

Council for Children and Adolescents with Chronic Health Conditions
School Health Committee
Report on Barriers to Access of Emergency Medications for School Age Children
June 2007

The School Health Committee of the Council for Children and Adolescents with Chronic Health Conditions was convened in April 2006 at the request of Representative Laurie Harding, during the 2005-2006 Legislative Session (in lieu of a legislative study committee). Representative Harding asked the Council to conduct an in-depth inquiry into the barriers to access of emergency medications such as glucagon and diastat, for children with special health care needs within the school system, and to submit recommendations to her and other appropriate parties as to what needs to be changed and who would be in the best position to affect change. The report that follows is a summary of the process this committee undertook to answer her request, with the current status of the recommendations produced.

A number of informational meetings were held from April to November 2006 and included broad representation and input from many different stakeholder groups. Input was received from parents, Dept of Ed representatives, School Nurses, representatives from the school paraprofessional and teacher unions, Emergency Medical Personnel, the Executive Director of the Board of Nursing and health care professionals who support children with diabetes. Various other groups were sought out to gather information regarding how they are/might be involved with children who may require emergency medications during the school day. A listing of the members and others interviewed follows at the end of this report. With such a variety of members and stakeholder input, a long list of concerns/barriers was created. For each barrier identified in bold, a summary of the research done, steps taken and steps yet to be completed will be discussed.

Our discussion started with a review of when and where students may need access to emergency medication administration such as during the school day, on a field trip, after school programs. We discussed who would be available to assist the students such as school nurses, teachers and paraprofessionals, in the absence of parents. The availability of substitute nurses was discussed at length and the general consensus was that there is a statewide lack of nurses available for covering health offices and field trips. This led to much discussion about the issue of delegation and specifically, **delegation to unlicensed personnel** within the school system. The majority of schools in NH employ a school nurse, a fact that NH is very proud of; however as school enrollment and the demands on the school nurse increase, the likelihood that the school nurse may not be available in the event of an emergency increases as well. We all know that events can (and do) happen at unforeseen times. A child with a seizure disorder may experience prolonged seizure activity, despite intensive medical management. A child with diabetes may experience a hypoglycemic episode. In both examples the child may need administration of an emergency medication. The committee discussed at length the use of unlicensed personnel (ULP) in the school system and what are the current rules and regulations governing delegation. Specific discussion centered on the concept of delegating to a willing volunteer who is adequately trained and comfortable with the delegated task. Various members of the group gathered background information to determine what other states' Nurse Practice Acts and Dept of Education have done to address the need for increased access to emergency medications for children with chronic health conditions.

From a nursing practice standpoint, delegation of specific nursing activities and tasks is allowed according to the NH Nurse Practice Act, RSA 326-B:28. It would also appear that the nurse could, utilizing Nur 404, determine if delegation of medication administration to a ULP is appropriate based on his or her nursing judgment. Since school nurses are governed by the Dept of Education (DOE) rules as well as the Nurse Practice Act, it would appear that a potential barrier to effective nursing delegation within the school setting is related to the Ed 311 rule. This rule requires that school nurses administer all medications EXCEPT when the school nurse is not available (the principal or designee is allowed to assist students with medication administration). In addition the DOE has rules that prohibit administration of injectable medications by unlicensed personnel. Please refer to the Appendix for the actual wording of Nur 404, RSA 326-B:28, and Ed 311.

The committee sought clarification from the NH Board of Nursing in December 2006 regarding delegating to ULP's. There was much discussion as to stable vs. unstable and chronic vs. acute, which led to the development of questions to submit to the NHBON. The board members themselves did not provide feedback to the questions; however, Margaret Walker, Executive Director of NHBON did respond to the school health committee questions. Her answers were based on previous NHBON responses to similar questions asked in the past. She submitted both the school health committee questions and her responses to the NHBON for their review; no additional comments were made.

In answering the questions regarding this topic, Margaret Walker consistently referred the committee back to Nur 404 of the Nurse Administrative Rules, which discusses eligibility of delegation based on competencies to perform a certain task. Ms Walker also stated that the Board does not approve facility/agency policies but do expect adherence to the governing rules. In summary, the Nurse Practice Act governs all nurses and does allow for delegation if specific criteria, as outlined in the rule, are followed. School nurses are governed by the DOE rules, which appear to be stricter and do not allow for delegation to ULP. The DOE representatives of the committee agreed to submit a change to the Ed 311 rule for the next rule cycle; changes proposed include the removal of the statement that only RN's can give injectables and the addition of a clause to allow for delegation to ULP's of medication administration under special circumstances such as emergencies. These changes would align the Ed 311 rule to the NH Board of Nursing rules. Please see appendix for the current Ed 311 rule along with the proposed changes. **Current status:** The rules change has not been put forth yet; further discussions are warranted with Rep Harding and others with a vested interest about the need to move changes forward without further delay. The Executive Director of the Council has been asked to follow-up with Rep. Harding for assistance and to schedule a meeting of the original school health committee members.

A second barrier that received much attention was that of **liability**. The school nurses expressed concerns regarding who would be held responsible if problems occur and the common fear that their licenses may be at risk if they have others do "tasks" that have traditionally been provided only by the school nurse. Please refer to the Appendix regarding RSA 326-B:29 which refers to liability. The committee wanted to find out the latest on liability coverage for school districts and all their employees, including teachers and paraprofessionals. Often times the para's are asked to perform certain tasks for the children they serve and liability remains a concern for them. Of the approximate 200 school districts in NH, the majority has liability insurance with Primex. The remainder are serviced by the Local Government Center or by commercial providers.

Several members of the committee met with Janet Pinet, a coverage specialist from Primex, in September 2006 to discuss the liability coverage offered to school districts. It was explained to us that as long as the employee was acting within the scope of his/her duties for the district, they would be covered, including paraprofessionals, licensed professionals and volunteers. It was suggested that since this information may not reach all level of employees, that discussions be held with the business administrators regarding coverage so questions on liability can be properly addressed. The committee also discussed the liability coverage offered through the NEA and how the extent of it may differ due to there being an IEP vs. a 504 plan in place for the child in question. It was suggested that this information be clarified for school employees so that questions on liability can be properly addressed. **Step to be completed:** A request has been made to the coverage specialist at Primex for a Q & A sheet regarding liability, for the school nurses to review, possibly in their quarterly newsletter or list serv. The sheet may also be used as a template for those school district employees not covered by Primex.

The role of bus drivers during medical emergencies was another topic discussed, especially during field trips and the bus ride to and from school. There is a NH School Transportation Association in which members own or operate ~90% of the school buses in NH. An inquiry was sent to the Executive Director via email in September 2006, requesting the opportunity to address the association with the committee's questions about the role of bus drivers. A positive reply was received; the questions were to be brought to the next board meeting. Of further note, a subcommittee was formed in October 2006 to address our questions and then a meeting was hopefully to be convened. Despite multiple emails over the last several months asking about the status of this subcommittee, no further word has been received. **Current status:** A request was put forth to the Executive Director of the Council for her assistance with this matter. Contact information and emails were sent to her attention for follow-up.

Emergency Medical Services is a source of support for schools and communities and the committee was interested in learning more about the different levels of care the EMT's could provide. Sue Prentiss, Bureau Chief for Emergency Medical Services at the Dept of Safety was kind enough to speak with the committee to describe the levels of training from Basic to Medic. Questions about possible changes to the existing curriculum for the Intermediate level were addressed at a separate meeting with Sue and Dr Doug McIvar from Speare Memorial Hospital. Dr McIvar is a representative from the Medical Control Board, which is responsible for the development of protocols. The potential change discussed relates to the ability of the Intermediate level to medicate a pediatric patient. A set a rules' revisions have already been put in motion so the next round would not be until January 2009, but they did agree to review the curriculum modules to see if any changes could be authorized safely and legally. The SKIP (Special Kids Information Program) program was also discussed and how underused it is at the moment. A plan was made to distribute the materials to families with the help of the DOE and the Council. The DOE has agreed to help distribute the form to school districts as part of the packet they send out at the beginning of the school year. It was suggested that a joint letter be included, from both the DOE and DOS-EMS, describing the program and its importance to families who may have children with emergent medical needs. The executive director of the Council will plan to participate in this plan. Lastly, information about SKIP was sent to the school nurse list serv as well as their quarterly newsletter. **Step to be completed:** Follow up with the Webmaster for the School Nurse Association is planned for the SKIP materials to be posted and follow up on the joint letter is also being planned. A request will be made to invite the EMS system to the NHSNA Spring Conference as an exhibitor.

The following are recommendations that became more apparent as the above-mentioned barriers were discussed.

- School districts and school nurses are encouraged to review their school “health” makeup in regards to nationally recommended and appropriate nurse to student ratios.
- Discussions are encouraged between school nurses and district representatives on ways to increase the substitute school nurse pools, as a way to help with field trips and cover health offices. Examples of ways to increase availability of nurses are to increase per diem wages, utilize delegation to LPN’s and the use of agency nurses. This could be cost effective in relation to training and retraining multiple school personnel.
- Workshops on medical information are encouraged and supported for paraprofessionals and other school professionals, especially in light of all the medically complex children entering the school system.
- Training of unlicensed personnel – This will need to be discussed after the decision is made regarding the rules change put forth on Ed 311. Many training programs already exist and will need to be evaluated to see if they are appropriate and cost effective. Any training modules adopted will need to be comprehensive, thorough, and standardized with frequent competency evaluations. A separate group of interested stakeholders will be convened when necessary to further discuss all aspects of this recommendation.
- If legislation were needed to further increase access to emergency medication administration, a review of what other states such as Texas, Utah and New York have in place for legislation would be recommended.

This School Health Committee met monthly from May to November 2006 and spent many hours discussing a topic meant to assist children with special health care needs and their families. There is still work to be done to finish much of what this committee started. Thank you to all who participated for the benefit of the children we work for.

Respectively submitted,

School Health Committee
Council for Children and Adolescents with Chronic Health Conditions

School Health Committee Members

Denise Brewitt - Executive Director, CCACHC

Sylvia Pelletier – Past-Chair, CCACHC (was Chair during committee meetings)

Ted and Melissa Makalinaw – Parents

Lorene Reagan RN, CDDN – Administrator, Child & Family Supports and Services, DHHS

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Linda Compton RN – School Nurse, NHSNA president

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Maria Butler RN, BSN– Chair, School Health Committee; Nurse Coordinator, Special Medical Services, DHHS

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