Medication and Communicable Conditions Training for School Personnel

Albemarle County Public Schools
The purpose of this presentation is to provide training to EDEP personnel in medication administration and infection control during after school programs.
Confidentiality Of Health Information

By law*, student health information must be kept confidential. Only school employees who have supervisory authority over a student may have access to student health information including diagnoses and medications. Student health information may not be shared with other parents, students, or school employees who do not have supervisory authority of that student.

*HIPPA, FERPA
PART ONE: MEDICATION TRAINING
Prescription Medications: School personnel may give prescription medication to students only with a physician’s written order and written permission from the student’s parent or guardian. Such medication must be in the original container and delivered to the principal, school nurse or school division designee by the parent/guardian of the student.
Nonprescription Medications: ACPS personnel may give nonprescription medication to students only with the written permission of the parent/guardian. Such permission shall include the name of the medication, the dosage and the time the medication is to be given. Such medication must be in the original container and delivered to the principal, school nurse or designee by the parent/guardian.
Self administration of any medication except asthma and epinephrine is prohibited for students.
Asthma Medication:
Students with a diagnosis of asthma are permitted to possess and self-administer inhaled asthma medication during the school day, at school-sponsored activities, or while on a school bus or other school property, provided certain conditions are met.
Self-Administration of Epinephrine is permitted during the school day, at school-sponsored activities, or while on a school bus or other school property. In order for a student to possess and self-administer epinephrine, certain conditions must be met.
The “Rights” of Medication Administration

1. **Right Student**: Properly identify the student.
2. **Right Time**: Administer the medication at the prescribed time. For medication to be administered “as needed,” make sure the proper interval has been reached before administering the medication.
3. **Right Medication**: Administer the correct medication that has been provided for the student.
4. **Right Dose**: Administer the correct amount of medication.
5. **Right Route**: See the prescribed method of administration – by mouth, topical application to the skin, inhaled, injection, etc.
6. **Documentation**: Document the administration of the medication immediately. If documentation is not completed, other staff might administer the same medication again resulting in over-medication.
School Personnel Responsibilities Prior to and During Medication Administration

- Verify that an authorization form has been properly completed and signed by the parent and the licensed provider, if prescription medication.
- Document receipt of medication including the date and number of pills received.
- Count controlled medication (medication for ADHD – Ritalin and Adderall as well as any prescription pain or antianxiety medication) in the presence of the parent as soon as it is received. If the parent is not available, count the medication with another staff member as a witness.
- Assure medication is properly labeled and matches the information provided on the authorization form.
- Check the medication’s expiration date.
- Observe the student taking the medication.
- Immediately record the exact time and date of medication administration on the student’s individual medication log.
- Maintain student privacy and confidentiality.
- Maintain the medication in a locked place, inaccessible to other students.
How to Administer Oral Medication – Pills

- Wash hands.
- Remove bottle cap and hold the cap in one hand and bottle in the other hand.
- Pour the prescribed dose into the cap.
- Transfer the medication from the cap to a clean container (medicine cup) or the student’s hand, if clean.
- Give the medication with a cup of water unless otherwise instructed.
- Verify the student swallowed the medication.
- Recap the bottle and return it to a secure locked place.
- Complete appropriate documentation.
How to Administer Liquid Medication

- For liquid medications, be sure to shake the container before pouring the prescribed amount into the cup or measuring device.
- Hand cup or measuring device to student to self administer or squirt medicine into student’s mouth if oral syringe provided.
- Observe student drink the entire contents of measuring device.
- Give water to drink afterward unless otherwise instructed.
- Document medication administration.
Inhaled Medication

* Many students with inhalers need no assistance, the instructions below are for younger children who may need help.

1) Shake inhaler for approximately 2 seconds.
2) Attach inhaler to spacer chamber if provided.
3) Have student insert inhaler or spacer in mouth.
4) At the end of expiration depress top of canister firmly and ask student to breathe in slowly for 3 – 5 seconds. Relax the pressure on top of the canister.
5) Ask student to hold breath for 5 to 10 seconds.
6) Remove inhaler and ask student to breathe out slowly through nose.
7) Wait 1 minute and administer second puff as above.
8) Offer drink of water.
9) Complete documentation.
PART TWO: CONTROL OF COMMUNICABLE CONDITIONS
How Infection Spreads

Through contact with infected area of someone’s body, contaminated hands, or any other substance or surface that holds infectious material. Three main avenues include:

- **Oral fecal route**: When microscopic amounts of fecal material gets onto hands and then into the mouth through eating or putting hands/objects in mouth Prevented by hand and surface washing

- **Respiratory route**: Airborne droplets that form when a person coughs or sneezes Prevented by covering coughs & sneezes and hand washing

- **Bodily fluids**: such as blood, urine and saliva Prevented by universal precautions
The single most important measure to prevent the spread of germs is **hand washing**. Staff and students should wash hands:

- Before and after eating or handling food
- Before giving or taking medication
- After using bathroom
- After touching commonly touched surfaces
- After handling body fluids
- After handling animals
- Whenever soiled
Cleaning and Disinfecting Surfaces

Another infection control measure is to clean all commonly touched surfaces including toys with a disinfecting solution.
Protection

- Follow universal precautions when contact with another person’s bodily fluids is expected – always wear gloves.
- Contact custodian to clean spills of blood, vomit or stool.
Daily Health Check

Staff members should observe students daily for:

- Changes in behavior or appearance
- Boils or weeping skin rashes
- Signs of fever such as flushed appearance, shivering
- Complaints of not feeling well
- Vomiting, diarrhea
Three Key Criteria for Exclusion of Children Who are Ill

According to the American Academy of Pediatrics, most minor illnesses do not require exclusion, but a designated staff member can exclude students if the illness:

- Prevents student from comfortably participating in activities
- Results in need for care that is greater than staff members can provide without compromising the health and safety of other students
- Poses a risk of spread of harmful disease to others

EDEP staff can consult school nurse to see if these criteria are met.
Communicable or Contagious Conditions

According to the *American Academy of Pediatrics* temporary school exclusion is recommended when a student has any of the following specific conditions:
School Exclusion

- A sudden change in behavior – lethargy, lack of responsiveness, irritability, persistent crying, difficulty breathing, or having a quickly spreading rash;
- Fever (temperature above 100.2°F);
- Diarrhea, defined as watery stools or decreased form of stool that is not associated with changes of diet;
- Vomiting at school or more than two times in the previous twenty-four hours, unless vomiting is determined to be caused by a non-infectious condition such as motion sickness;
- Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs of illness;
School Exclusion Cont.

- Rash with fever or behavioral changes, until doctor has determined that the illness is not an infectious disease;
- Impetigo or skin infection, until treatment has been started;
- Strep throat or other streptococcal infection, until twenty-four hours after treatment has been started;
- Head lice until after the first treatment (note: exclusion is not necessary before the end of the program day);
- Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash);
- Pertussis or whooping cough, until five days of appropriate antibiotic treatment;
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.
POST TEST

In order to take the post test either:

1) CLICK HERE and open link

1) Copy–paste the entire following link between quote marks (NOT including the quote marks) in a web browser
"http://survey.k12insight.com/k/SsUTPVsXYWsPsPsP"