

# Creating School Nursing Capacity

## A Resource Toolkit

2018 ESHS Evaluation Team CQI Project

### Introduction

This toolkit was created to provide mini quality improvement projects (CQI) conducted with school nurses to aid that nurse in gaining knowledge and insight into nursing practices/tasks required in a school-based health office. The hypothesis is that if a new or seasoned school nurse uses one or more of these tools that encompass independent education strategies he/she will be able to feel more confident in their role and thrive in school nursing. The aim of the capacity group is to show an increase a school nurses knowledge and confidence as evidence by outcome evaluations.

### Use of this Toolkit

1. Select a target population for implementation of a Capacity tool. ie.; new hires, staff with >10 years experience, Nursing staff with <5 years, for remediation purposes as needed)
2. Choose one of the enclosed resource tools to be completed by the target population. Provide them with your desired time frame for completion.
3. After the tool is completed by the school nurses, be sure those nurses complete the online tool-specific survey , and input survey responses through the web link found at the end of the tool.
4. May select another target population and/or another tool to repeat an additional CQI
5. After all the selected school nurses use the selected tool(s), please complete the following online survey link for the “Outcome Evaluation by Coordinator/Nurse Leader”.

[2018-19 School Nurse Capacity Toolkit: CQI Outcome Survey](#)

### **Tools:**

1. [Policy & procedure Scavenger Hunt](#) – This tool has the school nurse searching for reading, investigating and synthesizing important take away points from the nursing department’s policies and protocols. This tool has weblinks embedded for further investigation and allows staff to record notes for future reference. Once completed, have a mentor/experienced nurse/supervisor review the tool with the school nurse.
2. [Technology & System Access Resource](#)- A personalized reference sheet to record important contact information as it relates to the technology & systems in district
3. [Medication Administration In a School setting](#)– Complete an audit (no cost) of the online course to address medication administration in Massachusetts offered by BU SHIELD to provide staff with an updated review material, access resources, or to refresh skills.

# Intentionally Blank

# A POLICY & PROTOCOL SCAVENGER HUNT

<p><input type="checkbox"/> <b>School policy</b>      <input type="checkbox"/>N/A    Read date:_____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Americans with Disabilities Act</a></li> <li>• 504 accommodations &amp; Individual education plans (IEP) See the: <a href="#">US Department of Education's Office for Civil Rights</a></li> <li>• <a href="#">McKinney Vento Act</a></li> <li>• <a href="#">Family Education Rights Privacy Act (FERPA)</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><input type="checkbox"/> <b>Concussion policy</b>   <input type="checkbox"/>N/A    Read date:_____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">105 CMR 201: Head Injuries and Concussions in Extracurricular Athletic Activities</a></li> <li>• <a href="https://www.mass.gov/sports-related-concussions-and-head-injuries">https://www.mass.gov/sports-related-concussions-and-head-injuries</a></li> <li>• <a href="#">Report of a Head Injury During Sports Season Form PDF (DOC)</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p><input type="checkbox"/> <b>Health policy</b>      <input type="checkbox"/>N/A    Read date:_____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">105 CMR 220.000: IMMUNIZATION OF STUDENTS BEFORE ADMISSION TO SCHOOL</a></li> <li>• <a href="#">105 CMR 200.000: PHYSICAL EXAMINATION OF SCHOOL CHILDREN</a></li> <li>• <a href="#">Childhood immunization table(s)</a></li> <li>• <a href="#">Disease surveillance, reporting, &amp; control</a></li> <li>• <a href="#">MA DPH School Health manual</a></li> <li>• <a href="#">HIPAA &amp; FERPA guidance</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><input type="checkbox"/> <b>Medication Administration Policy</b>      <input type="checkbox"/>N/A</p> <p>Read date:_____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">105 CMR 210.000: THE ADMINISTRATION OF PRESCRIPTION MEDICATIONS IN PUBLIC AND PRIVATE SCHOOLS</a></li> <li>• <a href="#">General Laws Part I Title XV Chapter 94C</a></li> <li>• <a href="#">BORN advisory rulings</a></li> <li>• <a href="#">Field trip toolkit 4.2-18.pdf</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p><input type="checkbox"/> <b>Sexual/reproductive health</b>   <input type="checkbox"/>N/A</p> <p>Read date:_____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Massachusetts Comprehensive Health Curriculum Framework - October 1999</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><input type="checkbox"/> <b>Bullying policy</b>      <input type="checkbox"/>N/A</p> <p>Read date:_____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">CHAPTER 92 AN ACT RELATIVE TO BULLYING IN SCHOOLS</a></li> </ul> <p>3 important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

<p><input type="checkbox"/> <b>Mandated Screenings</b> <input type="checkbox"/>N/A</p> <p>Read date: _____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">DPH Guidelines Mandated Screening Programs</a></li> <li>• <a href="#">Mandated Screening Workshop-BU Shield</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><input type="checkbox"/> <b>Blood borne exposure/ Standard precautions</b></p> <p><input type="checkbox"/>N/A Read date: _____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Federal OSHA Bloodborne pathogen standard- US Department of Labor</a></li> <li>• <b>PPT]</b><a href="#">Bloodborne Pathogens PPT - OSHA</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p><input type="checkbox"/> <b>Life threatening allergies/Epinephrine policy</b></p> <p><input type="checkbox"/>N/A</p> <p>Read date: _____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Managing Life threatening allergies in Schools DESE/DPH guide</a></li> <li>• Epipen training regulations (with DPH registration) 105 CMR 210.100</li> <li>• <a href="#">Staff (ULP) training resource</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><input type="checkbox"/> <b>Wellness policy</b> <input type="checkbox"/>N/A Read date: _____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• 105 CMR 215 <a href="#">Standards for school wellness advisory committees</a></li> <li>• <a href="#">105 CMR 225.000: NUTRITION STANDARDS FOR COMPETITIVE FOODS AND BEVERAGES IN PUBLIC SCHOOLS</a></li> <li>• <a href="#">Mass in Motion</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p><input type="checkbox"/> <b>Attendance policy</b> <input type="checkbox"/>N/A</p> <p>Read date: _____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Children requiring assistance (CRA) statute, G. L. c. 119, §§ 21, 39E-39I</a></li> <li>• <a href="#">Policies and Protocols for Truancy Prevention Programs</a> -DOE</li> <li>• <a href="#">Attendance Works.org</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><input type="checkbox"/> <b>Substance Use</b> <input type="checkbox"/>N/A Read date: _____</p> <p><input type="checkbox"/> <b>SBIRT</b> <input type="checkbox"/>N/A Read date: _____</p> <p><input type="checkbox"/> <b>Narcan</b> <input type="checkbox"/>N/A Read date: _____</p> <p>Found At: _____</p> <p><b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Substance Use Prevention, Education and Screening Resources- BU SHIELD</a></li> <li>• <a href="#">GUIDANCE ON SCHOOL POLICIES REGARDING SUBSTANCE USE PREVENTION</a></li> <li>• <a href="#">Narcan Information</a></li> <li>• <a href="#">Massachusetts General Laws Ch 94C/Sec34A</a></li> </ul> <p>3 Important points:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

<p><input type="checkbox"/> <b>Diabetes</b>    <input type="checkbox"/> N/A    Read date: _____  Found At: _____  <b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Massachusetts Guide to Managing Diabetes in Schools</a></li> <li>• <a href="#">Joslin Diabetes Center school nurse resources</a></li> </ul> <p>3 Important points:</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> </ol>	<p><input type="checkbox"/> <b>Seizure</b>    <input type="checkbox"/> N/A    Read date: _____  <input type="checkbox"/> <b>VNS use</b>    <input type="checkbox"/> N/A    Read date: _____  Found At: _____  <b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Epilepsy Foundation training resources</a></li> <li>• <a href="#">BORN AR 0802 The Use of a Vagal Nerve Stimulator Magnet</a> (DOCX 16.38 KB)</li> </ul> <p>3 Important points:</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> </ol>
<p><input type="checkbox"/> <b>Bed bug</b>    <input type="checkbox"/> N/A    Read date: _____  <input type="checkbox"/> <b>Lice</b>    <input type="checkbox"/> N/A    Read date: _____  Found At: _____  <b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Mass.gov information on bed bugs</a></li> <li>• <a href="#">Mass.gov head lice information</a></li> </ul> <p>3 Important points:</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> </ol>	<p><input type="checkbox"/> <b>Asthma</b>    <input type="checkbox"/> N/A    Read date: _____  Found At: _____  <b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">NASN asthma resources</a></li> <li>• Self-Administration &amp; possession of Asthma Medication: <a href="#">05 CMR 210.006</a> &amp; MGL <a href="#">71.54B</a></li> </ul> <p>3 Important points:</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> </ol>
<p><input type="checkbox"/> <b>Medical Emergency Plan</b>    <input type="checkbox"/> N/A    Read date: _____  Found At: _____  <input type="checkbox"/> <b>AED policy</b>    <input type="checkbox"/> N/A    Read date: _____  Found At: _____  <b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Medical emergency response plan law. Chapter 77</a> (Michael's Law)</li> <li>• <a href="#">DESE Medical Emergency Response Plan – Frequently Asked Question</a></li> <li>• <a href="#">MA Gen Laws 71 § 54C. Outlines AED requirements for schools.</a></li> <li>• <a href="#">MGL Chapter 112 12V1/2- definitions</a></li> <li>• <a href="#">Section 12V: Exemption of certain individuals rendering emergency cardiopulmonary resuscitation from civil liability</a></li> </ul> <p>6 Important points:</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> <li>6. _____</li> </ol>	<p><input type="checkbox"/> <b>Nursing Procedures</b>    <input type="checkbox"/> N/A    Read date: _____  Found At: _____  <b>Useful resources to investigate:</b></p> <ul style="list-style-type: none"> <li>• <b>Central Lines</b> (Openpediatrics, Boston Children's Hospital) <ul style="list-style-type: none"> <li>❖ <a href="#">Caring for a Central Line</a></li> <li>❖ <a href="#">Flushing a Central Line</a></li> </ul> </li> <li>• <b>Trach Care</b> (Open Pediatrics, Boston Children's Hospital) <ul style="list-style-type: none"> <li>❖ <a href="#">Trach Primer</a></li> <li>❖ <a href="#">Trach Care</a></li> </ul> </li> <li>• <b>Ostomy Care</b> (Openpediatrics, Boston Children's Hospital) <ul style="list-style-type: none"> <li>❖ <a href="#">Troubleshooting an Ostomy</a></li> </ul> </li> <li>• <b>G-Tubes</b> (Children's Hospital, St. Louis) <ul style="list-style-type: none"> <li>❖ <a href="#">Caring for child with G-tube</a></li> </ul> </li> </ul> <p>6 Important points:</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> <li>6. _____</li> </ol>

**Additional Policies/Protocols established:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Review with mentor/experienced peer.

Name: \_\_\_\_\_ Ext# \_\_\_\_\_ Date: \_\_\_\_\_

Comments

**Please click on the link below to complete the online evaluation after you have used this tool:**  
["Policy & Protocol Scavenger Hunt" Evaluation Survey](#)

# TECHNOLOGY & SYSTEM ACCESS GUIDE

## System Access: *Input your personalized information*

Computer- Generic

name: \_\_\_\_\_ Password: \_\_\_\_\_

User name: \_\_\_\_\_ Password: \_\_\_\_\_

Email - \_\_\_\_\_

Electronic Health Record- User name: \_\_\_\_\_

Password: \_\_\_\_\_ Important access numbers: \_\_\_\_\_

<p>Voicemail retrieving: _____</p> <p>Dialing emergency 911: _____</p> <p>Dialing an outside line: _____</p> <p style="padding-left: 20px;">Local # _____</p> <p style="padding-left: 20px;">Long distance# _____</p> <p>Fax Machine access/phone number: _____</p> <p>Copier/scanner access _____</p> <p>Copier/scanner Code: _____</p> <p>Interschool communication: Extension(s) _____</p>	<p>Technology support: Name _____</p> <p># _____</p> <p>Email: _____</p> <p>Nurse Leader/SVP:</p> <p>Name: _____</p> <p># _____</p> <p>Email: _____</p> <p>Resource nurse:</p> <p>Name _____</p> <p># _____</p> <p>Email: _____</p>
---	---

## Technology Access

*Write down how to access each element once access was accomplished:*

Appropriate use of technology

1. Code of conduct \_\_\_\_\_

2. District expectations as related to technology \_\_\_\_\_

Nursing drives / Share documents \_\_\_\_\_

Local drives (connect to school) \_\_\_\_\_

Website links to district/school/departments (insert in table below)


## Additional Nursing resources:

Massachusetts Immunization Information System (MIIS) <https://www.contactmiis.info/>

Access granted by: \_\_\_\_\_ User name: \_\_\_\_\_ Password: \_\_\_\_\_

[Virtual Gateway](#) User name \_\_\_\_\_ Password \_\_\_\_\_

Health Applications \_\_\_\_\_

Listserv access \_\_\_\_\_

BU Shield <http://bucme.org/node/1045> Offers CEU education & DPH/DOE training

User name: \_\_\_\_\_ Password: \_\_\_\_\_

Educator Licensure & Renewal (ELAR) <http://www.mass.gov/edu/gateway/>

User name: \_\_\_\_\_ Password: \_\_\_\_\_

**Please click on the link below to complete the online evaluation after you have used this tool:**

**["Technology and System Access Guide" Tool Evaluation Survey](#)**

**Intentionally Blank**



# MEDICATION ADMINISTRATION & DELEGATION IN SCHOOLS

Recommended training for ALL full-time, part-time, and per-diem nursing staff upon hire and PRN

---

To assure the safe administration of medications in schools, please complete the following activities:

Review the E-BOOK below:

[EBOOK: Medication Administration in a School Setting: School Nursing Practice in Massachusetts](#)

Complete ONLINE MODULE below:

[ONLINE MODULE: Medication Administration in a School Setting: School Nursing Practice in Massachusetts](#)

NOTE: If you are the Nurse Manager who will be one of the signatories on the “Handling, Storage and Delegation Registration Application” with the MA Department of Public Health, you will ALSO need to complete the [Medication Administration in Schools: What School Nurse Managers Need to Know](#) 4-hour live training

Review Medication Administration Implementation Checklist (Pages 63 to 78 of E-book above)



**PLEASE NOTE:** complete the above course and present certificate of completion to supervisor or mentor **prior to working independently in a health office**. Please **PRINT** the certificate of completion and provide to your supervisor or preceptor (if applicable), then proceed to reviewing the checklist below:

**Review following district policies and procedures r/t medication administration:**

- Medication administration general policies
- Medication administration on field trips
  - Day trips
  - Overnight trips
- Medication administration on district sponsored athletic or school sponsored events

**Protocols, policies, or procedures r/t self-administration of medications**

- Medication storage and handling policies and procedures
- Transportation of medications to and from school
- Delegation of medication administration to non-licensed personnel
- Development of medication administration plans
- Documentation system for medication administration
- Electronic medical record training r/t medication administration procedure
- Medical directives or standing orders and emergency medication protocols

**Review safety considerations r/t administration of medication in schools**

- Recommended procedures to reduce errors high volume/traffic health offices
- Limit distractions during medication passes, i.e. you may need to close your door or your office
- Prioritize medication administration/triage to reduce errors

**Medication storage and handling**

- Location of keys to medication storage areas
- Medication error reporting
- Remember: ALL medications, including OTC medications, given in schools require an order from a licensed prescriber

**Review any district specific forms related to medication administration in schools**

- Medication order form signed by licensed prescriber
- Parent permission form
- Medication administration plan
- Student self administration contract agreement
- Medication error report form
- Other District/School specific items to review: \_\_\_\_\_

Additional information related to medication administration in schools can be accessed on the “[Resources](#)” section of the BU SHIELD website found here: [Medication Administration and Delegation in Schools Resources](#)

PLEASE refer back to the above resources and district policies and protocols often to ensure compliance with all applicable Massachusetts laws, regulations, recommended policies, and guidelines related to safe administration of medication in Massachusetts schools.

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Staff Nurse

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Nurse Manager

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Nurse Mentor/Preceptor (if applicable)

Please click on the link below to complete the online evaluation after you have used this tool:  
["Medication Administration and Delegation in Schools" Tool Evaluation Survey](#)