.
5. Demonstrate appropriate and accurate documentation of medication administration.
6. Demonstrate appropriate action if unusual circumstances occur (i.e., medication error, adverse reaction, student refusal, etc.).
7. Know how and when to seek consultation from the supervising nurse.

- **Suggested roles for school personnel related to the delegation and training of the UAP for medication administration:**
  1. **School Administrator**
     - Assist in development of medication administration policy and procedures, as well as seek school board support for policy.
     - Provide administrative support for compliance with district medication administration procedures.
     - Assist nurse in educating staff and parent(s)/legal guardian(s) about the district's commitment to a safe policy related to medications in school.
     - Be aware of liability issues related to medication administration at school, such as insurance coverage and personnel covered.
  2. **Licensed Professional Registered Nurse (RN)**
     - Understand the Kansas Nurse Practice Act, statutes, and state guidelines to continuously evaluate district policy and procedures related to medication administration.
     - Assess the student's health needs nd, as appropriate, develop an Individualized Healthcare Plan (IHP), as well as consider referral for a 504 evaluation.
     - Determine who can safely perform medication administration.

- Provide guidance for special circumstances, i.e., field trips, verbal orders, etc.
- Provide a standardized training course for all personnel who will administer medications.
- Maintain a record of training, including course attendance, written tests, and performance evaluations for the UAP demonstrating 100 percent mastery of course content.
- Periodically monitor performance of UAP through observation of procedures, review of documentation, handling of medications, etc. (at least twice per year).
- Make medication information, forms, and resources accessible and update as needed.
    - Paper copies in office
    - Available on district website
- Encourage open communication with individuals delegated to administer medication.
- Review and take appropriate action regarding any reported medication error.
- Take corrective action when the individual to whom medication administration is delegated does not meet standard performance after consultation and retraining.
- Develop an educational program for all students regarding the appropriate use of medications, including the resolution of minor health problems without the use of medication.
- Share policies, procedures, and forms with local authorized prescribers.

3. **Unlicensed Assistive Personnel (UAP)**

- Participate in district training related to medication policy and procedures.
- Administer medications strictly following the procedure as taught.
- Provide accurate documentation of medications administered.
- Call for consultation with the delegating nurse when there is any question or when a parent/legal guardian does not comply with policy.
- Provide safe storage and handling of medications as outlined in district policy.

4. **Parent(s) or Legal Guardian(s)**

- Cooperate with the district's policy regarding medication administration.
- Provide authorization or prescription from the student's

healthcare provider.

- Provide a written request to administer medication.
- Provide the school with the medication in its original container and as outlined in the policy.
- Communicate any changes in student's health status, medication regime, and change of healthcare provider.

- Sign authorization for school to communicate with the student's health care provider if needed.

5. **All School Personnel**
   - Understand and follow school district policy and procedures related to medications.
   - Understand and follow school district policy regarding self-administration of medications.
6. **Prescriber**
   - Write a complete order including name of medication, dosage, time, route, frequency, and length of treatment.
   - Collaborate and communicate medication instructions and pertinent information to the parent/legal guardian, student, and school staff, as necessary.

● MEDICATION ADMINISTRATION GUIDELINES

The following medication administration guidelines do not supersede or supplant the Kansas Administrative Regulations (K.A.R. 60-15-101 through 60-15-104) referenced herein. The K.A.R is legally binding upon boards of education. These guidelines provide more in-depth information to assist the local boards of education in complying with the regulation.

○ Medications in the School Setting

Per K.A.R. 60-15-101, RNs, are responsible for the management, administration, and delegation of all medications in Kansas schools. If an RN is not on staff, only the primary care provider or specialist, such as a Doctor of Medicine and Surgery (MD), Doctor of Osteopathic Medicine (DO), Doctor of Dental Surgery (DDS), Advanced Practice Registered Nurse (APRN), Physician's Assistant (PA), may supervise of delegate the administration of medications in the school setting. An Optometrist (OD) may supervise or delegate administration of certain eye medications in schools.

It is assumed that medication will be administered during the school day ***only*** when the medication must be given at a certain time that falls within the school

day, the interval between doses requires administration in school or the medication is a "when necessary" order. Only oral, subcutaneous, topical or intranasal medications, eye or ear drops should be routinely administered at school. Medications requiring IM (with the exception of emergency administration) or IV routes **must** be accompanied by a detailed IHP developed by the RN in collaboration with the prescribing primary care provider or specialist. The RN, because of educational background and knowledge, is uniquely qualified to monitor and administer medication for children and adolescents.

- **Physician and Parent/Legal Guardian Request and Permission**

  National standards recommend obtaining a written request from the parent/legal guardian to accompany all medication. This includes prescription, Over the Counter (OTC), natural/homeopathic remedies, research or complementary and alternative medications to be administered (See **Appendix E**: *Authorization for Medication / Procedure to be Administered at School and Field Trips*). July 1, 2024, Statute 72-6287, took effect which prohibits a healthcare provider from prescribing, dispensing or administering a prescription or nonprescription drug to a minor while at a school facility without parental consent. This law further states that “A healthcare provider who violates the provisions of paragraph (1) shall be subject to professional discipline from such healthcare provider's appropriate licensing agency.” (KS Legislature, 2024).

  The primary care provider or specialist medication orders for prescription medication, along with the written parent/legal guardian request, **must be updated annually** and include:

  - Student name and birth date;
  - Date of parent/legal guardian request;
  - Reason the medication is prescribed (if prescription);
  - Parent/legal guardian understanding of school policies regarding medication administration, including OTC and natural/homeopathic remedies;
  - Authorization for the designated school personnel or licensed professional registered nurse to communicate with the prescribing primary care provider or specialist to ensure continuity of care;
  - Parent/legal guardian signature; and
  - Primary care provider or specialist signature, if required by school district policy.

- **Prescription Medication**

  Prescription medications are divided into two categories, Controlled Substance Medication and Non-Controlled Substance Medications. The differences between

the two categories are included in the descriptions below.

- Controlled substance medications, also known as "scheduled" medications, are regulated differently by the Drug Enforcement Agency (DEA) depending on whether they have a currently accepted medical use in the United States, the relative abuse potential, and likelihood of causing dependence when abused. Certain drugs prescribed to treat medical conditions such as pain, anxiety, and attention deficit disorder (ADD) fall into the category of controlled substances. These medications also have the potential to cause patient harm if used inappropriately. For safety, security, and legal compliance, prescriptions for controlled substances are subject to limitations for the amount of medication that can be prescribed and dispensed
- Prescriptions for non-controlled substances are not subject to some of the limitations controlled substance prescriptions are. Non-controlled substance medications are drugs prescribed to treat medical conditions such as hypertension, diabetes and bacterial infections.

For certain medications, particularly controlled substances, standards of best practice include counting the medication upon receipt (See **Appendix F:** Sample Controlled Substance/Medication Count Log). Counting should occur on receipt of the medication and on a scheduled basis (e.g., monthly or bi-weekly), by the school nurse or the UAP, and witnessed by a responsible school employee (another school nurse, administrator, or staff member). This count should be reconciled with the prior count and medication administration record. While inventory of medications is not a legal requirement for schools, it does constitute a sound practice when handling controlled substances. These practices also avert potential liabilities related to missing medications. Any discrepancies in counts should be reported to the parent or guardian and school administration.

Occasionally, a medication is not available in the prescribed dose. The medication will require the tablet to be cut in half. If the medication tablets are scored they may be split with a pill cutter. Using a pill cutter is necessary to ensure the pill splits evenly and does not crumble. A nurse may cut such scored tablets prior to administration. Additionally, the parent or guardian may request the pharmacist cut the tablets. Do not cut tablets that are not scored. The medication will not split evenly and the dosage will be unknown.

Prescription medication must be brought to school in a container/package dispensed by the pharmacist with the following information clearly stated on the label (K.A.R. 68- 7-14) http://pharmacy.ks.gov/statutes-regs/statutes-regs :

- Name of student;
- Name of medication;
- Dosage;
- Route of administration;
- Directions or interval for the drug to be given;
- Name of licensed healthcare provider prescribing the medication; and
- Pharmacy contact information including expiration date of the medication (Foley, 2013).

***** School district medication policy and procedures may allow a current prescription label (dated within the current school year, and not expired), as a substitute for the primary healthcare provider written authorization. However, this is recommended as only a temporary solution while awaiting orders. The school nurse must also obtain parent consent.***

A separate physician signature, in addition to the prescription label:

- Verifies the primary healthcare provider desires the medication to be delivered at school;
- Assists with care coordination as well as opening the lines of communication between the school nurse and the primary care provider; and
- Serves as a double check to prevent pharmacy dosing errors.

Care must be taken to set clear expectations for packaging of medications in pharmacy container/package. Medication in unlabeled bags or containers, loose pills, or capsules should not be accepted for safety reasons.

- **Epinephrine Kits in Kansas Schools**

Food allergies are a growing food safety and public health concern that affect an estimated 8% of children in the United States (Centers for Disease Control and Prevention https://www.cdc.gov/healthyschools/foodallergies/index.htm). School nurses first began noting an increase in incidence of food allergies during the 1990s. Nearly 40% of children with food allergies have a history of experiencing at least one serious reaction including anaphylaxis (Gupta et al, 2011). Initial studies with placement of epinephrine kits (commonly referred to as stock epinephrine in school nursing) show that 20% to 25% of anaphylactic episodes in schools involved individuals with no known history of severe allergies (McIntyre, Sheetz, Carroll, & Young, 2005). Currently, administering epinephrine subcutaneously (SC) or intramuscularly (IM) and calling 911 are the standard of care for individuals exhibiting symptoms of anaphylaxis in the school and

community setting (Schoessler & White, 2013).

Gregory (2012) authored an article "The Case for Stock Epinephrine in Schools" highlighting the need for "non-student specific" epinephrine kits in schools and reporting that as of March 2012 only 13 states had laws in place or legislation pending. By 2016, the Asthma and Allergy Network reported all states having legislation for stock epinephrine in schools with the exception of Hawaii (pending legislation). Whether stock epinephrine is required or optional on school campuses is dependent on state statutes and regulations. Likely, this overwhelming implementation of stock epinephrine legislation for schools was a result of *The School Access to Epinephrine Act (PL 113-48)*, which provides a funding incentive to states that enact laws allowing school personnel to stock and administer emergency supplies of epinephrine auto-injectors.

July 1, 2024 HB 2547 was signed into law which expands the previous Kansas legislation allowing epinephrine kits in schools to include albuterol and changes terminology to emergency medication kits in schools, this includes amendments to (KSA § 65-1680; KSA § 65-2872b) and transfers KSA § 72-8258 to KSA § to 72-6283.) The amendments to 65-1680 also changed the requirements of pharmacists in distribution of stock standard dose and pediatric doses of epinephrine to schools. (See **Appendix G:** *Statutes Pertaining to Emergency medication in schools/Epinephrine Kits and Stock Albuterol and Spacers*).

Kansas statute 72-6283 states

"A school may maintain a stock supply of emergency medication upon obtaining a prescription from a physician or mid-level practitioner in the name of the school. A physician or mid-level practitioner shall review the school's policies and procedures established pursuant to subsection (c) prior to prescribing such emergency medication.

(2) A stock supply of epinephrine may consist of one or more standard-dose or pediatric-dose epinephrine auto-injectors. A school nurse or designated school personnel may administer such epinephrine in an emergency situation to any individual who displays the signs and symptoms of anaphylaxis at school, on school property or at a school-sponsored event if such school nurse or designated school personnel reasonably believes that an individual is exhibiting the signs and symptoms of an anaphylactic reaction.

(3) A stock supply of albuterol may consist of one or more albuterol metered-dose inhalers, one or more doses of albuterol solution and one or more spacers or nebulizers. A school nurse or designated school personnel may administer such albuterol in an emergency situation to any individual who displays the signs and

symptoms of respiratory distress at school, on school property or at a school-sponsored event if such school nurse or designated school personnel reasonably believes that an individual is exhibiting the signs and symptoms of respiratory distress.

For additional information regarding food allergies and anaphylaxis visit:

- National Association of School Nurses Food Allergy and Anaphylaxis resources available at https://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis
- Centers for Disease Control and Prevention, Food Allergy in Schools (2017) available at https://www.cdc.gov/healthyschools/foodallergies/index.htm
- Asthma and Allergy Network, School Stock Epinephrine Laws available at http://www.allergyasthmanetwork.org/advocacy/current-issues/stock-epinephrine/
- Kansas School Nurse Organization at http://www.ksno.org

○ **Stock Albuterol In Kansas Schools**

National asthma data indicates that 7.2% of school age children currently have a diagnosis of asthma (Centers for Disease Control and Prevention, 2020). After the passage of legislation of stock albuterol, school districts must carefully plan implementation to benefit students, (Volerman et al, 2021). Children with asthma are more likely to miss school more frequently. Some school district surveys note that fewer than 20% of students with asthma had their inhaler at school When a school district in Arizona implemented stock albuterol in schools, in the first year they saw 20% fewer 911 calls and 40% less EMS transports than the prior year (Gerald et al, 2016). Beyond acute exacerbations, asthma is a leading cause of chronic absenteeism and loss of student learning days. Stock Albuterol helps students stay in school, actively learning. A report from Missouri of 1720 stock albuterol administrations reported that 84.5% of students returned to class after receiving the medication (Krieger et al, 2016,), (Andrea et al, 2019). Similarly, a program in Arizona, which included 229 schools accounting for 1038 stock medication administration events led to 83.9% of students returning to class, 15.6% being sent home and fewer than 1% needing EMS assistance (Lowe et al, 2021). .

Effective July 1, 2024, HB 2547 Section 2 which is a broad bill addressing changes of drug scheduling and an amendment to existing statutes to allow schools to stock Epinephrine and metered dose albuterol inhalers and spacers for use in emergency situations. See attached bill KSA §65-1680.

Prior to adopting Stock Albuterol in your school district, you will want to follow the same steps which are recommended for implementing Stock Epinephrine kits in your school. The American Academy of Asthma, Allergy and Immunology (2023) has produced a tool kit for Stock Albuterol which would be an excellent resource to use in the development and creation of board policies. A school district should also check to see if KSDE or Kansas Association of School Boards (KASB) has adopted any recommended policies and implement those guidelines in the creation of a Stock Albuterol policy.

- **Naloxone Use in Schools**

  Substance use disorder and overdoses have been increasing concerns in Kansas since before 2015, however those numbers have increased significantly since 2020. Much of the problem has been associated with the use of synthetic opioids such as fentanyl, which is easily accessible and highly addictive. In addition, pills sold online may be marketed as one type of medication and actually be laced with a deadly dose of fentanyl. Fentanyl may also unknowingly, to the user, be added to a vape cartridge, potentially causing an opioid poisoning. The Kansas Overdose Prevention Strategic Plan addresses these issues, as well as the areas of prevention, harm reduction, and treatment.
  https://www.kdhe.ks.gov/DocumentCenter/View/12040/2022---2027-Kansas-Overdose-Prevention-Strategic-Plan-PDF?bidId=

  Since July 1, 2017, pharmacists have been allowed to dispense emergency opioid antagonists to patients, bystanders, first responder agencies, and school nurses without a prescription in accordance with the Statewide Protocol. See K.S.A. 65-16, 127
  http://kslegislature.com/li/b2023_24/statute/065_000_0000_chapter/065_016_0000_article/065_016_0127_section/065_016_0127_k/

  Schools who wish to stock Naloxone to treat those with a suspected opioid overdose must create a protocol and training for school nurses.

  Pharmacies, local EMS agencies, hospitals, and other organizations, such as DCCCA can assist with this process. https://www.dccca.org/naloxone-program/
  NASN Position Statement
  https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-naloxone

  A sample protocol with guidelines and training for the administration of Naloxone in the school setting is in the appendix.

Schools often look to the school nurse for guidance regarding where to start the process of maintaining any emergency stock medications which may include an epinephrine kit, stock albuterol and/or naloxone. Based on Kansas regulations, an outline of steps is provided below:

1) Begin conversations

- Initiate discussions with the school nurse supervisor, school board and district attorney.
- Identify a consulting pediatrician, physician or mid-level practitioner that agrees to have supervisory oversight. This includes reviewing policies and procedures regarding the stock medication prior to prescribing the stock medication.
- Consider consulting with a pharmacist to ensure proper storage of stock medications.
- Review liability.
- Discuss and secure initial funding options (note both regular and junior doses will be needed in elementary and early childhood buildings due to weight and dosage requirements for the epinephrine). Products and resources to assist with access to epinephrine are available through the following program: https://www.epipen.com/en/hcp/for-health-care-partners/for-school-nurses

2) A pharmacist may distribute a stock supply of standard-dose and pediatric dose epinephrine auto-injector and stock supply of metered albuterol metered-dose inhalers to a school pursuant to K.S.A. 72-6283, from a physician or mid-level practitioner in the name of the school. A pharmacist who distributes these stock medications to a school shall not be liable for civil damages resulting from the administration of these medications as per K.S.A. 65-287b or 72-6283.
3) School requirements to maintain stock emergency medications:

- Obtain a prescription from a physician or mid-level practitioner.
- “Establish school policies and procedures relating to -
- Storage of the emergency medications which shall require that the emergency medication is stored:
- In a safe location readily accessible to the school nurse or designated personnel; and
- In accordance with manufacturer temperature recommendations:
- Periodic monitoring of the inventory and expiration dates of emergency medication;
- Administration of emergency medication by designated school personnel; and
- Training requirements for designated school personnel, which shall be conducted by a school nurse, physician or mid-level practitioner on not less than an annual basis for such designated school personnel. Such training shall include, but not be limited to, the following;

- Recognition of the symptoms of anaphylaxis and respiratory distress;
- Administration of emergency medication;
- Calling for emergency medical system responders;
- Monitoring the condition of the individual after emergency medication has been administered;
- Notification of the parent, guardian or next of kin; and
- Safe disposal and sanitation of used equipment."

Schools also must publish information about the emergency medication policies and procedures and keep records of the training provided to designated school personnel.

The school nurse should be prepared to respond with full a cardiac emergency response plan when any stock emergency mediations are utilized. This should include activating a call to 911 when epinephrine and naloxone are administered, and consider if if should be contacted if albuterol is administered.

- **Over-the-Counter (OTC) (Non-Prescription) Medication, Natural and Homeopathic Remedies**

It is recommended that written authorization from a primary care provider or specialist accompany nonprescription (OTC) medications. This practice ensures continuity of care and prevents unintended medication interactions. OTC medications have therapeutic benefits, as well as a risk of potential side effects and carry the potential for great harm if misused or abused. At the same time, it is understood that students may symptomatically benefit from appropriate use of OTC medications and that their use may facilitate a student's return to class and remove temporary barriers to learning. Some states require a physician order for a nurse to administer or delegate OTC medications; however, Kansas does not have this requirement (See **Appendix C:** *Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid).*

Although a written order from a primary care provider is preferred, some physicians or specialists may determine that the use of nonprescription medications is a parental/legal guardian decision and not a physician decision. They may be unwilling to "authorize" OTC medications in the schools since they have no control over how the medication will be used. Consequently, it may sometimes be in the best interest of the student for the school nurse to administer OTC

medications. The medications need to be in the original container with standardized, age/weight appropriate dosing information at parent or legal guardian request, for a specific time-limited minor illness (e.g. cough drops for colds, Ibuprofen for muscle strain). Additionally, the same procedures would apply for intermittent conditions (e.g. acetaminophen or non-steroidal anti-inflammatory drugs for menstrual cramps, hydrocortisone ointment for insect bites, etc.).

In the absence of a written order from a primary care provider, it is highly recommended that the school district require a written request signed by the parent/legal guardian accompany the OTC medication that includes:

- The name of the medication;
- The medication dose;
- The time for administration of the medication;
- The reason for the medication, and
- A statement relieving the school of any responsibility for the benefits or consequences of the medication. The statement needs to acknowledge that the school incurs no liability for damage, injury, or death resulting directly or indirectly from the administration of the requested medication. In this instance, documentation of medication administration by the RN, LPN, or UAP delegated to administer OTC medication must be completed.

OTC medication must be brought to school in the original manufacturer container/package with all labels intact. Deviations from label directions will require a written provider order. The school should retain the request for at least as long as the medication is used at school. It is preferable that the request remains part of the student's permanent health record.

- **Complementary and Alternative Medicines (CAMs)**

The National Center for Complementary and Alternative Medicine (NCCAM, 2011) defines Complementary and Alternative Medicine (CAM) as a group of diverse medical and healthcare systems, practices, and products that are not generally considered part of conventional medicine (NCCAM, 2011). (Examples of CAMs include vitamins/ supplements, herbal or homeopathic preparations, probiotics, caffeine, essential oils, and aromatherapy. This is not an all-inclusive list, but rather a sample of what types of CAMs may be requested to observe in the school setting.)

CAMs can frequently interact with other prescribed and non-prescribed medications, enhancing or inhibiting effects, so parents/legal guardians should seek guidance from their licensed prescribers about drug interactions. If the

school policy allows the administration of CAMs, such products should be provided by the parent/legal guardian and in an original container with proper labeling (name of student, date, name of medication, dose, time of administration, prescriber, and expiration date) and manufacturer's indications and contraindications. No substance should be administered to any child or adolescent without the express written request of the parent or legal guardian.

For additional information regarding medication administration in a school setting:

- School Nursing Evidence-based Clinical Practice Guidelines: Medication Administration in Schools https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-medication
- Complementary and Alternative Medicine Products and their Regulation (2006) http://www.fda.gov/RegulatoryInformation/Guidances/ucm144657.htm
- Is it a Cosmetic, a Drug or Both? (2016) http://www.fda.gov/Cosmetics/GuidanceRegulation/LawsRegulations/ucm074201.htm
- FDA 101: Dietary Supplements (2022) https://www.fda.gov/consumers/consumer-updates/fda-101-dietary-supplements

- **Research Medications in the School Setting**

  Requests to administer experimental and off-label medications, or dosages outside the normal range at school should be evaluated on a case-by-case basis by the RN and the prescribing primary care provider or specialist, and should include written protocols or study summaries, consent forms, names, and numbers of investigators or research teams. Published anecdotal and manufacturer's reports may also contain important information. The RN effectively becomes part of the research/care team in these instances and needs to be fully informed as to the intent of the study. The healthcare team needs to have full access to current medical journals and pediatric medical or mental health facilities in the area.

  Medication administration policies should address the specific requirements for administering research medication in school. The information may include information regarding the protocol or a study summary from the research organization, signed parental/legal guardian permission, reporting requirement, and any follow-up nursing actions to be taken.

- **Verbal Medication Orders**

  The RN may take a verbal medication authorization from a primary care provider

or specialist for prescription medication or a parent or legal guardian for OTC medication. The verbal authorization is followed with a written authorization within the next three to five working days. Such authorization may be faxed to the school with appropriate confidentiality safeguards in place. The UAP should never take verbal orders from primary providers or parents or legal guardians. ***Any verbal consents from parents should also be followed up with a signed consent to be returned to the school nurse. This recommendation is to provide documentation of consent related to K.S.A. 72-6287.***

Six "Rights" of Medication Administration

Medication errors are controlled by checking the following items each time a medication is given (Institute for Healthcare Improvement, 2016). http://www.ihi.org/resources/Pages/ImprovementStories/FiveRightsofMedicationA dministration.aspx (See **Appendix H:** *Six Rights of Medication Administration in the School Setting, 2017*).

The "Six Rights" are:

- The right child/student
- The right medication/drug
- The right dose
- The right time
- The right route of administration
- The right documentation

Medication Documentation

An individual record (log) must be kept of each medication administered to each student. The record must identify (See **Appendix I:** Sample Forms: *Documentation of Medication Administration):*

- Student's name and birthdate
- Allergies
- Prescribing primary care provider or specialist name and credentials (if a prescription medication)
- Medication
- Route of administration
- Time of administration
- Duration of administration
- Potential side effects
- Initial nursing assessment
- Signature of the RN responsible for administration
- Signature of the UAP, if administration is delegated

- Section for comments and narrative notes
- Electronic documentation of medication is acceptable by completing the required fields for districts with electronic records

Changes to Prescription Medication Orders Once Prescribed

Any changes in prescription medication, including dosage and/or time of administration must be accompanied by:

- New primary care provider or specialist and parent or guardian authorization forms with signatures;
- New container/package appropriately labeled by the pharmacist if appropriate; and
- An additional assessment provided by the RN when any change in medication, including dosage and/or time, is made.

Special Situations

1. Reasons for contacting parents regarding medications:
   a. Any questions regarding instructions
   b. Failure of the student to receive the medication for any reason (See **Section S** for vomiting, refusal, forgot, out of medicine, spilled last dose, given to wrong student)

2. Reasons for contacting healthcare provider or pharmacist regarding medications:
   a. Parent is not available to answer urgent questions
   b. Clarification of medication orders, dosage, or administration
   c. Medication incident (error)

3. Suggested steps for administration of prescribed medication dosage missed by parent at home (in the event medication is prescribed and parent consent on file):
   a. If a student was to receive medication in the morning, before coming to school, and he/she does not receive that dose, the parent should be urged to come to school to administer the dose.
   b. If parent administration is not possible, the parent must provide verbal permission over the phone, for the school nurse to administer the dose. Document the verbal parental consent on the student's medication log. In addition, the prescription label at school should include the time of the morning dose that is normally administered at home, if a missed dose is to be administered at school.
   c. If a morning dose is missed at home, the nurse should clarify with the provider, how late the dose may be given.

d. If missed doses continue to occur with the same student, it might necessitate adjustment of subsequent dosage times. The school nurse (RN) should be consulted.

It is essential that the RN or delegated UAP be able to match the student name, medication, dosage, administration time, and route to the student's medication record. This practice will help to avoid medication errors.

Use of Unit Doses and Blister Packs

The use of unit dose or blister pack packaging should be encouraged to safeguard student health and avoid medication errors. If unit dose packaging is not available, two separate prescription containers should be requested from the prescribing provider and pharmacist (one for school and one for home). *Medications brought to*

school in plastic bags, envelopes, and lunch boxes, should not be administered.

Consult https://www.drugs.com/pill_identification.html or contact the prescribing pharmacy to identify the medication as needed.

Use of Student Specific Emergency Medication in the School Setting

Children with diagnosed chronic health conditions (e.g., seizure disorders, diabetes, asthma, and severe allergic reactions) may have medication prescribed to treat a medical emergency. An Emergency Action Plan must be developed for students whose conditions may warrant intervention with medication [e.g., glucagon for unconsciousness due to hypoglycemia (low blood sugar), anticonvulsant medication to be administered for a prolonged seizure, and epinephrine for a severe allergic reaction (anaphylaxis)].

The RN, the prescribing primary care provider and/or specialist is responsible for training school staff in the recognition of life-threatening emergencies and the appropriate administration of emergency medications.

For additional information on emergency medication:

- NASN*, Food Allergy and Anaphylaxis Toolkit (2014) - http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis*

- Emergency Medication Toolkit (2020)

(https://learn.nasn.org/courses/25694.

- Asthma Action Plan-American Academy of Pediatrics
    - https://www.nhlbi.nih.gov/sites/default/files/publications/Asthma-Action-Plan-2020_rev_508.pdf

Self-administration of Student Specific Emergency Medication

Primary care providers or specialists acknowledge the need for students with special healthcare needs who require medications and technology to assume increasing responsibility for their own health care. As a result, providers are requesting that students be granted the autonomy to self-administer some medications in the school setting.

School and district policies must be written with guidelines for the self-administration of medication. Prior to self-administration, the student must be able to demonstrate responsibility and proper care and administration of the medication. The school nurse should provide periodic monitoring and education to ensure skills are maintained (AAP, 2009). The same guidelines for authorization from the primary care provider and parental or guardian permission must still be followed. The school should reserve the right to discontinue self-administration of medications if the privilege is abused or the safety of other students is compromised. The self-administration of controlled substances should never be permitted in the school setting. (See **Appendix J:** Sample Form *Authorization for Self-Medication: Emergency Asthma/Allergy Medications*).

The Kansas legislature passed a law (K.S.A. 72-6282) allowing students to self-administer certain medications to treat anaphylaxis and asthma. (See **Appendix K:** *Statute K.S.A. 72-6282).* Each school district shall adopt a policy authorizing the self-administration of medication by students enrolled in kindergarten or any of the grades 1 through 12. A student shall meet all requirements of a policy adopted pursuant to this subsection.

For more information about self-administration of certain medications: https://www.ksrevisor.org/statutes/chapters/ch72/072_062_0082.html

A detailed Individualized Healthcare Plan ensuring adequate and appropriate communication with the school nurse and appropriate written authorizations from both the healthcare provider (MD, DO, APRN, PA, DDS, or OD) and the parent or legal guardian should be in place before self–administration of medications is permitted. Regular monitoring and evaluation of self-administration of prescription medications must be the responsibility of the

RN and should not be delegated. The school should reserve the right to discontinue self-administration of medications if the privilege is abused or the safety of other students is compromised. The self-administration of controlled substances should never be permitted in the school setting.

Administration of Medication via Gastrostomy Tube

Children with neurological conditions impairing oral feeding may require a gastrostomy tube (g-tube) for medication administration, often continuing into school settings (University of Missouri, 2024a). Medications can be delivered via continuous drip or bolus method using an ENFit/enteral syringe, with both requiring meticulous care to ensure safety and efficacy.

Common Procedures and Supplies: Both methods emphasize preventing aspiration by elevating the student's head ≥30 degrees, encouraging self-care, ensuring privacy, verifying tube placement, and adhering to the "six rights" of medication administration (right student, medication, dose, time, route, reason). Supplies include a 60-mL ENFit syringe, gloves, water, towel, and the student's Individualized Health Care Plan (IHCP). Continuous drip adds extension tubing and a gastrostomy button kit, while bolus includes a pH strip and stethoscope (University of Missouri, 2024a; 2024b).

Continuous Drip Method: Medication is delivered slowly via gravity through primed extension tubing, with 15-mL pre- and post-water flushes. Tube placement verification is provider-dependent, and reuse guidelines are specified in the IHCP (University of Missouri, 2024a).

Bolus Method: Medication is pushed directly via syringe with 5-10 mL flushes. Tube placement is verified using a pH strip (≤5.5) or stethoscope auscultation (University of Missouri, 2024b).

Safety Considerations: Aspiration is a primary risk, mitigated by proper positioning. Tube malposition or obstruction requires withholding medication and contacting the provider. Not all oral medications are suitable for enteral administration, and crushing/diluting may fall outside drug licensing, increasing liability for prescribers and administrators (Klang, 2023; White & Bradnam, 2015). Medication errors, such as incorrect route or inadequate flushing, can cause obstructions. Tube feedings must be stopped and flushed before administration, and compatibility with feedings verified to avoid interactions (White & Bradnam, 2015).

School Nurse Role: Nurses must review medication orders, follow the IHCP, and consult parents, providers, or pharmacists. Documentation should include flush volumes and

procedure details. Preparation involves hand washing, gathering supplies, and confirming the "six rights" twice (University of Missouri, 2024a; 2024b).

Medication Administration Outside of Regular Attendance Hours by School Personnel

Medications used before or after school in athletic areas by coaches, trainers, or by sponsors of other school activities outside of regular school attendance hours including OTC medications, are subject to the same requirements for authorization, storage, administration, and delegation as any other medication in the school setting. "Extended program hours" means any program that occurs before or after school hours that is hosted by the school. Schools and delegating RNs need to consider the availability of the delegating nurse (e.g. extended contract to cover being on-call) who may need to answer questions that could occur during the before and after school time.

For more information consult K.A.R. 60-15-101 *Definitions and functions*
http://www.ksbn.org/npa/pages/60-15-101.pdf

Storage of Medication

Student specific scheduled and prn medications including OTC medications maintained in the school setting must be kept in a locked and secured container or cabinet, in a room that can be locked. Medications requiring refrigeration should be kept in a secured refrigerator that is inaccessible to students or staff members. The medications should never be stored with food. Access to student specific medications must be limited. It is recommended that a list of persons with access to medications be maintained and updated regularly.

Emergency medications are treated differently, student specific emergency medication should be stored based on school district policy. However, it is now recommended to keep student specific emergency medication in unlocked cabinets and/or containers to facilitate immediate access to these medications.

Emergency stock medications must be clearly marked, distinguishing between dosage (example: EpiPen for over 66 pounds and EpiPen Jr for children less than 66 pounds). They must be kept in a designated accessible location and should be checked regularly by the school nurse to ensure availability.

Inventory of Medications

The RN and another staff member must inventory medications at least every

semester. Expired medications must be destroyed or disposed. The disposition must be clearly documented (See **Appendix F:** Sample Form *Controlled Substance Log.*) Medications no longer being used should be returned home or destroyed. Needles, syringes, and lancets should be properly disposed of by sealing in a puncture proof container.

As previously stated in Section C. Medication Administration Guidelines, Prescription Medications, controlled substances should be counted on a scheduled basis (monthly, bi- weekly), by the RN or UAP, and witnessed by a responsible school employee (another school nurse, administrator or staff member). This count should be reconciled with the prior count and medication administration record. All counts must be clearly documented on the student medication record with both participants identified. This process is greatly facilitated using unit dose packaging or blister packs. Ideally, no more than a 30-day supply of prescribed medication should be stored at the school.

Medication Incident (Error)

School policies and procedures should address what a staff member must do if there is an "irregularity" involving medication. Medication errors most often occur when an individual is interrupted or distracted. Eliminating distractions and/or other responsibilities during periods of concentrated medication administration can increase safety and decrease the potential for errors. Medication errors may include:

- Omitting a medication
- Administering a medication to the wrong student
- Administering an incorrect dose of medication
- Administering a medication at the wrong time
- Administering a medication by the wrong route

Schools should have policies to address handling situations with students who do not appear or refuse to take ordered medication. It may be best to address these situations on an individual basis dependent upon what the medication is and how often the student forgets. If a medication is not administered, policies should address the extent to which school personnel will attempt to administer the medication, and include parent notification procedures.

Any medication "irregularity" should be documented on a Medication Incident Report Form and reported to the school nurse, parents, the prescribing healthcare provider or

specialist, and the school administrator if deemed appropriate by the school nurse. School nursing personnel should review reports of medication incidents and take necessary steps to avoid problems in the future. The employee completing the medication incident report is encouraged to describe how the incident occurred. Terms such as "accidentally or "by mistake" should be avoided. (See **Appendix L**: *Suggested Procedures for Medication Errors/ & Sample Medication Incidence (Error) Report Form*).

The RN may reasonably work within a timeframe or window of 30-45 minutes of the prescribed time for medication administration based on priorities and nursing judgment without creating an error of omission. Any window of time granted to UAPs to whom medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising RN. School Nurse Administrators, along with school nurses, should regularly review incident reports. If trends in errors are evident, the school should consider changing processes to lessen occurrence of injuries, and provide additional training needed, etc. Tracking and responding to medication incidents is one example of a quality improvement activity, important to the role of the school nurse.

Disposal of Medications

The parent or legal guardian should pick up medications that are out of date or have been discontinued. All medications should be picked up at the end of each school year. The parental or legal guardian notifications should be sent home under the above conditions. When medications are not picked up after the parent or legal guardian notification, they should be destroyed and that process should be witnessed and documented.

Resources for safe disposal of medications include:

- Disposal of Controlled Substances (FDA, n.d.) https://www.federalregister.gov/documents/2014/09/09/2014-20926/disposal-of- controlled-substances

- How to Dispose of Unused Medicines (FDA, n.d.) http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm
- https://www.ecfr.gov/current/title-21/chapter-II/part-1317

Disposal of Needles and Syringes

Needles and syringes should be disposed of in a manner consistent with

appropriate Occupational Safety and Health Administration (OSHA) Guidelines and district policy. Consider a policy or plan for staff, visitors, and events (sports, plays, etc.) that allows for sharps disposal in schools. If no policy or plan is developed, sharps could be inappropriately discarded, leaving students and staff at risk.

- For more information about the disposal of needles and syringes visit https://www.osha.gov/sites/default/files/publications/bbfact02.pdf

- Best Way to get Rid of Used Needles and Other Sharps (FDA, 2015) http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandCons umer/ConsumerProducts/Sharps/ucm263240.htm

DISASTER PLANNING

Emergency Building Evacuation and Medications

Every school nurse's office should be supplied with a readily accessible, easily carried, and recognizable emergency bag/pack that includes supplies for basic first aid and a glucose source. A current list of all students with significant medical conditions and current medication histories, and emergency contact numbers should be kept in the emergency bag. Make sure to update the list as students and conditions in the building change.
For specific supplies refer to NASN's Emergency Resources, Equipment and Supplies for School With/Without a School Nurse at:
https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Practice%20Topic%20Resources/Emergency_Resources_Equipment_Supplies_list_for_Schools.pdf

Planning for Potential Disaster Situations

When school districts plan for potential disaster situations, student medication needs must be addressed. Safety is the goal. Considerations should include, but are not limited to:

- Development of disaster preparedness plans with a description about how to accommodate students within a minimum of 72 hours without access to care.
- If the community has limited resources, consider the following:
    - Have at least a three-day supply of medications on hand for students who take medications during the school day.

- The school nurse or designee contacts the parent or guardian to identify medications that students take only at home. Identification of health risks for students who miss three days of medication would be a serious health risk for the student. The parent or guardian should be asked to provide a three-day supply of these medications with instructions from their healthcare provider. There are some situations where the need for the medication can be attenuated or delayed by working with the student's healthcare provider and parent or guardian.

- Have medications securely and properly stored according to prescription container directions (e.g., refrigerated and monitored for expiration dates). It may be necessary to periodically rotate the school's disaster medications for an individual student to ensure there are no expired medications at school.

- Have medications securely and properly stored according to prescription container directions (e.g., refrigerated and monitored for expiration dates). It may be necessary to periodically rotate the school's disaster medications for an individual student to ensure there are no expired medications at school.

- Medications, like insulin dosage may be altered based on food intake and activity level to require less insulin. Some medications may have a longer half-life permitting students to miss several doses without serious consequences. These situations must be clarified by the school nurse to ensure that those students needing medication receive the amount they need in situations where medications cannot be readily obtained without prior planning.

Ensure each student's IHP contains specific, detailed instructions and diagrams for UAPs who could assist the student if a nurse was unavailable during a disaster.

- **Preparing Your School District for Public Health Pandemics**

In recent years, there have been several outbreaks of disease leading to pandemic preparedness and response in our country (e.g., COVID, Avian, H1N1, Ebola, and the Zika virus). Public health agencies have developed response plans for various emergencies including the potential for a pandemic outbreak. School districts should collaborate with their local public health agency, as the school district plays a critical role in the community public health preparedness and response activities. Many school districts have buildings that could be designated as a Point of Dispensing (POD) to either (a) provide shelter and food for community members or (b) serve as a site for mass prophylaxis of community members (either by vaccination or distribution of prophylactic antibiotics). Mass prophylaxis is the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency. These efforts are needed to prevent the development of disease among those who are exposed or are potentially exposed to public health threats.

School nurses are the health experts with the knowledge base regarding disease epidemiology and surveillance. The COVID-19 pandemic in 2020 required a change in recommendation; therefore, it is critical that school nurses remain current in their knowledge of recognition and response for various health threats. Partnering with the local public health agency is imperative to ensure if a disease outbreak leads to mass prophylaxis requiring antibiotic therapy, the school district has planned and prepared for an emergency response.

- ## Field Trips, School Sponsored Events and Summer School

Standards for safe medication administration do not change when students participate in field trips, school sponsored events, or summer school. This includes appropriate training, delegation and supervision of the UAP by a RN. The goal of school districts should be to facilitate all students' participation in all school activities. It is especially important to plan for any student with a chronic or life-threatening health condition who may participate in an overnight field trip. The student may need medication that he/she normally takes only at home.

- **Scheduled Field Trips**

It is the school's responsibility to provide necessary accommodations so that all students can attend the scheduled field trips. Some students may need assistance with medication administration during the trip. If the school nurse does not attend the field trip:

- The medication administration task may be delegated to the UAP, such as a teacher. The UAP should be prepared for medication administration, proper documentation, and medication storage before the task is delegated. The person to whom the medication administration is delegated must be identified, receive appropriate training, and demonstration of competency needs to be documented. The UAP will assume responsibility for safe transport and storage, as well as administration of medication.
- Medications should be placed in a small, labeled envelope or container labeled clearly with student name, date of birth, medication, dose, route and time for administration by the RN. It is recommended that all medication dose packages be placed in a waterproof bag for transport. (See **Appendix M**: *Board of Pharmacy Letter Regarding Field Trip Medication Administration*).
- The teacher must report any medication administered to the school nurse for documentation. The disposition of the medication dose for field trips should be clearly documented on the student's medication record indicating to whom administration was delegated and time of actual administration.
- The parent or guardian is responsible to obtain a medication authorization form with specific instructions if their children attend field trips or school sponsored events that extend beyond regular school hours. The current medication authorization form on file should be followed.
- School nurses cannot delegate medication administration to volunteers, parents or guardians, or non-school employees during school or during school sponsored events. This includes licensed nurses who are not district employees.
- Parents or guardians who accompany children to any school sponsored event may administer medication to their own child but not to any other children.
- Medication that needs to be refrigerated must be kept in a small cooler with ice packs if a refrigerator is not available. *NOTE: Be aware of temperature extremes that may affect medications. For example, epinephrine auto-injectors must be kept between 59 and 86 degrees Fahrenheit so **it is inadvisable to store them in a locked box in a car trunk or on a bus during hot weather without a cooling pack.**
- An action plan per school district policies and procedures should be

developed by the RN to meet the needs of the student if a student is capable of self- administration.

- If the student does not already self-administer medication at school, the student will require training and support by parent or guardian and the school nurse before assuming this responsibility on a field trip, school sponsored event, or summer school. This student may require additional adult supervision to ensure his/her safety.

- Upon return from a field trip, any unused medication must be returned to the school nurse or designee and documentation completed in accordance with the school district's procedure. The school nurse or designee and the UAP should sign and date a log sheet that documents the return of the medication and any problems that might have occurred with the medication administration on the field trip such as a dropped medication, missed dose, or student refusal.

- **Field Trips and Section 504**

Section 504 may apply to the administration of medication to a student with a qualifying disability, including their participation in field trips, school sponsored events, and summer school. The district must provide health services for the student on field trips, school sponsored events, and summer school, if the student receives health services. Appropriate accommodations may include:

- Assigning a licensed nurse to provide care for the student.
- School nurse delegation of care to a UAP by following appropriate delegation procedures.
- The parent or guardian may be asked to accompany the student to attend to the student's healthcare needs although they cannot be required to do so.

  - If none of these options are possible or the student should not go on the field trip or school sponsored event because of the unstable/fragile nature of their condition and/or the distance from the emergency care that might be required, the school may provide a comparable learning experience at school or in an alternate, safe location.

○ Field Trips Out of the State and Out of the Country

School districts should have policies and procedures for out of state and country trips., The school nurse should work with district administration and legal counsel to address how the medication or treatment needs of students will be

addressed. The nurse should contact the boards of nursing in the appropriate state for guidance and permission to practice (including delegation to school staff) in that state or determine if the state grants visiting privileges. The nurse may be required to obtain licensure in another state to be able to administer medication/treatments to students or to be able to delegate administration of medication/treatments to school staff. For trips outside the country, the school nurse should contact the visiting country for guidance and permission. It is best to get guidance in writing and have these documents readily available. For out of state field trips, also refer to the nursing compact license.

For more information about school sponsored field trips:
School Sponsored Field Trips – The Role of the School Nurse (Position Statement) NASN
https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-trips

- **Poison Control Center**

The Poison Control Center hotline (1-800-222-1222) can be called from anywhere in the state of Kansas and throughout the Kansas City metropolitan area 24/7. This connects callers directly to the Kansas Poison Control Center at Kansas University Medical Center (KUMC) for questions or concerns about medications, side effects, and pill/capsule identification. Additionally, poison control centers may ask for the patient's name and contact information. For more information about the poison control center: http://www.kumed.com/medical-services/poison-control

For additional information on laws & guidance for revealing personal identifying information visit Family Educational Rights and Privacy Act (FERPA)
https://ed.gov/policy/gen/guid/fpco/ferpa/index.html

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APPENDIX – (*Permission has been granted by all authors and/or school districts to share the documents included in this appendix).*

A. Sample School Board Medication Policies

B. Recommended Qualifications for the Unlicensed Assistive Personnel

C. Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid

D. Sample Documentation of Instruction from the Licensed Professional Registered Nurse to Unlicensed Assistive Personnel

A. Sample Authorization for Medication / Procedure to be Administered at School & Field Trips

B. Statute Pertaining to Parental Consent for Medications at school- K.S.A. 72-6287

C. Sample Controlled Substance Log/Medication Count Log

D. Statutes Pertaining to Stock Epinephrine Kits, Stock Albuterol and Spacers

1. K.S.A. 72-6283. Epinephrine kits and albuterol inhalers; definitions; requirements.
2. K.S.A. 65-1680 Emergency medication kits in schools.
3. K.S.A. 65-2872b Persons not engaged in the practice of the healing arts; administration of epinephrine and albuterol; limitation of liability.

E. Sample Policy and Documents Naloxone/Opiate Antagonist Medication

F. Sample Naloxone Policy Decision Tree and Documentation

G. Statute K.S.A. 65-16,127. Naloxone Use in School

H. Six "Rights" of Medication Administration in the School Setting

I. Sample Documentation of Medication Administration Forms

J. Sample Authorization for Self-Medication: Emergency Asthma/Allergy Medications

K. Statute K.S.A. 72-8252. Policies to allow students to self-administer certain medications.

L. Suggested Procedures for Medication Errors & Sample Medication Incidence (Error) Report Form

M. Letter from Kansas State Board of Pharmacy regarding field trip medication administration

Appendix A

Sample School Board Medication Policy

Sample: District Medication Policy

BOARD POLICY:

The supervision of medications shall be in strict compliance with the rules and regulations of the board as carried out by district administrators.

ADMINISTRATIVE PROCEDURE:

A. A student is eligible to take medication at school if it is to be given at a specific time of day during regular school hours or if it is to be given more than three times a day. Unnecessary medication administration at school is strongly discouraged.

B. Parent/legal guardian authorization and a written order from a person licensed to practice medicine or dentistry in the State of Kansas or other competent jurisdiction are required for administration of controlled and emergency medications in middle and high school and all medications in the elementary setting with the exception of over-the-counter medications addressed in C6 and D below. The medical order must be updated at the beginning of each school year and dated not prior to May 1 of the previous year.

1. The order should include the following:

    a. Name of student
    b. Diagnosis/reason for medication
    c. Name of medication to be given
    d. Dosage to be given
    e. Times to be given
    f. Method of administration
    g. Expected duration of treatment
    h. Healthcare provider signature

2. Lawful custodians are responsible for:

    a. Verbalizing request for medication administration to school nurse
    b. Providing required physician or dentist order
    c. Supplying medication in the original container
    d. Authorizing school health services personnel to exchange information with the attending physician and personnel from the dispensing pharmacy.

3. The school nurse is responsible for:.

    a. Keeping medications locked in specially designed cabinet and/or small locked container for refrigeration (with the exception of rescue medications which remain unlocked).
    b. Counting all regulated medications when received and verifying with at least one other adult (lawful custodian or school employee).

c. Initiating a medication order in the student's electronic medical record

d. Administering and monitoring effect of initial dose of medication.

e. Instructing unlicensed school personnel who have been identified as necessary to implement the administration plan and documenting training and supervision.

f. Observing students for desired and potential effects.

g. Completion of required medication documentation.

h. Providing necessary feedback to lawful custodian and physician.

4. Termination

a. Short-term medication: The medication plan will be terminated when medication supplied by the lawful custodian has been administered.

b. Long-term medication/PRN (as needed): During the school year the termination of a medication plan by the lawful custodian, prescribing physician, or school nurse must be by written or verbal notice. On July 31, at the end of the extended school year, all medication orders will terminate.

C. Self-Administration:

1. The self-administration of medicine for the treatment of anaphylactic reactions or asthma is allowed for students in grades K-12. To be eligible, a student shall meet all requirements of this policy. Parents/guardians shall submit a written statement from the student's health care provider stating:

a. The name and purpose of the medication;

b. The prescribed dosage;

c. The conditions under which the medication is to be self-administered;

d. Any additional special circumstances under which the medication is to be administered; and

e. The length of time for which the medication is prescribed.

2. The statement shall also show the student has been instructed on self-administration of the medication and is authorized to do so in school.

3. An annual renewal of parental authorization for the self-administration of the medication is required.

4. Olathe Public Schools, and its employees and agents, which authorize the self-administration of medication in compliance with the provisions of this policy, shall not be liable in any action for any injury resulting from the self-administration of medication, and written notification in this regard is provided to the parents/guardians.

5. Parents/guardians shall sign the waiver of liability provided on the "Authorization for Self-Administration of Emergency Asthma/Allergy Medication" form.

6. Other non-regulated prescription and/or over the counter medications may be self-administered by students at the middle and high school level unless parent or guardian requests supervision.

Additionally, the following principles apply:

a. Students with chronic conditions should have a record of the condition and prescribed medications on file in the health room.

b. Students should carry only a small supply of medication in the original container.

c. A student should not give medication to another student.

d. Middle and high school principals will have final authority to revoke medication privileges.

D. Health Room Stock of Over-the-Counter Medications

1. Health rooms will stock limited over-the-counter medications as approved by the district's medical advisor and Director of Health Services.

2. Parents/legal guardians will provide annual written permission for the school nurse to administer the medication.

3. Contact with early childhood and elementary parents will be attempted by the school nurse for each administration of health room stock, over-the-counter medication to ensure continuity of care for the student before and after school.

E. In accordance with state law, injectable epinephrine is stocked at student buildings for use by staff who reasonably believe a student or staff with unknown history is displaying signs and symptoms of a severe allergic reaction (anaphylaxis). Use of the injectable epinephrine requires an immediate call to 911 and, if applicable, notification of parents.

F. In accordance with state law, nasal naloxone is stocked in student secondary buildings for use by trained staff who reasonably believe an individual is displaying signs and symptoms of overdose. Use of the nasal naloxone requires a call to 911 and, if applicable, notification of parents.

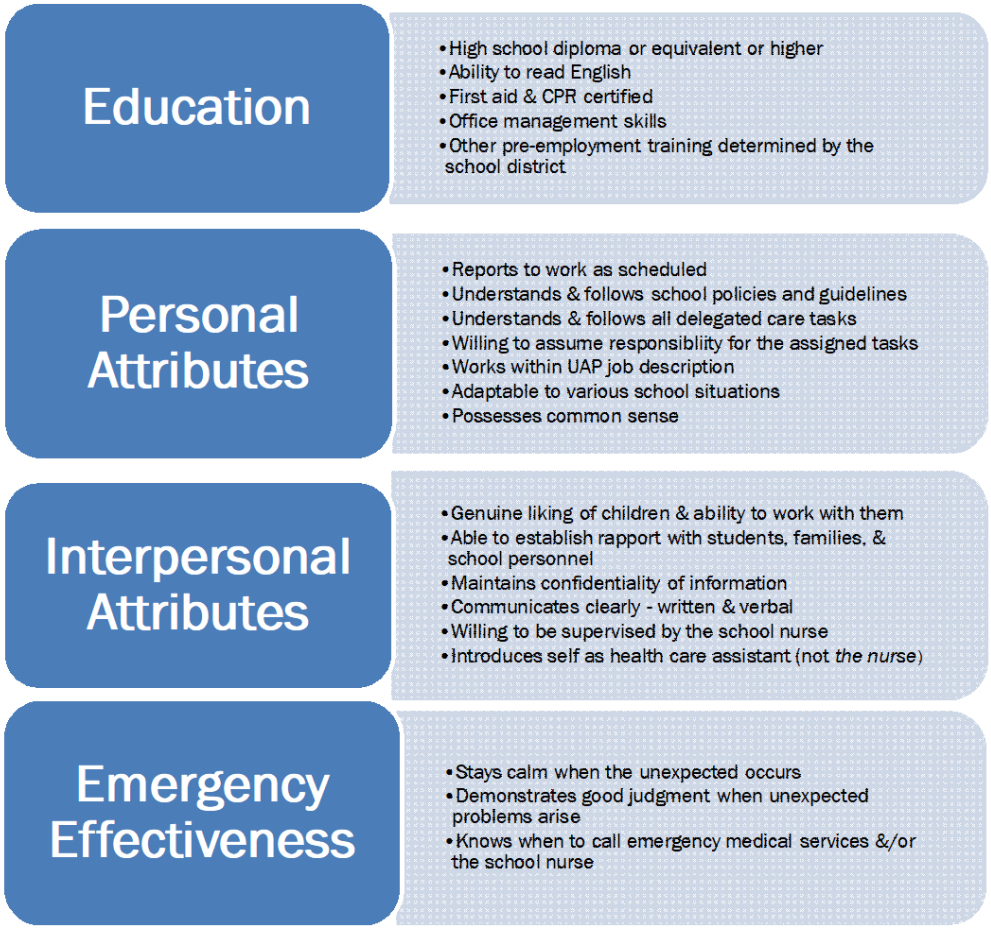
Form adapted from Olathe Public Schools USD 233 06/29/2022

Appendix B

Recommended Qualifications for the Unlicensed Assistive Personnel

National Association of School Nurses

Recommended Qualifications for the Unlicensed Assistive Personnel (UAP)



Appendix C

Delegation of Specific Nursing Tasks in the School Setting for Kansas Grid

Delegation of Specific Nursing Tasks in the School Setting for Kansas (see K.A.R. 60-15-101 through 104)

The following table is to be used to determine to whom **Specialized Caretaking** tasks or procedures may be delegated. Only the Registered Professional Nurse (RN) responsible for the student's nursing care may determine which nursing tasks may be delegated to an Unlicensed Assistive Person (UAP). The RN or the Licensed Practical Nurse (LPN) shall supervise all nursing tasks delegated in accordance with the criteria listed in KAR 60-15-101 through104. Depending on parental permission and the age and maturity level of the child, many tasks may be performed by the child with oversight by the RN or LPN. **Basic Caretaking** tasks **(including bathing, dressing, grooming, routine dental, hair and skin care, preparation of food for an oral feeding, exercise – [excluding OT and PT], toileting and diapering, hand washing, transferring, and ambulation)** may be performed by a UAP without delegation.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following: 1) The nursing task involves no nursing judgment. Judgment involves substantial specialized knowledge derived from biological, behavioral and physical sciences applied to decisions, 2) The UAP skills and competency levels, and 3) The supervision criteria in KSA 65-1165 are evaluated and met.

A = Allowed within Scope of Practice
S = Within Scope of Practice with Supervision
D = Delegated task with RN or LPN supervision
X = Cannot perform

Provider = Person w/legal authority to prescribe (e.g. MD, DO, DDS, and ARNP or PA with protocol authority)
RN and LPN = Licensed health professionals regulated by Kansas Nurse Practice Act
UAP = All other school employees assisting with health services not licensed as a RN or LPN

Specialized Caretaking	Provider Order Required	RN	LPN	UAP	Self administration	**RN Scope of Practice**: The delivery of health care services which require assessment, nursing diagnosis, planning, intervention & evaluation. **LPN Scope of Practice**: The delivery of health care services which are performed under the direction of the RN, licensed physician, or licensed dentist, including observation, intervention, and evaluation. **Self administration**: As agreed between RN or LPN and parent/provider.
Prescription Medications: Oral, topical, nasal, inhalers, nebulizer and rectal	Yes	A	S	D*	A	*If does not require dosage calculation and nursing care plan denotes route.
Prescription Medications: Intramuscular	Yes	A	S#	X#	A	# No, unless an emergency medication as specified per an Emergency Action Plan (EAP). RN/LPN supervision.
Prescription Medications: Through tubes inserted into the body	Yes	A	S	X+	A	+Except a feeding tube inserted directly into the abdomen
Prescription Medications: Intermittent Positive Pressure Breathing Machines	Yes	A	S	X	A	
Prescription Medications: Intravenous	Yes	A	S**	X	A	**According to LPN IV therapy law
Over the Counter Medications	*	A	A	A	A	*Individual district policy may vary in requirements and limitations.
Diabetes Care: Blood glucose monitoring and/or carbohydrate counting and/or subcutaneous insulin administration	Yes	A	S	D	A	
Catheterization	Yes	A	S	D	A	
Ostomy Care	Yes	A	S	D	A	
NG feeding: preparation and/or administrations	Yes	A	S	X	A	
G-tube feedings: preparation and/or administration	Yes	A	S	D	A	
Reinsertion of percutaneous g-tube	Yes	A	S	D	A	
First feeding after reinsertions of g-tube	Yes	A	S	X	A	
Care of skin with damaged integrity	Yes	A	S	D	A	
Care of skin with potential for damage	No	A	S	D	A	
Tracheostomy: Care of ostomy, trach and/or suctioning	Yes	A	S	D	A	
Tracheostomy: Reinsertion of established	Yes	A	S	X##	A	## No, unless an emergency procedure as specified per an Emergency Action Plan (EAP). RN/Certified LPN supervision.
Mechanical Ventilation: Management of	Yes	A	S	X	A	
Measuring Vital Signs	No	A	S	D	A	
Development of Individualized Health Care Plan & EAP (Emergency Action Plan)	No	A	X	X	X	

The above document was developed in collaboration with the Kansas State Board of Nursing (KSBN) and the Kansas School Nurse Organization (KSNO).Approved by the KSBN Practice Committee on September 15, 2009. **REVISED March 21, 2023**

https://ksbn.kansas.gov/wp-content/uploads/2020/07/Delegation.pdf

Appendix D

Sample Documentation of Instruction from the Licensed Professional Registered Nurse to Unlicensed Assistive Personnel

_____, _____

Last Name, First Name

Documentation of Instruction from the Registered Nurse to School Personnel

The undersigned non-nursing, non-licensed school personnel has been instructed in**:**

Bloodborne Pathogens, Universal Precautions & Child Passenger Safety,
Medication Delegation, and Emergency Care for Asthma, Cardiac, Seizures, Food Allergies and Emergency Procedures.

This person has satisfactorily demonstrated the ability to carry out the identified nursing task. Both the registered nurse and the unlicensed person agree that the task can be safely delegated and carried out by the unlicensed person designated below with periodic supervision at the discretion of the registered nurse.
Any questions or concerns about any delegated task, or any concern of injury or illness must be reported to the on-duty nurse as soon as possible for further directions.

This training is provided annually. The information is reviewed at mid-year and as needed.

"Staff who accept responsibility to give medication to students when a nurse is not available is required to follow the procedure and complete the paperwork. Any errors must be reported immediately."

An error is defined as: The incorrect, wrongful administration or omission of medication as directed.

In the event of an error the following actions must be taken:

1. **Report the error to the nurse** on duty and immediate supervisor as soon as it is discovered. The nurse will determine the level of action/care needed for the situation.

2. **Notify parent/guardian** of error. The nurse will do this, if possible. If not, the staff or immediate supervisor will contact the parent.

3. **An Incident/Accident report should be completed as soon as possible**. This will help evaluate, identify and correct the cause of the error. 1:1 training time will be spent with the employee to provide additional support and training in regard to the Delegation procedure. These reports are kept for documentation purposes within the Health Center, related to our compliance with the KS Nurse Practice Act and Delegation practices.

Clarification:
If a student refuses to take their medication as directed during the activity, staff should notify the nurse on duty. This is **NOT** considered an error, but should still be documented on the medication page. Please notify the nurse on duty as soon as possible.

RN providing Instruction: _____

Printed Name	Signature	RN Signature	Date

Printed Name	Signature	RN Signature	Date

Use this space to document progress, problems or accomplishments this employee has with the Delegation procedure & guidelines.

Date		RN Signature

Original to be kept in Health Center. Copy to Employee & Human Resources.

"Delegation is defined as "the transfer of a responsibility for the performance of an activity to another; with the nurse retaining accountability for the outcome" (ANA & National Council of State boards of Nursing, 2006, p 4)

In the event of an off campus activity, or during activities that occur when the Health Center is closed, medications can be delegated to Non-licensed staff who have received the appropriate training and have accepted responsibility for the medications. When necessary, medications are sent with staff to administer to students participating in activities. This **"Delegation"** of medication administration is covered under the KS Nurse Practice Act 60-15-101. A copy of the Act is available in the Health Center/Health Clinic Procedure Book. Athletic, Academic and Dorm staff participates in delegation training biannually.

During the biannual Delegation training, Staff signs an agreement to follow the procedure. The document reads:

"Staff who accepts responsibility to give medication to students when a nurse is not available is required to follow the procedure and complete the paperwork. Any errors must be reported immediately."

An error is defined as: The incorrect, wrongful administration or omission of medication as directed.

In the event of an error the following actions must be taken:

1. **Report the error to the nurse** on duty and immediate supervisor as soon as it is discovered. The nurse will determine the level of action/care needed for the situation.

2. **Notify parent/guardian** of error. The nurse will do this, if possible. If not, the staff or immediate supervisor will contact the parent.

3. **An Incident report should be completed as soon as possible**. This will help evaluate, identify and correct the cause of the error. 1:1 training time will be spent with the employee to provide additional support and training in regard to the Delegation procedure. This will also be documented on the Incident report. These reports are kept for documentation purposes within the Health Center, related to our compliance with the KS Nurse Practice Act and Delegation practices.

Delegation errors can be classified as **Inadvertent** (unintentional) or **Intentional**.

Inadvertent errors include: situations where a student's medication is lost, given at the wrong time or to the wrong student **without** the intention to change or ignore what is directed. *Staff is encouraged to report these errors and no disciplinary action should be taken if the error is deemed inadvertent by the Nurse Manager and Administration. Non licensed staff are NOT Nurses and should not be held to the expectations of being a Nurse.*

Repetitive or a severe error(s) made by the same employee will result in discontinuation of Delegation responsibilities to that employee at the discretion of the RN (re: KS NPA, KS Board of Nursing).

Intentional Errors include: Blatant disregard for the Delegation procedure and policy and/or malicious interference with a student's health and safety. The Nurse Manager will communicate any such incidents to Human Resources and Administration for their review. This would include:

- The willful transfer of Delegated tasks from the designated student to another student;
- The willful transfer of Delegated medications from the designated student to another student;
- Staff independently obtaining and administering medications without the nurse's knowledge;
- Failure to report illness or injury to the nurse on duty and immediate supervisor;
- Failure to comply with the protection of Privacy and HIPPA laws;
- Any other action identified as inappropriate.

Human Resources and/or Administration will determine the level of discipline required according to the Employee Handbook, which can lead to disciplinary steps up to termination.

Clarifications:

If a student refuses to take their medication as directed during the activity, staff should notify the nurse on duty and their supervisor. This is **NOT** considered an error, but should still be documented on the medication page. This information is kept for documentation purposes within the Health Center, related to our compliance with the KS Nurse Practice Act and Delegation practices.

State Nurse Practice Acts and their associated rules and regulations define the guidelines and standards regulating delegation of nursing tasks. Some states and territories restrict the procedures that can be delegated; others do not allow delegation at all. (School Nursing: A Comprehensive Text/J. Selekman, editor. - 2nd Edition, p.1308)

"Nursing delegation is not appropriate for all students, all nursing tasks, or all school settings….The appropriateness of delegation can only be determined by the registered professional school nurse and is determined through a nursing decision-making process" (ANA & National Council of State boards of Nursing, 2006, p 3)

Only an RN can delegate nursing care. "If an individual who has been assigned by a school administrator is not suitable for the task, whether it is due to lack of education, attentiveness, availability or proximity, the registered nurse must work with administration to locate a better suited individual. The registered nurse adheres to the state nurse practice act and standards of nursing practice, even if it conflicts with an administrator's directive" (NASN 2010).

Medication Administration Delegation

Employee _____ Registered School Nurse _____

☐ Review District medication delegation and administration policy and OSPI guidelines

☐ Review medication administration forms:
- Medication Authorization
- Medication Administration Record/Log
- Medication Error Report
- Receipt of Medication
- Field Trip Medication Administration Record/Log

☐ Review Medication Administration Procedure

Demonstrate medication administration (per procedure):

☐ Epinephrine auto injector
☐ Inhaler
☐ Nebulizer
☐ Oral medication
☐ Eye drops or ointment
☐ Ear drops
☐ Nasal spray
☐ Topical ointment or cream
☐ Transdermal patch
☐ Gastrostomy tube medication
☐ Review Confidentiality Statement (on reverse)

Other specific medications:
_____
_____
_____

Initial Delegation Date:	**Review date:**	**Review date:**	**Review date:**
I hereby delegate the administration of the above medications at school during the _____school year to: _____ RN signature _____	***RN initials***	***RN initials***	***RN initials***
I accept the responsibility to give medications at school in conformity with the above directives. I accept the responsibility to safeguard health information confidentiality. Employee signature _____	***Employee initials***	***Employee initials***	***Employee initials***

Shared with permission from the Washinton Medication Guidelines (2022).

Confidentiality of Student Health Information

In the course of my employment or association with _____ School District, I understand that printed, electronic, and oral communications concerning ALL student health information are confidential. Such information can be accessed directly only by certain designated individuals and only for legitimate health purposes. Any keys to any files and any computer password assigned to me for whom I am responsible will be kept confidential. I understand that release of any student health information in printed, verbal, electronic, or any other form by unauthorized personnel is a violation of school district standards for school employees and contracted service providers.

I understand that improper release of student health information in printed, verbal, electronic, or any other form is a violation of district policy for both employees, contracted service providers, and volunteers is cause for disciplinary action and can result in termination of employment and in some cases, civil liability.

If I have any questions concerning the confidentiality of student health information, I will consult my immediate supervisor, the school nurse, or the school principal.

I have read, understand, and accept the above statements.

Click or tap here to enter text.	Click or tap to enter a date.

Signature of School Staff Member Date

Adapted from The Office of Superintendent of Public Instruction (OSPI). (2022)

Appendix E

Sample of Authorization for Medication / Procedure to be Administered at School and Field Trips

AUTHORIZATION FOR MEDICATION/PROCEDURE TO BE ADMINISTERED AT SCHOOL & FIELD TRIPS

Part A
Parent to Complete

Name of Student: _____ Date of Birth: _____ Grade/Teacher: _____

I grant permission for the school nurse or a delegated staff member to administer medication/treatment to my child at school as indicated by my child's physician accordingly below. I understand that I must provide any prescribed medication in its original labeled container.

I also acknowledge the need and give permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment in question, including communication concerning: **1. t**he prescription or treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions, size of catheter for emergency insertion in the track of a dislodged gastrostomy tube); **2.** implementation of the treatment in school (e.g., questions regarding safety concerns, infection control issues, or modifications in the treatment order related to the school setting or student's academic schedule); **3**. student outcomes from the treatment (e.g., questions regarding observed side effects, possible untoward reactions, observations of behavior changes in the classroom); **4.** and other pertinent issues related to the student's diagnosis, condition, or treatment.

_____ _____ _____
Parent Signature Parent (Printed Name) Today's Date

Part B
Physician to Complete

Current Diagnosis(es): _____ _____ _____

PHYSICIAN MEDICATION AND/OR TREATMENT ORDERS: (please specify)

Medication / Treatment	Dosage	Time / Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions: _____

_____

Appendix F

Statute Pertaining to Parental Consent for Medications at school- K.S.A. 72-6287

72-6287. Parental consent for minor healthcare required while minor present at school facility. (a) As used in this section:

(1) "Appropriate licensing agency" means the agency that issues the license, certification or registration to the healthcare provider under this section.

(2) "Behavioral health crisis" means the same as defined in K.S.A. 65-536, and amendments thereto.

(3) "Consent" means assent in fact, whether expressed or apparent.

(4) "Drug" means the same as defined in K.S.A. 65-1626, and amendments thereto.

(5) "Healthcare provider" means a person who is licensed by or holds a temporary permit to practice issued by the state board of healing arts, the board of nursing or the behavioral sciences regulatory board.

(6) "Minor" means an individual under 18 years of age.

(7) "Parent" means the same as defined in K.S.A. 38-141, and amendments thereto.

(8) "School facility" means any building or structure owned, operated or maintained by the board of education of a public school or the governing body of an accredited nonpublic school if such facility is accessible to students.

(b) (1) Except as provided in subsection (c), notwithstanding any other provision of law to the contrary, unless a healthcare provider has consent of a minor's parent, a healthcare provider shall not, while a minor or healthcare professional is at a school facility:

(A) Prescribe, dispense or administer any prescription or nonprescription drug;

(B) administer a diagnostic test with the minor's bodily fluids; or

(C) conduct ongoing behavioral health treatment.

(2) Notwithstanding the provisions of K.S.A. 72-6316, and amendments thereto, the provisions of paragraph (1) shall not prevent a healthcare provider at a school from conducting a behavioral health assessment or intervention for a minor experiencing a behavioral health crisis, conducting a school-based screening required by law or providing education to a minor.

(3) A healthcare provider who violates the provisions of paragraph (1) shall be subject to professional discipline from such healthcare provider's appropriate licensing agency.

(c) The provisions of this section shall not apply to:

(1) Consent by parent for surgery and other procedures on a child, K.S.A. 38-122, and amendments thereto;

(2) consent for medical care of unmarried pregnant minor, K.S.A. 38-123, and amendments thereto;

(3) donation of blood by persons over 16, K.S.A. 38-123a, and amendments thereto;

(4) consent for immunization by person other than a parent, K.S.A. 38-137, and amendments thereto;

(5) health services under the revised Kansas code for care of children, K.S.A. 38-2217, and amendments thereto;

(6) emergency care by healthcare providers, K.S.A. 65-2891, and amendments thereto;

(7) examination and treatment of persons under 18 for venereal disease, K.S.A. 65-2892, and amendments thereto; and

(8) examination and treatment of minors for drug abuse, misuse or addiction, K.S.A. 65-2892a, and amendments thereto.

History: L. 2024, ch. 108, § 1; July 1.

Appendix G

Sample Controlled Substance Log/Medication Count Log

CONTROLLED SUBSTANCE LOG

Student Name: _____ **School Year:** _____ **School:** _____

DATE	Medication	Dosage	Total Received	Total Returned	Total Wasted	Witness #1	Witness #2

Rev. 5/2019

Appendix H

Statutes Pertaining to Epinephrine Kits and Albuterol

1. **K.S.A. 72-6283** ***Epinephrine kits and Albuterol; requirements.***
2. **K.S.A. 65-1680 Stock** ***Epinephrine kits and Albuterol and Spacers in schools; rules and regulations.***
3. ***K.S.A. 65-2872b. Persons not engaged in the practice of the healing arts; administration of epinephrine and albuterol; limitation of liability.***

STATUTES PERTAINING TO STOCK EPINEPHRINE KITS AND STOCK ALBUTEROL AND SPACERS

Chapter 72.--SCHOOLS
Article 62.—Student Health EDUCATION

72-6283. Epinephrine kits and albuterol inhalers; definitions; requirements. (a) As used in this section, K.S.A. 65-1680 and 65-2872b, and amendments thereto:

(1) "Albuterol" means a short-acting beta-2 agonist-inhaled medication, otherwise known as a bronchodilator, that is prescribed by a physician or mid-level practitioner for the treatment of respiratory distress.

(2) "Albuterol metered-dose inhaler" means a portable drug delivery system containing a canister of multiple pre-measured doses of albuterol in a device actuator.

(3) "Albuterol solution" means a liquid form of albuterol for use with a nebulizer.

(4) "Anaphylaxis" or "anaphylactic reaction" means a sudden, severe and potentially life-threatening multi-system allergic reaction.

(5) "Designated school personnel" means an employee, officer, agent or volunteer of a school who has completed training, documented by the school nurse, a physician or a mid-level practitioner, to administer emergency medication on a voluntary basis outside of the scope of employment.

(6) "Emergency medication" means epinephrine or albuterol.

(7) "Epinephrine" means a medication prescribed by a physician or mid-level practitioner for the emergency treatment of anaphylaxis prior to the arrival of emergency medical system responders.

(8) "Epinephrine auto-injector" means a device that automatically injects a premeasured dose of epinephrine.

(9) "Mid-level practitioner" means the same as such term is defined in K.S.A. 65-1626, and amendments thereto.

(10) "Nebulizer" means a device that is used to change a liquid medication to a fine spray of liquid or mist for the administration of the medication through inhalation.

(11) "Pharmacist" means the same as such term is defined in K.S.A. 65-1626, and amendments thereto.

(12) "Physician" means any person licensed by the state board of healing arts to practice medicine and surgery.

(13) "Respiratory distress" means impaired ventilation of the respiratory system or impaired oxygenation of the blood.

(14) "School" means any school operated by a school district organized under the laws of this state or any accredited nonpublic school that provides education to elementary or secondary students.

(15) "School nurse" means a registered nurse licensed by the board of nursing to practice nursing in Kansas or a licensed practical nurse working under a registered nurse who is employed by a school to perform nursing services in a school setting.

(16) "Spacer" means a holding chamber that is used to optimize the delivery of aerosolized albuterol from an albuterol metered-dose inhaler.

(17) "Stock supply" means an appropriate quantity of emergency medication as recommended by a physician or mid-level practitioner.

(b) (1) A school may maintain a stock supply of emergency medication upon obtaining a prescription from a physician or mid-level practitioner in the name of the school. A physician or mid-level practitioner shall review the school's policies and procedures established pursuant to subsection (c) prior to prescribing such emergency medication.

(2) A stock supply of epinephrine may consist of one or more standard-dose or pediatric-dose epinephrine auto-injectors. A school nurse or designated school personnel may administer such epinephrine in an emergency situation to any individual who displays the signs and symptoms of anaphylaxis at school, on school property or at a school-sponsored event if such school nurse or designated school personnel reasonably believes that an individual is exhibiting the signs and symptoms of an anaphylactic reaction.

(3) A stock supply of albuterol may consist of one or more albuterol metered-dose inhalers, one or more doses of albuterol solution and one or more spacers or nebulizers. A school nurse or designated school personnel may administer such albuterol in an emergency situation to any individual who displays the signs and symptoms of respiratory distress at school, on school property or at a school-sponsored event if such school nurse or designated school personnel reasonably believes that an individual is exhibiting the signs and symptoms of respiratory distress.

(c) A school that maintains a stock supply of emergency medication shall establish school policies and procedures relating to:

(1) Storage of the emergency medication, which shall require that the emergency medication is stored:

(A) In a safe location that is readily accessible to the school nurse or designated school personnel; and

(B) in accordance with manufacturer temperature recommendations;

(2) periodic monitoring of the inventory and expiration dates of emergency medication;

(3) administration of emergency medication by designated school personnel; and

(4) training requirements for designated school personnel, which shall be conducted by a school nurse, physician or mid-level practitioner on not less than on an annual basis for such designated school personnel. Such training shall include, but not be limited to, the following:

(A) Recognition of the symptoms of anaphylaxis and respiratory distress;

(B) administration of emergency medication;

(C) calling for emergency medical system responders;

(D) monitoring the condition of an individual after emergency medication has been administered;

(E) notification of the parent, guardian or next of kin; and

(F) safe disposal and sanitation of used equipment.

(d) A school shall publish information related to the school's emergency medication policies and procedures and shall maintain records of the training provided to designated school personnel.

(e) A school may accept monetary gifts, grants and donations to carry out the provisions of this section or may accept epinephrine auto-injectors, albuterol metered-dose inhalers, albuterol solution, spacers or nebulizers from a manufacturer or wholesaler.

History: L. 2009, ch. 102, § 2; L. 2024, ch. 67, § 8; July 1.

65-1680

Chapter 65. --PUBLIC HEALTH
Article 16. --REGULATION OF PHARMACISTS

65-1680. Emergency medication kits in schools. (a) A pharmacist may distribute a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors to a school pursuant to a prescription made pursuant to K.S.A. 72-6283, and amendments thereto, from a physician or mid-level practitioner in the name of the school. A pharmacist who distributes a stock supply of standard-dose or pediatric-dose epinephrine auto-injectors to a school shall not be liable for civil damages resulting from the administration of such medication pursuant to this section, K.S.A. 65-2872b or 72-6283, and amendments thereto.

(b) A pharmacist may distribute a stock supply of albuterol metered-dose inhalers, albuterol solution and spacers to a school pursuant to a prescription made pursuant to K.S.A. 72-6283, and amendments thereto, from a physician or mid-level practitioner in the name of the school. A pharmacist who distributes a stock supply of albuterol metered-dose inhalers, albuterol solution or spacers to a school shall not be liable for civil damages resulting from the administration of such medication pursuant to this section, K.S.A. 65-2872b or 72-6283, and amendments thereto.

(c) The terms used in this section mean the same as defined in K.S.A. 72-6283, and amendments thereto.

History: L. 2009, ch. 102, § 3; L. 2024, ch. 67, § 2; July 1.

65-2872b

Chapter 65. --PUBLIC HEALTH

Article 28. -- HEALING ARTS

65-2872b. Persons not engaged in the practice of the healing arts; administration of epinephrine and albuterol; limitation of liability. (a) The practice of the healing arts shall not be construed to include any person administering epinephrine or albuterol in emergency situations to an individual if:

(1) (A) The person administering the epinephrine reasonably believes that the individual is exhibiting the signs and symptoms of an anaphylactic reaction; or

(B) the person administering the albuterol reasonably believes that the individual is exhibiting the signs and symptoms of respiratory distress;

(2) a physician or mid-level practitioner, after reviewing the school's policies and procedures, has authorized, in writing, the school to maintain a stock supply of emergency medication; and

(3) the emergency medication is administered at school, on school property or at a school-sponsored event.

(b) Any person who in good faith renders emergency care or treatment, without compensation, through the administration of emergency medication to an individual at school, on school property or at a school-sponsored event, and any school that employs or contracts such person shall not be held liable for any civil damages as a result of such care or administration or as a result of any act or failure to act in providing or arranging further medical treatment when the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

(c) A physician or mid-level practitioner who writes a prescription for emergency medication or provides training to school personnel on the administration of emergency medication shall not be liable for civil damages resulting from the administration of emergency medication pursuant to this section, K.S.A. 65-1680 or 72-6283, and amendments thereto.

(d) The terms used in this section mean the same as defined in K.S.A. 72-6283, and amendments thereto.

History: L. 2009, ch. 102, § 1; L. 2024, ch. 67, § 3; July 1.

Appendix I

Sample Policy and Documents Naloxone/Opiate Antagonist Medication

Kansas Association of School Board Guidelines

Administration of Emergency Opioid Antagonists **JGFGA**

Kansas law creates standards governing the use and administration of emergency opioid antagonists approved by the U.S. Food and Drug Administration ("FDA") to inhibit the effects of opioids and for the treatment of an opioid overdose. Any first responder or school nurse is authorized to possess, store, distribute, and administer emergency opioid antagonists as clinically indicated, provided that all personnel with access to emergency opioid antagonists are trained in proper protocol.

Similarly, Kansas law allows a patient or bystander (meaning a family member, friend, caregiver, or other person in a position to assist a person who the bystander believes to be experiencing an opioid overdose) to acquire and utilize emergency opioid antagonists.

Therefore, to prioritize student health and safety in its schools, programs, and activities, the board authorizes the district to obtain, store, and administer naloxone, Narcan, and/or other opioid antagonists for emergency use in its schools. The school nurse or other properly trained staff member may administer such medication in emergency situations. Opioid antagonists may be available during the regularly scheduled school day. They may be available at other times at the discretion of the superintendent.

The board establishes the following rules governing the utilization and administration of emergency opioid antagonists, such as, but not necessarily limited to, naloxone and Narcan, by members of district staff.

Training

If obtaining the emergency opioid antagonist through a pharmacy, the providing pharmacy of the emergency opioid antagonist (hereafter "the product") shall provide written education and training materials to the individual to whom the product is dispensed. First Aid for Opioid Overdose must be obtained by each school nurse and other staff members designated by the superintendent to respond to potential opioid overdose situations.

District staff members personally acquiring such products for use as a patient or bystander are encouraged to inform the school nurse or the superintendent's designee, so that they may be trained in proper protocol and included in the school or district's crisis response plan regarding potential opioid overdose.

In addition, all district staff members with access to emergency opioid antagonists shall be trained, at a minimum, on the following: • Techniques to recognize signs of an opioid overdose; • Standards and procedures to store, distribute, and administer an emergency opioid antagonist; • Emergency follow-up procedures, including the requirement to summon emergency ambulance services either immediately before or immediately after administering an emergency opioid antagonist to a patient; and • Inventory requirements and reporting any administration of an emergency opioid antagonist to the school nurse or another healthcare provider. District staff members personally acquiring such products for use as a patient or bystander are encouraged to inform the school nurse or the superintendent's designee, so that they may be trained in 25 proper protocol and included in the school or district's crisis response plan regarding potential opioid overdose. Procurement of the Product The school nurse or other staff member(s) designated by the superintendent will be responsible for the procurement of the product. Storage The following storage protocols shall be followed: Administration of Emergency Opioid Antagonists JGFGA-2 • The product will be clearly marked and stored in an accessible place at the discretion of the school nurse or the superintendent's designee. • The product will be stored in accordance with the manufacturer's instructions to avoid extreme cold, heat, and direct sunlight. • Inspection of the product shall be conducted at least quarterly. • The individual responsible for the product's safekeeping shall check, document, and track the expiration date found on the box and replace the product once it has expired. Use of the Product In case of a suspected opioid overdose, the school nurse, designee, or other individual shall follow the protocols outlined in the training or product instructions. Follow-up • After administration of the product, the school nurse, or other designated staff, will report appropriate

information to emergency services, parents (guardians), central office personnel, and if determined necessary, the patient will be transported to a hospital. • The school nurse or other designated staff will complete the designated incident report and file the report with the school nurse or district office, whichever is applicable. Protection from Liability Any patient, bystander, school nurse, a first responder, or technician operating under a first responder agency, who, in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this policy to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the emergency opioid antagonist. 26

KASB Recommendation – 6/23; 6/24

Appendix J

Sample Naloxone Policy, Decision Tree and Documentation

Health Services

Administration of Naloxone (Narcan)
Policy and Procedure

Policy

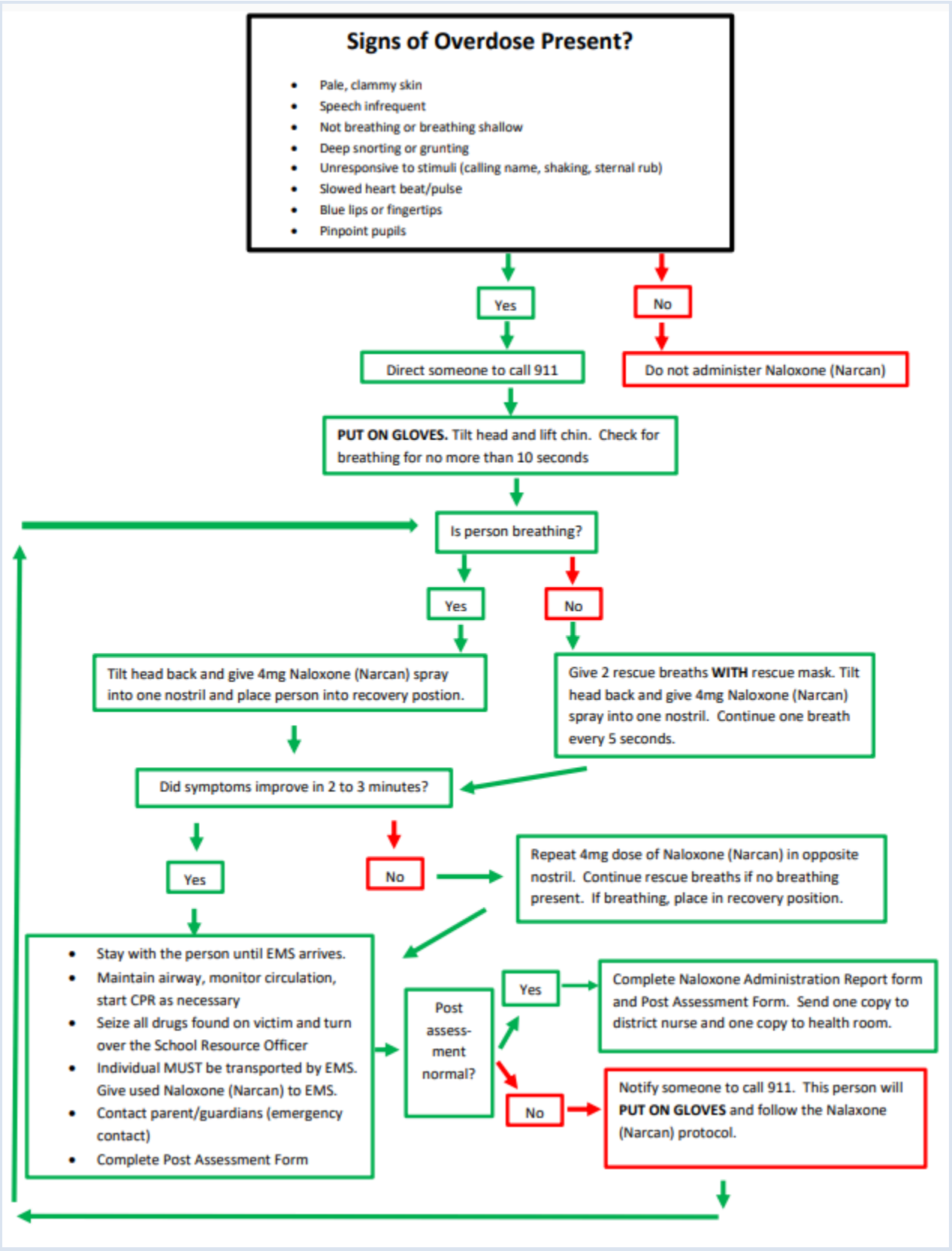
It is the policy of XXX School District that all schools will provide and maintain naloxone (Narcan). KAR 68-7-23 allows for a school nurse to administer emergency opioid antagonists as clinically indicated. The district will collaborate with XXX County EMS System for training.

School nurses may administer naloxone (Narcan) to an adult or child if there is a concern of opioid overdose. Signs and symptoms of an opioid overdose include:

- not breathing or slow/shallow respirations
- snoring, gurgling, or choking sounds
- unresponsiveness or lethargic/confused
- pinpoint pupils
- blue lips and/or nail beds
- fast heart rate initially then may progress to slow heart rate
- clammy/sweaty/moist skin

Procedure

- Activate EMS
- Assess level of consciousness and respiratory status
    - If patient has no pulse, initiate CPR, administer naloxone (Narcan)
    - If patient is not breathing but has a pulse, open airway for rescue breaths and administer naloxone (Narcan)To administer naloxone (Narcan)
    - place patient on back
    - peel back the package to remove the device.
    - place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
    - press the plunger firmly to release the dose into one nostril of the patient's nose
    - if there is no response after 2-3 minutes or if the victim relapses back into respiratory depression or unresponsiveness before EMS arrives, may repeat in the other nostril with a new device.
    - keep Airway Open and Monitor respirations and responsiveness of the naloxone recipient
    - Upon arrival of emergency assistance, report to EMS responder that naloxone has been administered.


Signs of Overdose Present?
Pale, clammy skin
Speech infrequent
Not breathing or breathing shallow
Deep snorting or grunting
Unresponsive to stimuli (calling name, shaking, sternal rub)
Slowed heart beat/pulse
Blue lips or fingertips
Pinpoint pupils
Yes
No
Direct someone to call 911
Do not administer Naloxone (Narcan)
PUT ON GLOVES. Tilt head and lift chin. Check for breathing for no more than 10 seconds
Is person breathing?
Yes
No
Tilt head back and give 4mg Naloxone (Narcan) spray into one nostril and place person into recovery postion.
Give 2 rescue breaths WITH rescue mask. Tilt head back and give 4mg Naloxone (Narcan) spray into one nostril. Continue one breath every 5 seconds.
Did symptoms improve in 2 to 3 minutes?
Yes
No
Repeat 4mg dose of Naloxone (Narcan) in opposite nostril. Continue rescue breaths if no breathing present. If breathing, place in recovery position.
Stay with the person until EMS arrives.
Maintain airway, monitor circulation, start CPR as necessary
Seize all drugs found on victim and turn over the School Resource Officer
Individual MUST be transported by EMS. Give used Naloxone (Narcan) to EMS.
Contact parent/guardians (emergency contact)
Complete Post Assessment Form
Post assess-ment normal?
Yes
Complete Naloxone Administration Report form and Post Assessment Form. Send one copy to district nurse and one copy to health room.
No
Notify someone to call 911. This person will PUT ON GLOVES and follow the Nalaxone (Narcan) protocol.

Sample Naloxone Emergency Medication Reporting Form

Naloxone (Narcan®) Report of Administration
Haysville Public Schools

Demographics of Person Receiving Naloxone

Name: _____ Type of Person: ☐ Student ☐ Staff ☐ Visitor

DOB: _____ ID#: _____ Gender: ☐ M ☐ F

Signs of Overdose Present

☐ Unresponsive ☐ Breathing Slowly ☐ Shallow Breathing ☐ Slow Pulse ☐ Blue Lips ☐ Weak Pulse

☐ Pinpoint Pupils ☐ Pale, Clammy Skin ☐ Other (specify) _____

Suspected Overdose on What Drugs?

☐ Heroin ☐ Fentanyl ☐ Codeine ☐ Demerol ☐ Dilaudid ☐ Oxycodone ☐ Morphine ☐ Methadone

☐ Don't Know ☐ Other (specify) _____

Naloxone Administration Incident Reporting

Date of occurrence: _____ Building: _____

Location where person was found: ☐ Classroom ☐ Cafeteria ☐ Health Room ☐ Playground ☐ Bus ☐ Other: _____

Vital Signs: BP _____ / _____ Temp: _____ Pulse: _____ Respiration: _____

How was naloxone given: ☐ Sprayed into nose ☐ Injected into muscle

Time 1st Dose Given: _____ Naloxone Lot #: _____ Exp Date: _____

Naloxone administered by: _____ Title: _____

Parent/Emergency Contact Notified: ☐ Yes: Time: _____ ☐ No ☐ Not applicable

Was a second dose of naloxone required? ☐ Yes ☐ No ☐ Unknown

If yes, was that dose administered at the school prior to arrival of EMS? ☐ Yes ☐ No ☐ Unknown

Time 2nd Dose Given: _____ Naloxone Log #: _____ Exp Date: _____

Person's Response to Naloxone

☐ Combative ☐ Responsive/Alert ☐ Responsive/Sedated ☐ Responsive/Angry ☐ No response to naloxone

Post-Naloxone Observations (Check all that apply)

☐ None ☐ Seizure ☐ Vomiting ☐ Difficulty Breathing ☐ Other (specify) _____

Other Actions Taken

☐ Sternal Rub ☐ Recovery Position ☐ Rescue Breathing ☐ Chest Compressions ☐ Automatic Defibrillator

☐ Yelled ☐ Shook the person ☐ Other (specify): _____

Disposition

EMS Notified at (time): _____ Transferred to ER: ☐ Yes ☐ Other_____

Other staff assisting_____

Parent/Guardian name:_____

Parent/Guardian phone: _____☐ At school ☐ Will come to school ☐ Will meet at hospital

Staff name that accompanied person to hospital: _____ ☐ Not applicable

Appendix K

Statute K.S.A. 65-16,127. Naloxone Use in School

Naloxone Use in Schools

65-16,127

Chapter 65- PUBLIC HEALTH
Article 16- REGULATION OF PHARMACISTS

65-16,127. Emergency opioid antagonists; dispensing, storing and administering; duties of the state board of pharmacy and first responder agencies; rules and regulations. (a) As used in this section:

(1) "Bystander" means a family member, friend, caregiver or other person in a position to assist a person who the family member, friend, caregiver or other person believes, in good faith, to be experiencing an opioid overdose.

(2) "Emergency opioid antagonist" means any drug that inhibits the effects of opioids and that is approved by the United States food and drug administration for the treatment of an opioid overdose.

(3) "First responder" includes any emergency medical service provider, as defined by K.S.A. 65-6112, and amendments thereto, any law enforcement officer, as defined by K.S.A. 22-2202, and amendments thereto, and any actual member of any organized fire department, whether regular or volunteer.

(4) "First responder agency" includes, but is not limited to, any law enforcement agency, fire department or criminal forensic laboratory of any city, county or the state of Kansas.

(5) "Opioid antagonist protocol" means the protocol established by the state board of pharmacy pursuant to subsection (b).

(6) "Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania or death, resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson would reasonably believe to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined, and for which medical assistance is required.

(7) "Patient" means a person believed to be at risk of experiencing an opioid overdose.

(8) "School nurse" means a professional nurse licensed by the board of nursing and employed by a school district to perform nursing procedures in a school setting.

(9) "Healthcare provider" means a physician licensed to practice medicine and surgery by the state board of healing arts, a licensed dentist, a mid-level practitioner as defined by K.S.A.

65-1626, and amendments thereto, or any person authorized by law to prescribe medication.

(b) The state board of pharmacy shall issue a statewide opioid antagonist protocol that establishes requirements for a licensed pharmacist to dispense emergency opioid antagonists to a person pursuant to this section. The opioid antagonist protocol shall include procedures to ensure accurate recordkeeping and education of the person to whom the emergency opioid antagonist is furnished, including, but not limited to: Opioid overdose prevention, recognition and response; safe administration of an emergency opioid antagonist; potential side effects or adverse events that may occur as a result of administering an emergency opioid antagonist; a requirement that the administering person immediately contact emergency medical services for a patient; and the availability of drug treatment programs.

(c) A pharmacist may furnish an emergency opioid antagonist to a patient or bystander subject to the requirements of this section, the pharmacy act of the state of Kansas and any rules and regulations adopted by the state board of pharmacy thereunder.

(d) A pharmacist furnishing an emergency opioid antagonist pursuant to this section may not permit the person to whom the emergency opioid antagonist is furnished to waive any consultation required by this section or any rules and regulations adopted thereunder.

(e) Any first responder, scientist or technician operating under a first responder agency or school nurse is authorized to possess, store and administer emergency opioid antagonists as clinically indicated, provided that all personnel with access to emergency opioid antagonists are trained, at a minimum, on the following:

(1) Techniques to recognize signs of an opioid overdose;

(2) standards and procedures to store and administer an emergency opioid antagonist;

(3) emergency follow-up procedures, including the requirement to summon emergency ambulance services either immediately before or immediately after administering an emergency opioid antagonist to a patient; and

(4) inventory requirements and reporting any administration of an emergency opioid antagonist to a healthcare provider.

(f) (1) Any first responder agency electing to provide an emergency opioid antagonist to its employees or volunteers for the purpose of administering the emergency opioid antagonist shall procure the services of a physician to serve as physician medical director for the first responder agency's emergency opioid antagonist program.

(2) The first responder agency shall utilize the physician medical director or a licensed pharmacist for the purposes of:

(A) Obtaining a supply of emergency opioid antagonists;

(B) receiving assistance developing necessary policies and procedures that comply with this

section and any rules and regulations adopted thereunder;

(C) training personnel; and

(D) coordinating agency activities with local emergency ambulance services and medical directors to provide quality assurance activities.

(g) (1) Any healthcare provider or pharmacist who, in good faith and with reasonable care, prescribes or dispenses an emergency opioid antagonist pursuant to this section shall not, by an act or omission, be subject to civil liability, criminal prosecution or any disciplinary or other adverse action by a professional licensure entity arising from the healthcare provider or pharmacist prescribing or dispensing the emergency opioid antagonist.

(2) Any patient, bystander, school nurse, or a first responder, scientist or technician operating under a first responder agency, who, in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the emergency opioid antagonist.

(3) Any first responder agency employing or contracting any person that, in good faith and with reasonable care, administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability, criminal prosecution, any disciplinary or other adverse action by a professional licensure entity or any professional review.

(h) The state board of pharmacy shall adopt rules and regulations as may be necessary to implement the provisions of this section prior to January 1, 2018.

(i) This section shall be part of and supplemental to the pharmacy act of the state of Kansas.

History: L. 2017, ch. 21, § 1; L. 2019, ch. 64, § 12; June 6.

Appendix L

Six “Rights” of Medication Administration in the School Setting

Six Rights of Medication Administration

1. The right child / student

- Confirm that the student to receive the medication is the correct student.
- Ask the name if the student is unknown to you.
- If non-verbal, confirm identify with a teacher or paraprofessional.
- If a photograph is provided on the medication administration record, confirm the student's identity.

2. The right medication / drug

- Confirm that the medication to be given, is the medication ordered by the health care provider, the medication the parents/guardians have given permission to be administered at school, and is the medication in the prescription labeled bottle or over-the-counter manufacturer labeled container.
- Check the medication label three times when administering the medication:
  1) when removing it from secured storage,
  2) when preparing the medication for administration,
  3) when returning the medication to secured storage.

3. The right dose

- Confirm the amount of medication prescribed is the dose of medication to be given to the student.
- Give exactly the right amount of medication prescribed and authorized, e.g., 5ml or 5cc = one teaspoon.

4. The right time

- Confirm that the student is getting the medication at the time prescribed.
  NOTE: The licensed professional registered nurse may reasonably work within a time frame or window of 30 before or after the prescribed time for medication administration based on priorities and nursing judgment without creating an error of omission.
- If an over the counter, PRN (as needed) medication, check with the parent when the medication was last given at home.
- Confirm that the medication has not already been given for the current scheduled time.
- Students who do not report for medication administration should be located.
- If a student chronically does not report for medication at the scheduled time, a plan for reminders should be instituted.
- A missed dose is a medication error.

5. The right route of administration

- Confirm that oral medication is given orally. NOTE: when drops are prescribed, it's essential that eye drops are administered in the eyes, ear drops are administered in the ears, and nasal drops /sprays are administered in the nose.

6. The right documentation

- Medication should be documented promptly and legibly after administration on medication administration record.

- Medication administered to the wrong student, or wrong medication dose (including missed dose), time, or route are medication errors and are recorded in the student record and on an incident report form.
- Student refusal of the medication should be documented and the parent notified.
- If a prescribed medication to be administered at school is taken at home or prior to school, it should be documented on the MAR.
- UAP documents and reports medication errors to the school nurse. The school nurse reports and documents the report of medication error to principal, parent, and school district risk manager.
- Lost, wasted, dropped, stolen medications are recorded on incident forms and reported to the nurse, principal, parent, and school district risk manager. The licensed prescriber may be notified if warranted

Adapted from NASN (2021) and Alaska Department of Health & Social Services, Division of Public Health. (2022)

Appendix M

Sample Documentation of Medication Administration Forms

Front of Medication Form **SAMPLE DAILY MEDICATION DOCUMENTATION RECORD** **School Year**_______________

Student Name____**DOB**________________**School**_ ____**Grade**______________

Parent/Legal Guardian Name_ ____H #_ _________________W #___________________C#__________________

Delegation training completed by___________________________________***including how to perform the task/treatment, review of the AHCP (if applicable), with satisfactory return demonstration to the following listed UAP's.***

Initial each entry. Medication must be given within 30 minutes of prescribed time.

Nurse / Staff Signature	Initials	Nurse / Staff Signature	Initials	Nurse / Staff Signature	Initials	Nurse / Staff Signature	Initials
!	!	!	!	!	!	!	!
!	!	!	!	!	!	!	!

Use the following key: ~ = No School

R = Student Refused (notify parent/legal guardian)

X = Student Absent

A = Student at Activity

Name / Purpose for Medication:

____

____

____

Month	Medication	Strength	Dose	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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[ ] Bottle home______________Parent Called________Y_____N [ ] Bottle home______________Parent Called_______Y_____N [ ] Bottle home______________Parent Called________Y

______________________N [ ] Bottle home_____Parent Called______________Y______________________N [ ] Bottle home______________Parent Called______________Y_______________N

[ ] Bottle home_______Parent Called______________Y______________________N

Sample

Medication Administration Record with Receipt and Count Logs

Click or tap here to enter text. School District Click or tap here to enter text. School Year

Student Click or tap here to enter text. Birth date Click or tap to enter a date. Grade Click or tap here to enter text.

Medication Click or tap here to enter text. Dosage Click or tap here to enter text. Route Click or tap here to enter text.

Directions (# taken; time taken; time between doses; length of time to take): Click or tap here to enter text.

Medication Application Click or tap here to enter text. Date Medication Administration Starts Click or tap here to enter text.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
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Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
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June																															
July																															

SIGNATURE CODE

Initials:Click or tap here to enter text.	Signature:Click or tap here to enter text.
InitialsClick or tap here to enter text.	Signature:Click or tap here to enter text.
InitialsClick or tap here to enter text.	Signature:Click or tap here to enter text.
InitialsClick or tap here to enter text.	SignatureClick or tap here to enter text.

CODES

WE:	Weekend	F:	Field Trip
H:	Holiday	D:	Early Dismissal
A:	Absent	W:	Dose Withheld
N:	None available	O:	No Show
L:	Late Start	Other:	Explain on back

APPENDIX N

Sample Authorization for Self-Medication: Emergency Asthma/Allergy Medications and Check off for UAP

SAMPLE

Student Skills Checklist for Self-Administration of Emergency Medication
School Nurse Assessment

Student Name:	Click or tap here to enter text.
Building:	Click or tap here to enter text.
Date:	Click or tap here to enter text.
Medication:	Click or tap here to enter text.

Skills Checklist

	YES	NO
A. AUTHORIZATION FOR MEDICATION		
1) *Authorization for Administration of Medication at School* on file	☐	☐
2) Licensed health care provider has instructed student in responsible & correct use (as indicated on oral medication form)	☐	☐
3) Student demonstration to licensed health care provider or designee of skills necessary to self-administer (as indicated on oral medication form)	☐	☐
4) Licensed health care provider has indicated need to carry medication	☐	☐
5) Parent has provided a current asthma health history form	☐	☐
B. SELF-ADMINISTRATION OF MEDICATION		
1) Student capable of identifying individual medications	☐	☐
2) Student able to describe health condition for which the medication is use	☐	☐
3) Student knowledgeable of purpose of individual medications	☐	☐
4) Student able to identify/associate specific symptoms with need for meds	☐	☐
5) Student knows medication dosage ordered by LHP	☐	☐
6) Student knowledgeable about method of medication administration	☐	☐
7) Student able to state side effects or adverse reactions to this medication	☐	☐
8) Student knows how to access assistance in emergency	☐	☐
9) Student is able to identify safety issues: • Need to consistently bring the medication to school and all school-related activities No sharing of medications • Need for safe storage • Consistent placement of medication • Location of backup medication if provided	☐	☐
C. STUDENT DEMONSTRATION OF SELF-ADMINISTRATION		
1) Student demonstration of correct self-administration technique	☐	☐
2) Student is capable of self-administration for the coming school year	☐	☐

Student Signature: _____

School Nurse: _____

AUTHORIZATION FOR SELF-ADMINISTRATION OF EMERGENCY ASTHMA/ALLERGY MEDICATION

PART A: *Parent/Guardian to Complete*

Name of Student: _____ Date of Birth: _____ School: _____ Grade: _____

The above student has been instructed on self-administration of medication, and I hereby give my permission for him/her to administer at school as ordered the medication(s) listed below. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

I further acknowledge the need and give permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment in question, including communication concerning:

- The prescription or treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions, size of catheter for emergency insertion in the track of a dislodged gastrostomy tube);
- Implementation of the treatment in school (e.g., questions regarding safety concerns, infection control issues, or modifications in the treatment order related to the school setting or student's academic schedule);
- Student outcomes from the treatment (e.g., questions regarding observed side effects, possible untoward reactions, observations of behavior changes in the classroom), and
- Other pertinent issues related to the student's diagnosis, condition, or treatment.

_____ _____ _____
Parent /Guardian Signature | Parent (Printed Name) | Today's Date

Part B: *Physician to Complete*

Medication	Purpose	Dosage	Time / Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions & special circumstances for use: _____

Length of time medication is to be administered: _____

_____ _____ _____
Physician Signature | Physician (Printed Name) | Today's Date

_____
Physician Phone Number

Part C: *School Nurse to Complete*

School Nurse Review of order and procedure with the student. Completed _____
Date of Review

RETURN TO SCHOOL NURSE

Rev. 9/22

Appendix O

Statute K.S.A. 72-6282. Policies to allow students to self-administer certain medications.

SELF-ADMINISTER CERTAIN MEDICATIONS

72-6282
Chapter 72 SCHOOLS
Article 62- STUDENT HEALTH AND WELFARE

72-6282. Policies to allow students to self-administer certain medications. (a) As used in this section:

(1) "Medication" means a medicine prescribed by a health care provider for the treatment of anaphylaxis or asthma including, but not limited to, any medicine defined in section 201 of the federal food, drug and cosmetic act, inhaled bronchodilators and auto-injectable epinephrine.

(2) "Health care provider" means: (A) A physician licensed to practice medicine and surgery; (B) an advanced practice registered nurse issued a license pursuant to K.S.A. 65-1131, and amendments thereto, who has authority to prescribe drugs as provided by K.S.A. 65-1130, and amendments thereto; or (C) a physician assistant licensed pursuant to the physician assistant licensure act who has authority to prescribe drugs prior to January 11, 2016, pursuant to a written protocol with a responsible physician under K.S.A. 65-28a08, and amendments thereto, and on and after January 11, 2016, pursuant to a written agreement with a supervising physician under K.S.A. 65-28a08, and amendments thereto.

(3) "School" means any public or accredited nonpublic school.

(4) "Self-administration" means a student's discretionary use of such student's medication pursuant to a prescription or written direction from a health care provider.

(b) Each school district shall adopt a policy authorizing the self-administration of medication by students enrolled in kindergarten or any of the grades one through 12. A student shall meet all requirements of a policy adopted pursuant to this subsection. Such policy shall include:

(1) A requirement of a written statement from the student's health care provider stating the name and purpose of the medication; the prescribed dosage; the time the medication is to be regularly administered, and any additional special circumstances under which the medication is to be administered; and the length of time for which the medication is prescribed;

(2) a requirement that the student has demonstrated to the health care provider or such provider's designee and the school nurse or such nurse's designee the skill level necessary to use the medication and any device that is necessary to administer such medication as

prescribed. If there is no school nurse, the school shall designate a person for the purposes of this subsection;

(3) a requirement that the health care provider has prepared a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours;

(4) a requirement that the student's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan prepared as required by paragraph (3) and documents related to liability;

(5) a requirement that all teachers responsible for the student's supervision shall be notified that permission to carry medications and self-medicate has been granted; and

(6) any other requirement imposed by the school district pursuant to this section and K.S.A. 72-1138(e), and amendments thereto.

(c) A school district shall require annual renewal of parental authorization for the self-administration of medication.

(d) A school district, and its officers, employees and agents, which authorizes the self-administration of medication in compliance with the provisions of this section shall not be held liable in any action for damage, injury or death resulting directly or indirectly from the self-administration of medication.

(e) A school district shall provide written notification to the parent or guardian of a student that the school district and its officers, employees and agents are not liable for damage, injury or death resulting directly or indirectly from the self-administration of medication. The parent or guardian of the student shall sign a statement acknowledging that the school district and its officers, employees or agents incur no liability for damage, injury or death resulting directly or indirectly from the self-administration of medication and agreeing to release, indemnify and hold the school and its officers, employees and agents, harmless from and against any claims relating to the self-administration of such medication.

(f) A school district shall require that any back-up medication provided by the student's parent or guardian be kept at the student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.

(g) A school district shall require that information described in subsection (b)(3) and (4) be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

(h) An authorization granted pursuant to subsection (b) shall allow a student to possess and use such student's medication at any place where a student is subject to the jurisdiction or supervision of the school district or its officers, employees or agents.

(i) A board of education may adopt a policy pursuant to K.S.A. 72-1138(e), and amendments thereto, which:

(1) Imposes requirements relating to the self-administration of medication which are in addition to those required by this section; and

(2) establishes a procedure for, and the conditions under which, the authorization for the self-administration of medication may be revoked.

History: L. 2004, ch. 124, § 5; L. 2005, ch. 136, § 1; L. 2011, ch. 114, § 69; L. 2014, ch. 131, § 54; L. 2015, ch. 46, § 19; July 1.

Appendix P

Suggested Procedures for Medication Errors & Sample Medication Incidence (Error) Report Form

Health Services Incident Report –

Medication Observation

A medication incident (error) is defined as failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form.

Student Name: _____School: _____

Date of Birth: _____Date of Report: _____Time: _____

Date and Time of Incident (Error): _____

Name of person observing medication: _____

Name of medication and dosage prescribed: _____

Describe circumstances leading to incident, and include type of error that occurred - (***missed dose, giving the incorrect dose, giving a dose at the wrong time, giving incorrect medication to the student, or giving another student's medication even if the medication was the same drug and dose***).

Action Taken:

Health Services Director Notified: ☐ Yes ☐ No	Date Notified: (month/day/year)	Time notified: ☐AM ☐ PM
Parent/Guardian Notified: ☐ Yes ☐ No	Date Notified: (month/day/year)	Time notified: ☐AM ☐ PM
Building Administrator Notified: ☐ Yes ☐ No	Date Notified: (month/day/year)	Time notified: ☐AM ☐ PM
Licensed Prescriber Notified: ☐ Yes ☐ No	Date Notified: (month/day/year)	Time notified: ☐AM ☐ PM
Poison Control Notified (If Applicable): ☐ Yes ☐ No	Date Notified: (month/day/year)	Time notified: ☐AM ☐ PM

Describe Outcome:

_____

_____

_____

(Use back of form if needed)

_____ _____

(Signature of Person Completing Form) (Title)

Original of this form placed into student health folder & copy sent to Health Services Director; _Yes _No

MEDICATION INCIDENT REPORT

Date of incident:_____ Time: _____ School or Location: _____

Person administering medication: _____ Title: _____

Student Name: _____ DOB: _____ ID #: _____

Current physician order states: _____

What was administered? _____

_____

Who was notified? Parent ___ Director of Health Services ___ Principal ___ M.D. ___ Other _____

Did this result in an emergency where EMS needed to be contacted? Yes ___ No ___
If so, please explain:

_____

Describe the incident: _____

Adverse symptoms: _____

How can this type of incident be avoided in the future? _____

_____

Follow-up information: _____

_____

_____

_____

_____
Signature of Person Completing Report

_____
Signature of Delegate (if applicable)

_____
Signature of Delegating Nurse (if applicable)

Prepare two additional copies of document: Original remains with school nurse. A copy is sent to the Director of Health Services at MCC, and a copy is given to the building principal.

Revised 6/2019

Olathe Public Schools USD 233

MEDICATION INCIDENT REPORT

Date of incident:_____ Time: _____ School or Location: _____

Person administering medication: _____ Title: _____

Student Name: _____ DOB: _____ ID #: _____

Current physician order states: _____

What was administered? _____

_____

Who was notified? Parent ___ Director of Health Services ___ Principal ___ M.D. ___ Other _____

Did this result in an emergency where EMS needed to be contacted? Yes ___ No ___
If so, please explain:

_____

Describe the incident: _____

Adverse symptoms: _____

How can this type of incident be avoided in the future? _____

_____

Follow-up information: _____

_____

_____

_____

_____ _____
Signature of Person Completing Report Signature of Delegate (if applicable)

_____
Signature of Delegating Nurse (if applicable)

Prepare two additional copies of document: Original remains with school nurse. A copy is sent to the Director of Health Services at MCC, and a copy is given to the building principal.

Revised 6/2019

Appendix Q

Letter from Kansas State Board of Pharmacy Regarding Field Trip Medication Administration

800 SW Jackson St., Suite 1414
Topeka, KS 66612
Debra L. Billingsley, Executive Secretary

Kansas
Board of Pharmacy

phone: 785-296-4056
fax: 785-296-8420
pharmacy@pharmacy.ks.gov
www.kansas.gov/pharmacy
Sam Brownback, Governor

August 9, 2013

Joann Wheeler BSN RN
KSNO President
Nursing Coordinator
Maize School District

Cindy Galemore MSEd, BSN, RN, NCSN
KSNO Professional Standards Chair
Director of Health Services
Olathe District Schools

Dear Ms. Wheeler and Ms. Galemore:

The Board of Pharmacy is in receipt of your request for guidance to school nurses and unlicensed volunteers working in schools that may have to provide oral medications to students attending field trips. You specifically asked about pills and capsule oral medications.

The medications that are administered on field trips are those that have been prescribed by a licensed prescriber and the prescription has been filled by a licensed pharmacy. Once the drug has been dispensed to the consumer the pharmacy is no longer responsible. However, the schools are often placed in the position of administering a child's medication or handing it out to them. The current guidance document made available through the Kansas Department of Health and Environment (KDHE) titled *Guidelines for Administration of Medications in Kansas Schools* is a sound policy that provides the best policy for schools that are in this situation. The policy does recommend the use of pill bags and my only suggestion might be to use vials because they are intended to provide protection from light and meet the requirements under light transmission. They also have a child safety cap. You might be able to get a local pharmacy to donate some vials for that use. Since a field trip is of a short duration and the medication is not going to be readily available to a small child it is probably not going to be an issue but that was our only suggestion.

The Board of Pharmacy agrees with the guidance that you have been given by KDHE. Thank you for allowing us to review the policy.

Sincerely,

Debra L. Billingsley

Debra Billingsley, JD
Executive Secretary

DEIDRE DEGRADO

Certified Professional Midwife

316-371-0707

Deirdredd9@gmail.com

http://www.wichitabirths.com/deidre-degrado-cpm.html

105 S. Andover Rd. Suite A
Andover, KS 67002

Motivation

As a midwife, I am deeply passionate about women-centered healthcare and informed consent practices. My journey began with personal tragedy—the loss of my only sister during labor in 1991—a moment that shaped my commitment to improving maternal health outcomes. This drive led me to serve on the KS Maternal Mortality Review Committee, where I advocate for reducing maternal mortality and enhancing care quality.

This drive motivates me to educate and support physiological birth whenever possible while advocating for medical interventions when necessary. I strive to be emotionally present and to champion informed consent. From 2018 to the end of 2023, I served on the Kansas Maternal Mortality Review Committee, which aims to reduce maternal mortality and enhance the quality and equity of care. I deeply appreciate and support the committee's efforts to improve outcomes for mothers in Kansas.

Education & Certifications

- US MERA Midwifery Bridge Certificate, 2018
- Certified Professional Midwife Certification, 2013–Present
- NARM Preceptor, 2013–Present
- Neonatal Resuscitation, 1995–Present
- Institute of Basic Life Principles Midwifery Participant, 2003
- North American Registry of Midwives PEP and Apprenticeship Training, 1995–2002
- Midwives College of Utah Preceptor/Field Instructor, 2017
- Texas Association of Midwives Member, 2015–2018
- ATM Midwifery Training Program student and preceptor
- Lindenwood College, St. Charles, MO, 1986–1988
- Pikes Peak Community College, Colorado Springs, CO, 1985–1986 (General Education)

Community Work

- Wichita Birth Alliance Member, 1994–Present
- KMA Vice President, multiple terms over 20 years
- Panel Speaker
- Maternal Mortality with Maddie Ogden, January 2018, Wichita, KS
- WBA "Why Not Home," 2017, Wichita, KS
- Educated local hospitals on BEST Practices for home-to-hospital transfers
- KS Maternal Mortality Review Committee Member, 2018– 2023

Work Experience

Present – 2003

Owner, DDD Ltd – Wichita Birth Assistance

- Lead the overall operations of a dynamic, successful midwifery practice consisting of three full-time midwives, doulas, support staff, and interns.
- Develop and maintain relationships with healthcare providers, hospitals, community members, and support groups.
- Foster communication and teamwork among staff, serving a large community of women seeking natural birth and well-woman care.
- Ensure patient safety, maintain financial health, and promote quality, satisfaction-driven female and newborn-centered healthcare.

Responsibilities include:

- Strategic planning, policies, and procedures
- Hiring and training staff
- Implementing and developing marketing strategies

Present – 2013

Certified Professional Midwife

- Serve as the primary healthcare provider for low-risk women seeking out-of-hospital births.
- Provide antenatal and postnatal care, deliver babies, and educate women, partners, and families.
- Utilize diagnostic equipment, labs, sonograms, and medical evaluations to ensure quality care.
- Communicate with doctors and other providers as needed, evaluate risk factors, and coordinate emergency management and hospital transfers when necessary.

2013 – 2003

Direct Entry Midwife

- Provided comprehensive care for low-risk women during pregnancy, labor, delivery, and postpartum periods.
- Conducted medical examinations, evaluations, and referrals while managing emergencies and hospital transfers.

2002 – 1991

Practice Manager, DeGrado Chiropractic

- Managed overall administration and supervision of the chiropractic practice.
- Hired and trained office staff, conducted performance reviews, and oversaw supplies and financial operations.
- Maintained patient satisfaction and education while developing marketing strategies.

Private Investigator and Genealogical Researcher

1986–1988 (and occasionally as a hobby currently)

Skills

- US MERA Bridge Certified Professional Midwife
- Excellent Communicator
- Strong Observational Skills
- Intentional Team Worker
- NARM Approved Preceptor

Practice 110

The Certified Professional Midwife (CPM): Role, Function, Education, and Certification

Increasing Awareness and Promoting Education for Collaborative Maternal and Infant Care

Introduction

Objective:

To raise awareness and promote education about the role, function, training, and certification of Certified Professional Midwives (CPMs).

Relevance:

Enhancing understanding of CPMs' contributions to maternal and infant care to foster informed collaboration and decision-making.

SPEAKER: Deidre DeGrado, CPM

CEO, Wichita Birth Assistance

Consultant, Midwifery Business Consultation

Former Member, Kansas Maternal Mortality Committee

Midwifery Bridge Certification

My Story:

As a midwife, I am deeply passionate about women-centered healthcare and informed consent. My journey began with personal tragedy—the loss of my only sister during labor in 1991—a moment that started my commitment to improving maternal health outcomes.

I am dedicated to educating and supporting physiological birth while advocating for necessary medical interventions. I strive to be emotionally present and to uphold informed consent in all aspects of care. From 2018 to 2023, I served on the Kansas Maternal Mortality Review Committee and remain deeply supportive of its mission to improve maternal health in Kansas.

What Is a Certified Professional Midwife (CPM)?

Definition:

A CPM is a professional midwife certified by the North American Registry of Midwives (NARM).

Focus:

wellness oriented, evidence-based care, primarily in out-of-hospital settings such as home births or birth centers.

Scope of Practice:

The scope of practice for a CPM varies by state and is defined by the North American Registry of Midwives (NARM) and state regulations. Generally, CPMs provide care in home and birth center settings for low-risk pregnancies and focus on physiological birth with emergency preparedness.

Key Responsibilities:

- Pregnancy Care: Prenatal assessments, screenings, fetal monitoring, and education on nutrition and well-being.
- Labor & Birth: Monitoring labor progress, assisting in natural birth, managing pain, and performing emergency procedures like neonatal resuscitation.
- Postpartum & Newborn Care: Immediate and follow-up care for mother and baby, breastfeeding support, and education on recovery.

Limited Prescriptive Authority (Varies by State)

Some states allow CPMs to administer:

- Anti-hemorrhagic medications (e.g., oxytocin, misoprostol)
- IV fluids for stabilization
- Local anesthetics for perineal repair
- Oxygen therapy for resuscitation

Limitations:

- CPMs manage low-risk pregnancies and do not handle high-risk conditions like preeclampsia or multiple gestation.
- They cannot perform C-sections or surgical interventions.
- Prescriptive authority, ability to order ultrasounds, and medical collaboration depend on state laws.

Roles and Responsibilities of CPMs

- Prenatal Care: Holistic care with a focus on health education, nutrition, and preparation for childbirth.

- Labor and Birth: Monitoring maternal and fetal well-being, facilitating natural labor, and ensuring safe delivery.

- Postpartum Care: Supporting breastfeeding, assessing newborn health, and guiding maternal recovery.

- Educational Role: Empowering families through informed choice and active participation in their care.

Education and Training Pathway

Educational Pathways:

- Complete midwifery school, apprenticeship, or blended program
- Core studies: anatomy, physiology, pharmacology, cultural competence, embryology, fetal development, and maternal/infant nutrition.

Clinical Training:

- Hands-on experience under preceptor supervision
- Training in out of hospital settings.
- Skills include prenatal screening and risk assessment,physical exams and monitoring (e.g., fetal heart tones, blood pressure etc), labor support,suturing and perineal repair, newborn care, newborn physical exam, newborn resuscitation, ementatly and follow-up care, postpartum recovery and maternal health monitoring, and emergency management/ complications.

Certification Process

Administered by the North American Registry of Midwives (NARM).

Requirements:

1. Accredited education or Portfolio Evaluation Process (PEP).
2. Documented clinical experience, including 55 births as a primary midwife under supervision.
3. Passing the NARM Written Examination.

Continuing Education:

1. Regular updates to maintain certification and stay informed on best practices.
2. Neonatal Resuscitation Program
3. 25 CEUs
4. 5 Peer Review Hours
5. Cultural competency

Legal Recognition and Practice

Licensure:

- CPMs are licensed to practice in 36 states and the District of Columbia.
- Specific scope of practice varies by state, with some requiring additional licensing or certification.

Role in Education:

- Increasing public understanding of safe, out-of-hospital birth options.

Collaborative Care:

- CPMs often work alongside nurses and physicians in integrated care models.

Aspect | CPM | CNM

Education | Midwifery schools, apprenticeships | Nursing degree + midwifery training

Settings | Out-of-hospital | Hospital and clinical settings

Certification Body | NARM | American Midwifery Certification Board

Focus | Natural, physiological birth | Broader scope, including medicalized care

Benefits of Promoting Awareness of CPMs

1. Improved Outcomes: Lower rates of cesarean sections and medical interventions.
2. Cost Efficiency: Reduction in hospital-related expenses for low-risk pregnancies.
3. Patient-Centered Care: High levels of personalized care and autonomy.
4. Education: Empowering communities with knowledge about safe and diverse birth options.

Challenges & Opportunities

Challenges:

- Limited public awareness of midwifery's role and scope in women's healthcare.
- Scope, definition, limitation, discussions.
- Variability in legal recognition and licensure across states.

Opportunities:

- Educating healthcare providers and the public about midwifery.
- Strengthening collaboration between CPMs, nurses,physician and other providers to optimize maternal care.
- Working together to improve maternal and infant health outcomes for all communitie.

Conclusion & Discussion

Key Takeaways:

- Improve maternal and infant mortality rates and prioritize women centered care.
- CPMs play a vital role in providing safe, evidence-based, and personalized care for low-risk pregnancies.
- Increasing awareness and education about CPMs can promote collaboration and improve maternal health outcomes.

Comments and Questions?

AMERICAN COLLEGE of NURSE-MIDWIVES

Comparison of Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives

Clarifying the distinctions among professional midwifery credentials in the United States

International Confederation of Midwives' Definition of MIDWIFE	**While the profession of midwifery has developed differently in each country, we share a common understanding of the midwife internationally. The International Confederation of Midwives' definition is:** The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor, and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practice in any setting including the home, community, hospitals, clinics, or health units.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
EDUCATION			
Minimum Degree Required for Certification	Graduate Degree		Certification does not require an academic degree but is based on demonstrated competency in specified areas of knowledge and skills.
Minimum Education Requirements for Admission to Midwifery Education Program	Bachelor's Degree or higher from an accredited college or university AND		High School Diploma or equivalent
	Earn RN license prior to or within midwifery education program.	Successful completion of required science & health courses and related health skills training prior to or within midwifery education program.	Prerequisites for accredited programs vary, but typically include specific courses such as statistics, microbiology, anatomy and physiology, and experience such as childbirth education or doula certification. There are no specified requirements for entry to the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) pathway: an apprenticeship process that includes verification of knowledge and skills by qualified preceptors.
Clinical Experience Requirements	Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education.		Attainment of knowledge and skills, identified in the periodic job analysis conducted by NARM.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
	Clinical education must occur under the supervision of an American Midwifery Certification Board (AMCB)-certified CNM/CM or other qualified preceptor who holds a graduate degree, has preparation for clinical teaching, and has clinical expertise and didactic knowledge commensurate with the content taught; >50% of clinical education must be under CNM/CM supervision.		NARM requires that the clinical component of the educational process must be at least two years in duration and include a minimum of 55 births in three distinct categories. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births post certification. CPMs certified via the PEP may earn a Midwifery Bridge Certificate (MBC) to demonstrate they meet the International Confederation of Midwives (ICM) standards for minimum education.
EDUCATION PROGRAM ACCREDITING ORGANZATION			
	The Accreditation Commission for Midwifery Education (ACME) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. Midwifery education programs must be located within or affiliated with a regionally accredited institution.		The Midwifery Education Accreditation Council (MEAC) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. The scope of recognition includes certificate and degree-granting institutions, programs within accredited institutions, and distance education programs.
SCOPE OF PRACTICE			
Range of care provided	Midwifery as practiced by CNMs and CMs encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. CNMs/CMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care as practiced by CNMs and CMs includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.		Midwifery as practiced by CPMs offers care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. CPMs provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period, as well as maternal and well-baby care through the 6-8 week postpartum period. CPMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. CPMs are trained to recognize abnormal or dangerous conditions requiring consultation with and/or referral to other healthcare professionals. They conduct physical examinations, administer medications, and use devices as allowed by state law, order and interpret laboratory and diagnostic tests.
Practice Settings	All settings - hospitals, homes, birth centers, and offices. The majority of CNMs and CMs attend births in hospitals.		Homes, birth centers, and offices. The majority of CPMs attend births in homes and/or birth centers.

Prescriptive Authority	All US jurisdictions	Maine, Maryland, New York, Rhode Island, Virginia, and Washington, DC	CPMs do not maintain prescriptive authority; however, they may obtain and administer certain medications in select states.
Third Party Reimbursement	Most private insurance; Medicaid coverage mandated in all states; Medicare, TRICARE	Most private insurance; Medicaid coverage in Maine, Maryland, New York, Rhode Island, and Washington, DC	Private insurance mandated in 6 states; coverage varies in other states; 13 states include CPMs in state Medicaid plans
CERTIFICATION			
NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	**CERTIFIED NURSE-MIDWIFE (CNM)**	**CERTIFIED MIDWIFE (CM)**	**CERTIFIED PROFESSIONAL MIDWIFE (CPM)**
Certifying Organization	American Midwifery Certification Board (AMCB)		North American Registry of Midwives (NARM)
	AMCB and NARM are accredited by the National Commission for Certifying Agencies		
Requirements Prior to Taking National Certification Exam	Graduation from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME); AND Verification by program director of completion of education program AND Verification of master's degree or higher **CNMs must also submit evidence of an active RN license at time of initial certification*		Graduation from a midwifery education program accredited by the Midwifery Education Accreditation Council (MEAC) OR Completion of NARM's Portfolio Evaluation Process (PEP) OR AMCB-Certified CNM/CM with at least ten community-based birth experiences OR Completion of an equivalent state licensure program All applicants must also submit evidence of current adult CPR and neonatal resuscitation certification or course completion
Recertification Requirement	Every 5 years		Every 3 years
LICENSURE			
Legal Status	Licensed in 50 states plus the District of Columbia and U.S. territories as midwives, nurse-midwives, advanced practice registered nurses, or nurse practitioners.	Licensed in Delaware, Hawaii, Maine, Maryland, New Jersey, New York, Oklahoma, Rhode Island, Virginia, and the District of Columbia.	Licensed in 35 states and the District of Columbia.
Licensure Agency	Boards of Midwifery, Medicine, Nursing or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers; Departments of Health or Departments of Professional Licensure or Regulation
PROFESSIONAL ASSOCIATION			
	American College of Nurse-Midwives (ACNM		National Association of Certified Professional Midwives (NACPM)
Note: This document does not address individuals who are not certified and may attend births with or without legal recognition.			

Updated: ACNM Government Affairs | April 2022

65-4205. Renewal of license; application; fees; continuing education; renewal of lapsed license; notification of change in name or address or criminal conviction. (a) The board shall send a notice for renewal of license to all licensed mental health technicians at least 60 days prior to the expiration date of December 31. Every mental health technician who desires to renew a license shall file with the board, on or before December 31 of even-numbered years, a renewal application together with the prescribed renewal fee. Every licensee who is no longer engaged in the active practice of mental health technology may so state by affidavit and submit such affidavit with the renewal application. An inactive license may be requested along with payment of a fee as determined by rules and regulations of the board.

Except for the first renewal for a license that expires within 30 months following licensure examination or for renewal of a license that expires within the first nine months following licensure by reinstatement or endorsement, every licensee with an active mental health technology license shall submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing education. Continuing education means learning experiences intended to build upon the educational and experiential bases of the licensed mental health technician for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

Upon receipt of such application and evidence of satisfactory completion of the required program of continuing education and upon being satisfied that the applicant meets the requirements set forth in K.S.A. 65-4203, and amendments thereto, in effect at the time of initial licensure of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any licensee who fails to secure a renewal license within the time specified may secure a reinstatement of such lapsed license by making verified application therefor on a form prescribed by the board together with the prescribed reinstatement fee and, satisfactory evidence as required by the board that the applicant is presently competent and qualified to perform the responsibilities of a mental health technician and of satisfying all the requirements for reinstatement. A reinstatement application for licensure will be held awaiting completion of such documentation as may be required, but such application shall not be held for a period of time in excess of that specified in rules and regulations.

(c) (1) Each licensee shall notify the board in writing of (A) a change in name or address within 30 days of the change or (B) a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.

(2) As used in this subsection, "conviction" means a final conviction without regard to whether the sentence was suspended or probation granted after such conviction. Also, for the purposes of this subsection, a forfeiture of bail, bond or collateral deposited to secure a defendant's appearance in court, which forfeiture has not been vacated, shall be equivalent to a conviction. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

History: L. 1973, ch. 308, § 5; L. 1983, ch. 207, § 6; L. 1993, ch. 194, § 18; L. 1995, ch. 97, § 5; L. 1997, ch. 146, § 3; L. 2007, ch. 99, § 4; July 1.

Kansas Administrative Regulations

Agency 60

State Board of Nursing

Article 3.—Requirements for Licensure and Standards of Practice

60-3-101. Licensure. (a) Licensure by examination pursuant to K.S.A. 65-1115 and K.S.A. 65-1116, and amendments thereto.

(1) Not later than 30 days before the examination date, each applicant for licensure by examination shall file with the board a completed application on a form adopted by the board and pay the application fee prescribed by K.A.R. 60-4-101.

(2) Each applicant shall be fingerprinted and submit to a state and national criminal history record check.

(3) Each applicant for nursing licensure shall take and be required to pass the examination prepared by the national council of state boards of nursing. The examination fee shall be paid as directed by the national council of state boards of nursing.

(4) Within 180 days after the board's receipt of the application, each applicant for licensure by examination shall submit proof that all qualifications for licensure have been met. If the applicant does not meet this requirement, the application shall be deemed abandoned and closed.

(b) Licensure by endorsement pursuant to K.S.A. 65-1115 and K.S.A. 65-1116, and amendments thereto.

(1) Each applicant for licensure by endorsement shall file with the board a completed application on a form approved by the board and pay the application fee prescribed by K.A.R. 60-4-101.

(2) Each applicant shall be fingerprinted and submit to a state and national criminal history record check.

(3) Each applicant shall submit proof showing that all requirements for licensure by endorsement pursuant to K.S.A. 65-1115 or K.S.A. 65-1116, and amendments thereto, have been met.

(4) Within 180 days after the board's receipt of the application, each applicant for licensure by endorsement shall submit proof that all qualifications for licensure by endorsement have been met. If the applicant does not meet this requirement, the application shall be deemed

abandoned and closed.

(c) Information regarding examinations.

(1) The examination for licensure shall be administered at sites designated by the national council of state boards of nursing.

(2) Each applicant shall present the required documentation in order to be admitted to the examination center.

(3) Each applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.

(4) If the answer key is lost or destroyed through circumstances beyond the control of the national council of state boards of nursing, the applicant shall be required to retake the examination in order to meet requirements for licensure.

(5) Individual examination results shall be released to the school from which the applicant graduated.

(6) Each applicant requesting modifications to the examination procedures or materials because of a disability shall provide written documentation from the appropriate medical professional confirming the disability, an evaluation completed within the last five years by a disabilities evaluation team, and a letter from the nursing program confirming learning and testing modifications made during the course of study.

(d) Application for reexamination. Any applicant who fails to make a passing score on the licensure examination may retake the examination. The applicant shall pay an examination fee as directed by the national council of state boards of nursing for each retest.

(e) Verification of current Kansas license. Verification of a current Kansas license shall be provided to other state boards upon the applicant's request and payment of the fee prescribed by K.A.R. 60-4-101.

(f) Licensure for endorsement pursuant to K.S.A. 48-3406, and amendments thereto.

(1) "Active practice" shall mean that in a calendar year, the applicant worked for at least 1,000 hours in the "scope of practice" for which licensure is sought.

(2) "Similar scope of practice" shall mean the "practice of nursing," as defined in K.S.A. 65-1113 and amendments thereto.

(g) Temporary emergency license. Each applicant for a temporary emergency license shall submit an application on a form adopted by the board to practice nursing during a state of emergency declared by the legislature and submit proof that either of the following qualifications for licensure has been met:

(1) For licensure as a registered professional nurse, the applicant is currently licensed or has been licensed as a registered professional nurse by a state licensing board within the five years preceding the application date, passed a course in cardiopulmonary resuscitation (CPR) for humans, has a current CPR certificate, and has the skills required to practice registered professional nursing during the state of emergency declared by the legislature.

(2) For licensure as a licensed practical nurse, the applicant is currently licensed or has been licensed as a licensed practical nurse by a state licensing board within the five years preceding the application date, passed a course in cardiopulmonary resuscitation (CPR) for humans, has a current CPR certificate, and has the skills required to practice licensed practical nursing during the state of emergency declared by the legislature. (Authorized by K.S.A. 65-1129, K.S.A. 2021 Supp. 48-3406, and K.S.A. 74-1106; implementing K.S.A. 2021 Supp. 48-3406, K.S.A. 65-1115, K.S.A. 65-1116, K.S.A. 65-1118, and K.S.A. 74-1112; effective Jan. 1, 1966; amended Jan. 1, 1972; amended, E-74-29, July 1, 1974; modified, L. 1975, Ch. 302, Sec. 3, May 1, 1975; amended May 1, 1980; amended May 1, 1987; amended April 26, 1993; amended Jan. 29, 1999; amended, T-60-1-26-22, Jan. 26, 2022; amended May 6, 2022.)

****** Authenticated Kansas Administrative Regulation ******

Kansas Administrative Regulations

Agency 60

State Board of Nursing

Article 3.—Requirements for Licensure and Standards of Practice

60-3-107. Expiration dates of applications. Applications for initial licensure by examination or endorsement and for reinstatement while awaiting documentation of qualifications shall be active for six months.

(a) The expiration date of each application shall be six months after the date of receipt at the board's office.

(b) If the application has expired, each individual seeking licensure shall submit a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101. (Authorized by and implementing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 65-1117; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended April 3, 1998; amended July 29, 2005.)

****** Authenticated Kansas Administrative Regulation ******

Kansas Administrative Regulations

Agency 60

State Board of Nursing

Article 15.—Performance of Selected Nursing Procedures in School Settings

60-15-101. Definitions and functions. (a) Each registered professional nurse in a school setting shall be responsible for the nature and quality of all nursing care that a student is given under the direction of the nurse in the school setting. Assessment of the nursing needs, the plan of nursing action, implementation of the plan, and evaluation of the plan shall be considered essential components of professional nursing practice and shall be the responsibility of the registered professional nurse.

(b) In fulfilling nursing care responsibilities, any nurse may perform the following:

(1) Serve as a health advocate for students receiving nursing care;

(2) counsel and teach students, staff, families, and groups about health and illness;

(3) promote health maintenance;

(4) serve as health consultant and a resource to teachers, administrators, and other school staff who are providing students with health services during school attendance hours or extended program hours; and

(5) utilize nursing theories, communication skills, and the teaching-learning process to function as part of the interdisciplinary evaluation team.

(c) The services of a registered professional nurse may be supplemented by the assignment of tasks to a licensed practical nurse or by the delegation of selected nursing tasks or procedures to unlicensed personnel under supervision by the registered professional nurse or licensed practical nurse.

(d) "Unlicensed person" means anyone not licensed as a registered professional nurse or licensed practical nurse.

(e) "Delegation" means authorization for an unlicensed person to perform selected nursing tasks or procedures in the school setting under the direction of a registered professional nurse.

(f) "Activities of daily living" means basic caretaking or specialized caretaking.

(g) "Basic caretaking" means the following tasks:

(1) Bathing;

(2) dressing;

(3) grooming;

(4) routine dental, hair, and skin care;

(5) preparation of food for oral feeding;

(6) exercise, excluding occupational therapy and physical therapy procedures;

(7) toileting, including diapering and toilet training;

(8) handwashing;

(9) transferring; and

(10) ambulation.

(h) "Specialized caretaking" means the following procedures:

(1) Catheterization;

(2) ostomy care;

(3) preparation and administration of gastrostomy tube feedings;

(4) care of skin with damaged integrity or potential for this damage;

(5) medication administration;

(6) taking vital signs;

(7) blood glucose monitoring, which shall include taking glucometer readings and carbohydrate counting; and

(8) performance of other nursing procedures as selected by the registered professional nurse.

(i) "Anticipated health crisis" means that a student has a previously diagnosed condition that, under predictable circumstances, could lead to an imminent risk to the student's health.

(j) "Investigational drug" means a drug under study by the United States food and drug administration to determine safety and efficacy in humans for a particular indication.

(k) "Nursing judgment" means the exercise of knowledge and discretion derived from the biological, physical, and behavioral sciences that requires special education or curriculum.

(l) "Extended program hours" means any program that occurs before or after school attendance hours and is hosted or controlled by the school.

(m) "School attendance hours" means those hours of attendance as defined by the local educational agency or governing board.

(n) "School setting" means any public or nonpublic school environment.

(o) "Supervision" means the provision of guidance by a nurse as necessary to accomplish a nursing task or procedure, including initial direction of the task or procedure and periodic inspection of the actual act of accomplishing the task or procedure.

(p) "Medication" means any drug required by the federal or state food, drug, and cosmetic acts to bear on its label the legend "Caution: Federal law prohibits dispensing without prescription," and any drugs labeled as investigational drugs or prescribed for investigational purposes.

(q) "Task" means an assigned step of a nursing procedure.

(r) "Procedure" means a series of steps followed in a regular, specific order that is part of a defined nursing practice. (Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005; amended March 6, 2009.)

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Kansas Administrative Regulations

Agency 60

State Board of Nursing

Article 15.—Performance of Selected Nursing Procedures in School Settings

60-15-102. Delegation procedures. Each registered professional nurse shall maintain the primary responsibility for delegating tasks to unlicensed persons. The registered professional nurse, after evaluating a licensed practical nurse's competence and skill, may decide whether the licensed practical nurse under the direction of the registered professional nurse may delegate tasks to unlicensed persons in the school setting. Each nurse who delegates nursing tasks or procedures to a designated unlicensed person in the school setting shall meet the requirements specified in this regulation.

(a) Each registered professional nurse shall perform the following:

(1) Assess each student's nursing care needs;

(2) formulate a plan of care before delegating any nursing task or procedure to an unlicensed person; and

(3) formulate a plan of nursing care for each student who has one or more long-term or chronic health conditions requiring nursing interventions.

(b) The selected nursing task or procedure to be delegated shall be one that a reasonable and prudent nurse would determine to be within the scope of sound nursing judgment and that can be performed properly and safely by an unlicensed person.

(c) Any designated unlicensed person may perform basic caretaking tasks or procedures as defined in K.A.R. 60-15-101 (g) without delegation. After assessment, a nurse may delegate specialized caretaking tasks or procedures as defined in K.A.R. 60-15-101 (h) to a designated unlicensed person.

(d) The selected nursing task or procedure shall be one that does not require the designated unlicensed person to exercise nursing judgment or intervention.

(e) If an anticipated health crisis that is identified in a nursing care plan occurs, the unlicensed person may provide immediate care for which instruction has been provided.

(f) The designated unlicensed person to whom the nursing task or procedure is delegated shall be adequately identified by name in writing for each delegated task or procedure.

(g) Each registered professional nurse shall orient and instruct unlicensed persons in the performance of the nursing task or procedure. The registered professional nurse shall document in writing the unlicensed person's demonstration of the competency necessary to perform the delegated task or procedure. The designated unlicensed person shall co-sign the documentation indicating the person's concurrence with this competency evaluation.

(h) Each registered professional nurse shall meet these requirements:

(1) Be accountable and responsible for the delegated nursing task or procedure;

(2) at least twice during the academic year, participate in joint evaluations of the services rendered;

(3) record the services performed; and

(4) adequately supervise the performance of the delegated nursing task or procedure in accordance with the requirements of K.A.R. 60-15-103. (Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended March 6, 2009.)

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State Board of Nursing

Article 15.—Performance of Selected Nursing Procedures in School Settings

60-15-103. Supervision of delegated tasks or procedures. Each registered professional or licensed practical nurse shall supervise all nursing tasks or procedures delegated to a designated unlicensed person in the school setting in accordance with the following conditions.

(a) The registered professional nurse shall determine the degree of supervision required after an assessment of appropriate factors, including the following:

(1) The health status and mental and physical stability of the student receiving the nursing care;

(2) the complexity of the task or procedure to be delegated;

(3) the training and competency of the unlicensed person to whom the task or procedure is to be delegated; and

(4) the proximity and availability of the registered professional nurse to the designated unlicensed person when the selected nursing task or procedure will be performed.

(b) The supervising registered professional nurse may designate whether or not the nursing task or procedure is one that may be delegated or supervised by a licensed practical nurse.

(c) Each delegating registered professional nurse shall have a plan to provide nursing care when the delegating nurse is absent. (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998.)

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State Board of Nursing

Article 15.—Performance of Selected Nursing Procedures in School Settings

60-15-104. Medication administration in a school setting. Any registered professional nurse may delegate the procedure of medication administration in a school setting only in accordance with this article.

(a) Any registered professional nurse may delegate the procedure of medication administration in a school setting to unlicensed persons if both of the following conditions are met:

(1) The administration of the medication does not require dosage calculation. Measuring a prescribed amount of liquid medication, breaking a scored tablet for administration, or counting carbohydrates for the purpose of determining dosage for insulin administration shall not be considered calculation of the medication dosage.

(2) The nursing care plan requires administration by accepted methods of administration other than those listed in subsection (b).

(b) A registered professional nurse shall not delegate the procedure of medication administration in a school setting to unlicensed persons when administered by any of these means:

(1) By intravenous route;

(2) by intramuscular route, except when administered in an anticipated health crisis;

(3) through intermittent positive-pressure breathing machines; or

(4) through an established feeding tube that is not inserted directly into the abdomen.
(Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005; amended March 6, 2009.)

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Kansas Administrative Regulations

Agency 60

State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

60-7-101. Licensure. (a) The applicant shall file with the board one month preceding the examination a completed application on an adopted form with payment of the application and examination fees prescribed by K.A.R. 60-8-101.

(b) Verification of current Kansas license shall be provided by request to other state boards upon payment of fee.

(c) Information regarding examinations.

(1) The examination for licensure shall be given at least twice a year.

(2) Each candidate shall present a validated admission card in order to be admitted to the examination center.

(3) Any applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.

(4) In the event that answer sheets are lost or destroyed through circumstances beyond the control of the board, the candidate shall be required to retake the examination in order to meet requirements for licensure, except that no additional charge shall be made.

(5) Individual examination results shall be released to the school from which the examinee graduated.

(6) Any candidate requesting modifications to the examination procedures or materials because of a learning disability shall provide written documentation from the appropriate medical professional confirming the learning disability, an evaluation completed within the last five years by a learning disabilities evaluation team, and a letter from the mental health technician program confirming the learning and testing modifications made during the course of study.

(d) Application for retest. An applicant who fails to make a passing score on the licensure examination may retake the examination and shall pay an examination fee for each retest as established by K.A.R. 60-8-101.

(e) If an individual fails to pass the licensure examination within 24 months from graduation, the individual shall petition the board in writing before being allowed to retake the licensure examination. The petition shall be on a form provided by the board and shall contain the following:

(1) The name of the school of graduation;

(2) the date of graduation;

(3) the number of months or years since graduation;

(4) the number of times taking the licensure examination;

(5) the dates of the licensure examinations;

(6) areas of deficiency identified on the diagnostic profile for each examination;

(7) copies of all diagnostic profiles;

(8) any study completed since the last attempt of taking the licensure examination;

(9) any work experience in the last two years; and

(10) a sworn statement by the petitioner that the facts contained in the petition are true to the best of the person's knowledge and belief.

(f) An individual shall be allowed by the board to retake the licensure examination after 24 months from graduation only upon demonstrating to the board's satisfaction that the individual has identified and addressed the reasons for prior failure and that there is a reasonable probability that the individual will pass the examination. A plan of study may be required by the board before the individual retakes the licensure examination.

(g) If the board requires a plan of study before retaking the licensure examination, the plan shall contain the following:

(1) A list of all the low performance competencies of the test plan identified by the diagnostic profile from each examination;

(2) a specific content outline for all the low performance competencies on the diagnostic profile;

(3) methods of study, including the following:

(A) Self-study;

(B) study groups;

(C) tutors; or

(D) any other methods as approved by the board;

(4) a schedule for study that meets the following requirements:

(A) 30 hours per each low performance competency;

(B) a start date; and

(C) completion in six months or the petition shall be considered abandoned;

(5) learning resources identified to be used in the study, meeting these requirements:

(A) a written bibliography in a standard documentation format, with resources no more than five years old; and

(B) four types for each low performance competency selected from the list as follows:

(i) Textbooks;

(ii) journals;

(iii) review books;

(iv) audiovisuals;

(v) computer-assisted instruction; or

(vi) computer review programs.

(h) A registered professional nurse shall provide written verification that the individual has completed a study plan.

(i) Academic mental health technician courses, clinical observations, or other learning activities to meet study requirements may also be prescribed by the board. (Authorized by K.S.A. 1997 Supp. 65-4203 and 1997 Supp. 74-1106; implementing K.S.A. 1997 Supp. 65-4203; modified, L. 1975, Ch. 302, Sec. 8, May 1, 1975; amended Jan. 29, 1999.)

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State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

60-7-102. Duplicate of initial license. When an individual's initial license has been lost or destroyed, a duplicate may be issued by the board upon payment of the fee specified in K.S.A. 65-4208, and amendments thereto. (Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4208; modified, L. 1975, Ch. 302, Sec. 9, May 1, 1975; amended April 20, 2001; amended April 29, 2016.)

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State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

60-7-111. Reporting of certain misdemeanor convictions by the licensee. Pursuant to K.S.A. 65-4205 and amendments thereto, each licensee shall report to the board any misdemeanor conviction for any of the following substances or types of conduct:

(a) Alcohol;

(b) any drugs;

(c) deceit;

(d) dishonesty;

(e) endangerment of a child or vulnerable adult;

(f) falsification;

(g) fraud;

(h) misrepresentation;

(i) physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;

(j) physical or verbal abuse;

(k) theft;

(l) violation of a protection from abuse order or protection from stalking order; or

(m) any action arising out of a violation of any state or federal regulation. (Authorized by K.S.A. 65-4203 and K.S.A. 2007 Supp. 65-4205; implementing K.S.A. 2007 Supp. 65-4205; effective Nov. 7, 2008.)

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