

# Alaska Board of Nursing

## Agenda Item #1



Roll Call/Call to Order

# Alaska Board of Nursing

## Agenda Item #2



## Ethics Disclosures

# Alaska Board of Nursing

## Agenda Item #3



## Board Activities

## Medical Spa Services Work Group

April Erickson is the Board of Nursing Representative.

- Identify existing statutes and regulations that govern current requirements for training, licensure, and supervision of these procedures.
- Clarify how licensing boards could—jointly or in part—explain existing statutes and regulations that would help the public and licensees understand how these procedures should be safely administered according to the current laws of the state.
- Suggest changes in the statute that would allow defensible and transparent pathways forward for appropriately trained and supervised individuals to provide these services without imposing undue economic or regulatory barriers.

Web page:

[Medical Spa Services Work Group, Professional Licensing, Division of Corporations, Business and Professional Licensing \(alaska.gov\)](#)

Alaska Board of Nursing  
Agenda Item #4



Consent Agenda Items



# ALASKA BOARD OF NURSING MEETING AGENDA

NOVEMBER 6 & 7, 2024

## MISSION STATEMENT:

The mission of the Alaska Board of Nursing is to actively promote and protect the health of the citizens of Alaska through governance of the practice of nursing.

## Meeting Details

Meeting Name: Alaska Board of Nursing Meeting

Meeting Start Time: 9:00 AM (AKST)

Meeting Start Date: November 6, 2024

Meeting End Time: 4:00 PM (AKST)

Meeting End Date: November 7, 2024

Meeting Locations: 1. Board/Staff - Suite 102, Atwood Building, Anchorage, AK  
2. Zoom for Public Attendees (Limited In-Person Space)

## Join Zoom Meeting

<https://us02web.zoom.us/j/87985571292?pwd=YZhj5nclt6Kij3NcBA5wX3zOXVp9AT.1>

Meeting ID: 879 8557 1292

Passcode: 342227

## Links

Board of Nursing: [Nursing.Alaska.gov](https://www.nursing.alaska.gov)

### Board Members:

Danette Schloeder,  
DNP, RNC-OB, C-  
EFM, C-ONQS  
(Chairperson)

Lena Lafferty, RN

Marianne Murray  
RN Educator

April Erickson,  
APRN

Vacant  
LPN Seat

Michael Collins,  
Public Member

CJ Payne,  
Public Member

### Staff:

Patty Wolf, MSN,  
RNC-OB  
Executive  
Administrator

Lisa Maroney,  
Licensing  
Examiner III,  
Supervisor

Kelly Olson, RN  
Nurse Consultant I

### Upcoming Meetings:

February 5 & 6,  
2025 (Confirmed)

**Wednesday November 6, 2024**

**Agenda**

1. Call to Order/ Roll Call (9:00 - 9:03)
  - Introduction of new board members
2. Ethics Disclosures (9:03 – 9:04)
3. Board Activities (9:05 – 9:10)
  - Lena Lafferty, RN- NCSBN Annual Meeting
  - April Erickson, CRNA- Representative Med Spa Task Force
4. Consent Agenda Items (9:10 – 9:11)
  - Review/Approve Meeting Agenda
5. Public Comment (09:15- 09:25)
6. UAA Nursing Program Update (9:25 – 9:45)  
Presenter: Carla Hagan, PhD, MPH, RN, Director, School of Nursing
7. Charter College Nursing Program Update (9:45-10:05)  
Presenter: Cynthia D Booher PhD, RN, DNS-CT, CNE, Dean of Nursing
8. UAF LPN Nursing Program Update (10:05-10:25)  
Presenter: Kim Frontain, MSN, RN, Assistant Professor

Break (10:25-10:45)

9. APU Nursing Program update: NCLEX Passing Rates LPN, ADN (10:45-11:05)  
Presenters: Staci Seagle and/or Lisa Moore
10. ASD Nurses, Questions for the board (11:05-11:35)  
Presenter: Corey Aist, President, Anchorage Education Association
11. PDMP Update- (11:35-12:00)  
Presenter: Lisa Sherrell, PDMP Manager

Adjourn for Lunch (12:00 – 1:30)

12. Regulation Project updates (1:30-2:00)  
Presenter: Alison Osborn and Patty Wolf MSN, RNC-OB

13. Advisory Opinion updates (2:00-2:20)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

Break (2:20-2:40)

14. Medication Administration Course Process and Regulation Review (2:40-3:20)

Presenter: April Erickson and Patty Wolf

15. Education Site Visit Requirements Review (3:20-3:45)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

16. Review/Assign Action item Assignments and due dates for Board Members (3:45-4:00)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

**Adjourn**

**Thursday, November 7, 2024**

17. Call to Order/Roll Call (0900)

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

18. Executive Session (09:05)

Reading of orders

19. Investigative and Probation Reports

Presenters: Investigations Team

Break 10:30-10:45

20. Delegation Regulations Discussion (10:45-11:45)

Presenters: Board Members

Adjourn for Lunch (11:45-1:15)

21. Licensing Reports (1:15- 1:45)

RN: Madeleine Henderson and Laura Souders, Occupational Licensing Examiners

CNA: Michelle Griffin, Occupational Licensing Examiner

CNA Program updates: Kelly Olson, RN, Nurse Consultant

22. Division Updates (1:45-2:15)

Legislative Update: Glenn Saviers, Deputy Director

Division Update: Sylvan Robb

23. Strategic Plan and Annual Report Review (2:15- 2:50)

- Strategic Plan and previous action items



24. Designate 1-2 Board Members to attend Legislative Session when available (2:50-3:05)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

25. BON Officer Elections (3:05-3:25)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

26. Public Comment Period (3:25 – 3:45)

27. For the Good of the Order (3:45-4:05)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

- Assign/Review action items.
- Any further topics or follow up to cover?
- Agenda ideas for future meetings
- Evaluation of board meeting
- 2025 Meeting schedule: February 5 &6, April 30 & May 1, August 6 & 7, & November 5 & 6

28. Chair Final Comments (4:15)

Adjourn



# Letter FROM THE President

## POST-BOARD MEETING UPDATE

Oct. 3, 2024

Greetings Colleagues:

The NCSBN Board of Directors (BOD) convened in Chicago Sept. 23–25, 2024. A significant component of the first meeting for fiscal year 2025 (FY25) was the welcoming of new BOD members, Ann Oertwich (Nebraska), Missy Poortenga (Montana) and Tammy Vaughn (Arkansas). Their addition to the BOD is a crucial step as we navigate the path for regulators, reinforcing the importance of our mission to empower and support nursing regulators in their mandate to protect the public. It is the shared knowledge, innovation, commitment and sound decision making of our members that illuminates the path forward and embodies public protection. As we reflect on the past year, we not only celebrate our past accomplishments, but look forward to a new year filled with innovation, growth and opportunities. The regulatory landscape continues to change and evolve. NCSBN is committed to leading the way, ensuring that public protection remains an essential component of its strategic initiatives in fulfillment of its mission.

A significant responsibility of the BOD is to consider the Finance Reports. The BOD, in its commitment to transparency and sound financial management, accepted the financial statements for the period ended June 30, 2024, and approved the audit plan for FY24 engagements. Additionally, the BOD approved the budget for FY25, ensuring that our financial resources are allocated in a manner that best serves our mission and members.

The BOD received staff reports on remote proctoring and strategic initiative outcomes. Federal Affairs staff reported on federal legislation since July 2024. The staff continues to work to promote a multitude of issues that align with the organization's policy priorities. As the BOD and NCSBN leadership determine the priorities for 2025, the Federal Affairs staff will formulate a policy agenda to work toward the organization's goals and continue raising awareness of NCSBN as the voice for nursing regulation and workforce issues.

A welcome addition to the agenda was a report from the State Affairs staff. The staff continues to track legislation impactful to nursing regulation, strengthen public policy knowledge and skills of our members, and build relationships with key policy partners. Moreover, State Affairs continues to promote our legislative campaigns (NLC, APRN Compact and Nursing America).

The proposed agenda topics for the Midyear Meeting were discussed. The BOD provided input and direction regarding these meetings. It was emphasized that presentations should ensure we were responding to topics of interest to the membership.

With the election of Jose Castillo, III to the President-elect role, the Area III Director position became vacant. In accordance with the bylaws, the BOD appointed Jenny Barnhouse, DNP, RN, executive director, Oklahoma Board of Nursing to fill the Area III Director vacancy. She will serve a one-year term.

# Letter FROM THE President

## POST-BOARD MEETING UPDATE, CONTINUED

The BOD will meet in October for a strategic thinking session, a crucial step in planning the initiatives that will move the organization forward in leading regulatory excellence worldwide.

Kindest Regards,

*Phyllis Johnson, DNP, RN, FNP-BC*

**Phyllis Polk Johnson, DNP, RN, FNP-BC**

President

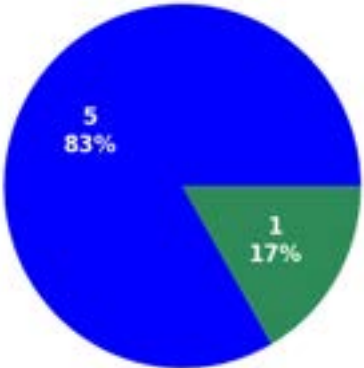
[pjohnson@msbn.ms.gov](mailto:pjohnson@msbn.ms.gov)

## ALASKA PRELICENSURE ANNUAL REPORT

October 16, 2024

<u>Q1 - Full Name of Program</u>	<u>Q1 - Mailing Address of the Program</u>	<u>Q1 - City</u>	<u>Q1 - State</u>	<u>Q1 - Zip Code</u>	<u>Q1 - First and Last Name of Person Completing Form</u>	<u>Q1 - Direct Phone # of Person Completing Form</u>	<u>Q1 - Email Address of Person Completing Form</u>	<u>Q1 - NCLEX Program Code</u>
Alaska Pacific University ADN	4101 University Ave	Anchorage	AK	99567	Marianne Murray	907-726-7352	mmurray@alaskapacific.edu	US94405700
Alaska Pacific University PN	4101 University Drive	Anchorage	AK	99508	Marianne Murray	907-726-7352	mmurray@alaskapacific.edu	US94100600
Charter College Nursing Program ADN	2221 East Northern Lights	Anchorage	AK	99508	Cynthia Booher	907-352-1021	cynthia.boohher@chartercollege.edu	US94405600
UAF CTC LPN Certificate Program	604 Barnette Street	Fairbanks	AK	99701	Kimberlee Frontain	907-455-2924	kfrontain@alaska.edu	Unknow n
University of Alaska ADN (Anchorage)	3211 Providence Drive-HSB 374	Anchorage	AK	99508-4614	Carla Hagen	907-786-0763	cmhagen@alaska.edu	US94405500
University of Alaska BS (Anchorage)	3211 Providence Drive - HSB 374	Anchorage	AK	99508-4614	Carla Hagen	907-786-0763	cmhagen@alaska.edu	US94505800

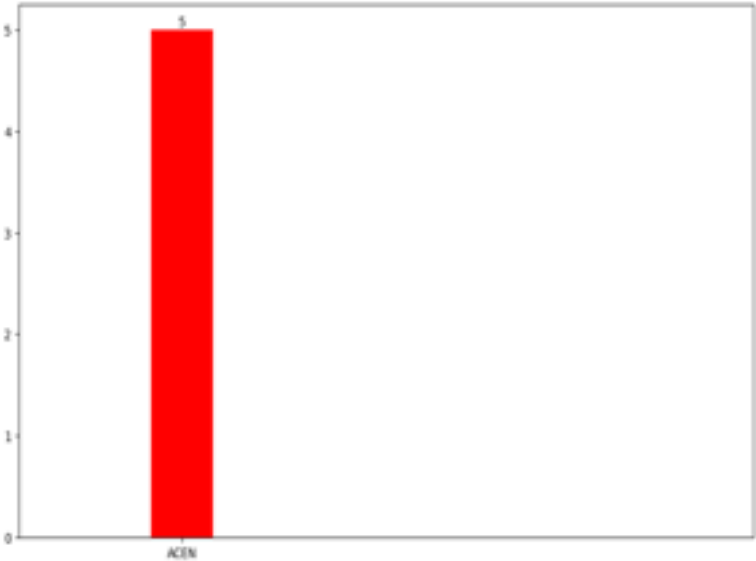
1. Is the program nationally nursing accredited?



If yes, by which national nursing accrediting agency?

The following response options were provided but only those selected are shown in the bar graph and table: ACEN, CCNE, CNEA.

5 Responses

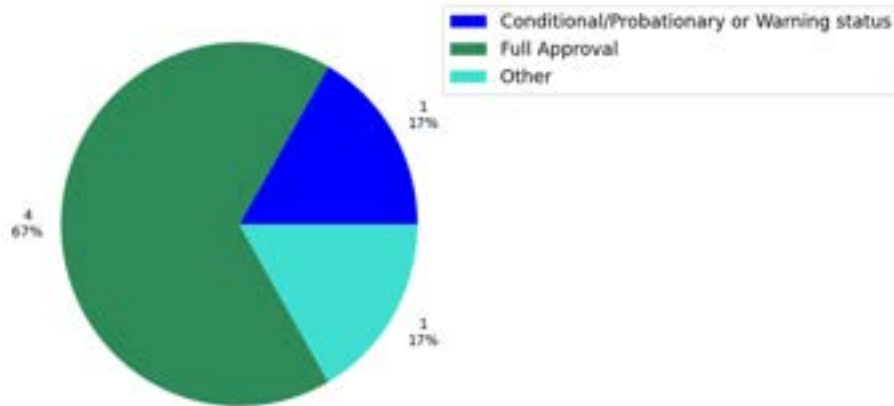


Below is a breakout table of these data.

<u>Program Name</u>	<u>National Nursing Accrediting Agency</u>
Alaska Pacific University ADN	ACEN
Alaska Pacific University PN	ACEN
Charter College Nursing Program ADN	ACEN
University of Alaska ADN (Anchorage)	ACEN
University of Alaska BS (Anchorage)	ACEN

2. What is the program's current approval status? \* Board of nursing or state-designated program approval status.

6 Responses



<u>Conditional/Probationary or Warning Status (1):</u>
Alaska Pacific University PN

<u>Other (1):</u>	<u>Comments</u>
UAF CTC LPN Certificate Program	Provisionally approved by AKBON and a candidate for accreditation by ACEN

The remaining programs have Full Approval Status.

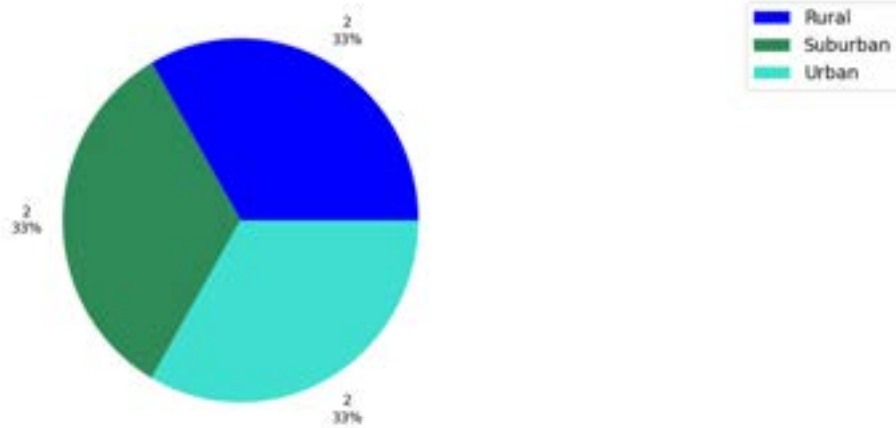
3. Please report the program's NCLEX pass rates for the last five (5) years.

6 Responses

<u>Program Name</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
Alaska Pacific University ADN	0	0	0	65	100
Alaska Pacific University PN	0	0	0	73	97
Charter College Nursing Program ADN	98.18	94.34	86.76	85.43	80.55
UAF CTC LPN Certificate Program	0	0	0	0	0
University of Alaska ADN (Anchorage)	89.98	79.38	94.1	84.62	89.71
University of Alaska BS (Anchorage)	92.86	83.58	81.03	89.69	89.57

#### 4. What best describes the program's geographic location?

6 Responses



Below is a breakout table of these data.

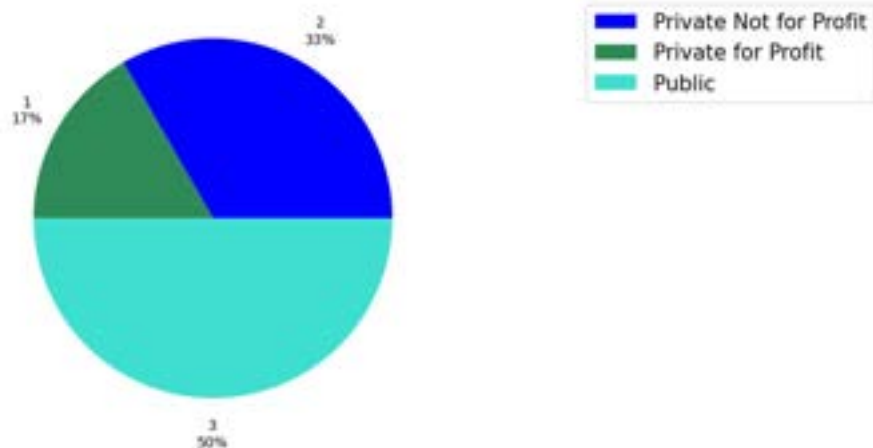
<u>Rural (2)</u>
Charter College Nursing Program ADN
UAF CTC LPN Certificate Program

<u>Urban (2)</u>
University of Alaska ADN (Anchorage)
University of Alaska BS (Anchorage)

<u>Suburban (2)</u>
Alaska Pacific University ADN
Alaska Pacific University PN

#### 5. What is the institutional ownership?

6 Responses



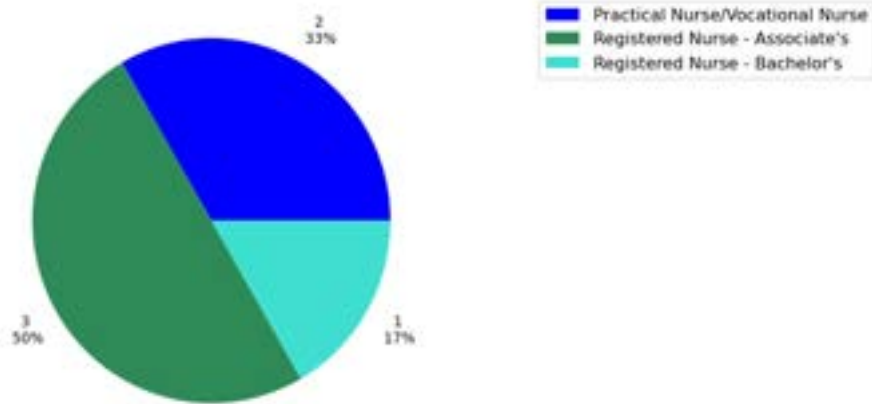
Institutional Ownership:

<u>Private Not for Profit (2):</u>	<u>Private for Profit (1):</u>
Alaska Pacific University ADN	Charter College Nursing Program ADN
Alaska Pacific University PN	

The remaining programs have a Public institutional ownership status.

6. What is the program type?

6 Responses



Below is a breakout table of these data.

<u>Program Name</u>	<u>Program Type</u>
Alaska Pacific University ADN	Registered Nurse - Associate's
Alaska Pacific University PN	Practical Nurse/Vocational Nurse
Charter College Nursing Program ADN	Registered Nurse - Associate's
UAF CTC LPN Certificate Program	Practical Nurse/Vocational Nurse
University of Alaska ADN (Anchorage)	Registered Nurse - Associate's
University of Alaska BS (Anchorage)	Registered Nurse - Bachelor's

7. In what year was the program founded?

6 Responses

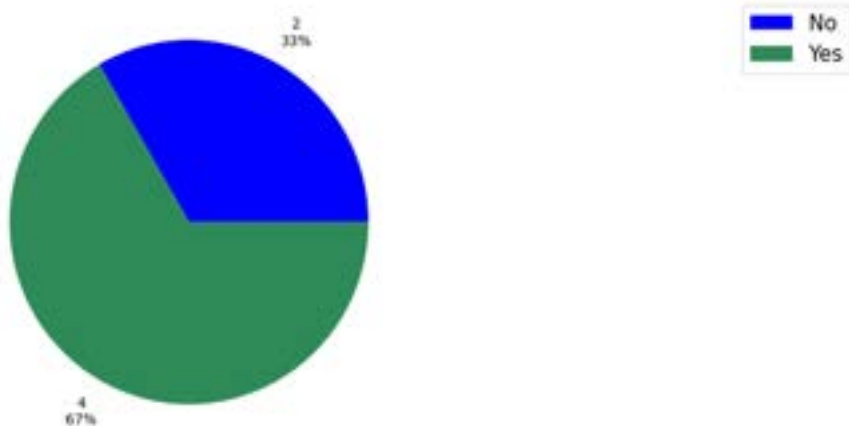
<u>Program Name</u>	<u>In what year was the program founded</u>
Alaska Pacific University ADN	*2020
Alaska Pacific University PN	*2021
Charter College Nursing Program ADN	2013
UAF CTC LPN Certificate Program	*2023
University of Alaska ADN (Anchorage)	1971
University of Alaska BS (Anchorage)	1971

\*Indicates program is younger than 7 years and may need more oversight



8. Does the program have any satellite sites? (That is, any site beyond the home site that doesn't have a separate NCLEX code.)

6 Responses

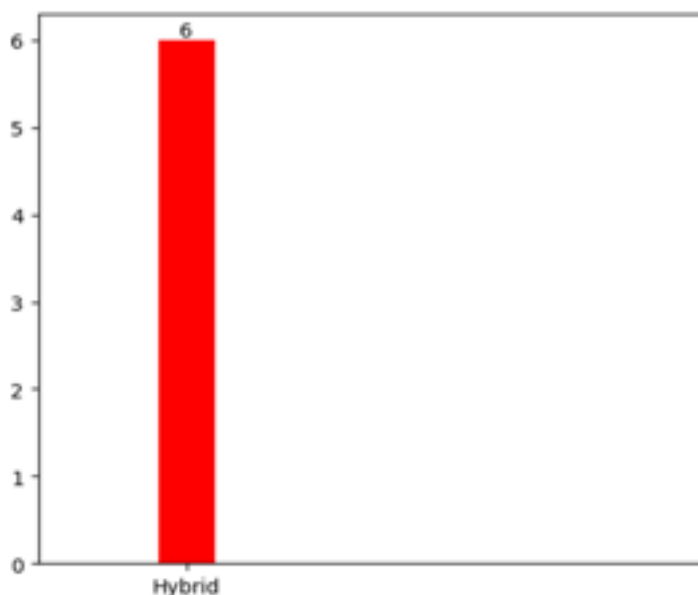


How many total sites, including the home site, does the program have?

<u>Programs that have satellite sites (4):</u>	<u>Total number of sites for the program</u>
Alaska Pacific University ADN	2
Alaska Pacific University PN	4
University of Alaska ADN (Anchorage)	13
University of Alaska BS (Anchorage)	4

9. What types of learning modalities does the program offer? \* Hybrid is defined as a program that combines elements of online learning and traditional in-person learning.

6 Responses



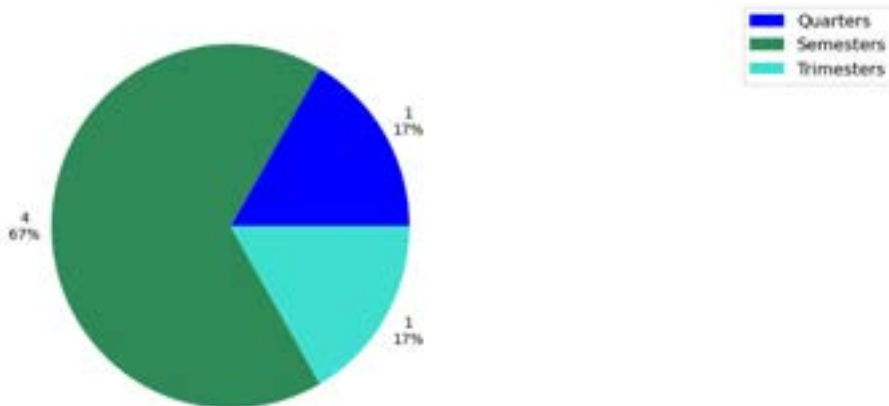
## What percentage of your program is online?

The following 6 programs reported an online component to their program. The percentage indicates the portion of their program that is online.

<u>Program Name</u>	<u>Percentage of program that is online</u>
Alaska Pacific University ADN	28 %
Alaska Pacific University PN	28 %
Charter College Nursing Program ADN	40 %
UAF CTC LPN Certificate Program	10 %
University of Alaska ADN (Anchorage)	30 %
University of Alaska BS (Anchorage)	30 %

10. What best describes the program's academic schedule? \* A quarter system divides the academic year into four sessions. A trimester divides the academic year into three sessions. A semester system divides the academic year into two sessions.

6 Responses



Programs listed by academic schedule:

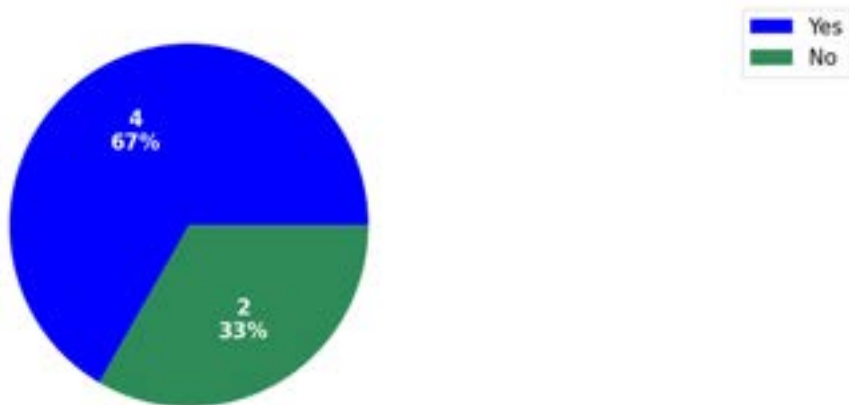
<u>Quarters (1)</u>
Charter College Nursing Program ADN

<u>Trimesters (1)</u>
University of Alaska ADN (Anchorage)

The remaining programs have a Semesters academic schedule.

11. Does the program (or parent organization) offer services for non-native English speakers? \* Program offers resources where students who are non-native English speakers can practice reading, listening, speaking, and writing.

6 Responses



<u>Programs that do not offer services for non-native English speakers (2):</u>
University of Alaska ADN (Anchorage)
University of Alaska BS (Anchorage)

12. Does the program (or parent organization) offer disability support services? \* Nursing program has procedures for making reasonable accommodations for students who qualify under the American Disabilities Act.

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

13. Does the program (or parent organization) offer support services to help low socioeconomic students access available resources (e.g., peer mentoring services, tuition assistance, a work-study program, etc.) \* Students have books and resources throughout the program and the program has strategies to help students who can't afford books and resources.

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

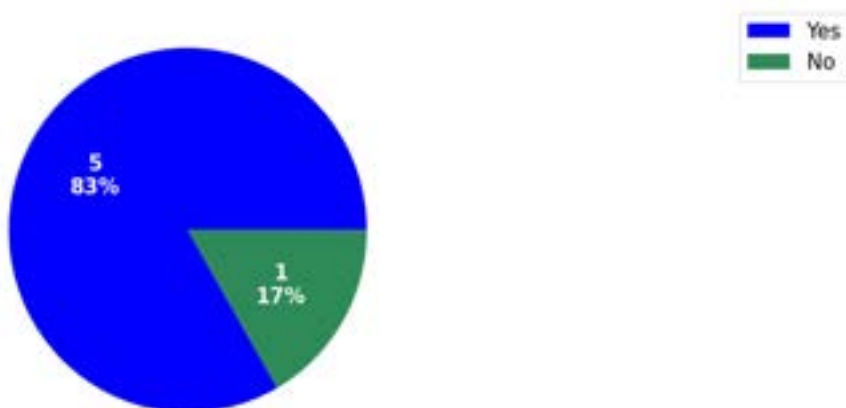
14. Does the program have a formal remediation process in place for students needing academic support? \* The remediation process is designed to promote success for students who are at risk of failure and should include the following elements: description of the deficient areas; an outline of specific, measurable goals to demonstrate success; individualized plan for each student; time frame for completion, agreed upon by the faculty and student.

6 Responses

Response	Percentage
Yes	100.0%

15. Does the program have a formal remediation process in place for students who commit errors/near misses in their clinical experiences? \* Program has policies and procedures in place for keeping track of errors and near misses in student clinical experiences and taking action to make system/educational improvements.

6 Responses

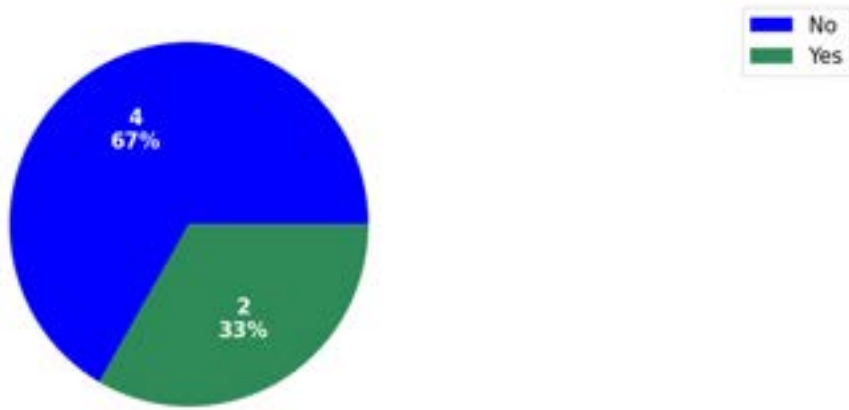


Programs that do not have policies in place for keeping track of errors and near misses (1):

Program Name
UAF CTC LPN Certificate Program

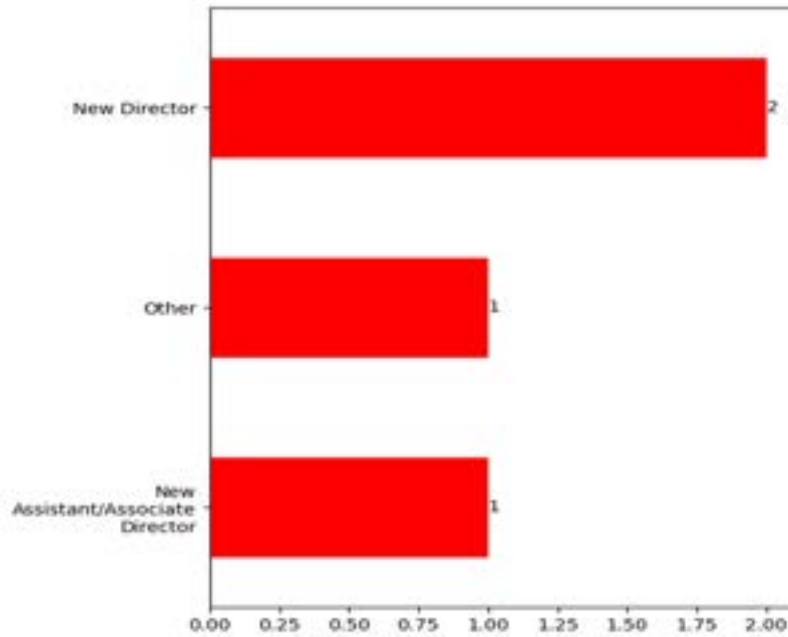
16. Has the nursing program experienced major organizational changes over the past year? \* Major organizational changes may include but are not limited to: new director, new assistant/associate director, staff layoff, faculty layoff, change in university leadership (e.g., provost or president), collapsing programs, economic efficiencies, etc.

6 Responses



The following response options were provided but only those selected are shown in the bar graph and table: New Director, New Assistant/Associate Director, Staff Layoff, Faculty Layoff, Change in University Leadership, Collapsing Programs, Economic Efficiencies, Other.

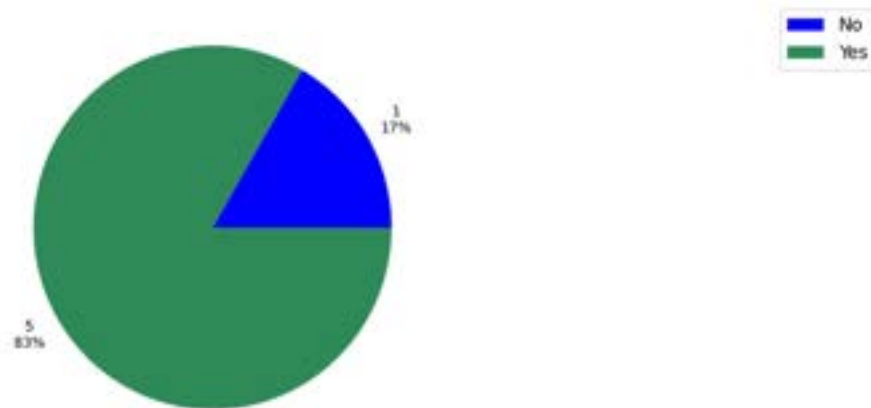
2 Responses



<u>Program Name</u>	<u>New Director</u>	<u>New Assistant/Associate Director</u>	<u>Staff Layoff</u>	<u>Faculty Layoff</u>	<u>Change in University Leadership</u>	<u>Collapsing Program</u>	<u>Economic Efficiencies</u>	<u>Other</u>
Charter College Nursing Program ADN	X	X						
UAF CTC LPN Certificate Program	X							New Dean

17. Does the program offer simulated clinical experience? \* "A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain an understanding of systems or human actions." From Healthcare Simulation Dictionary, Second Edition (AHRQ, 2020).

6 Responses

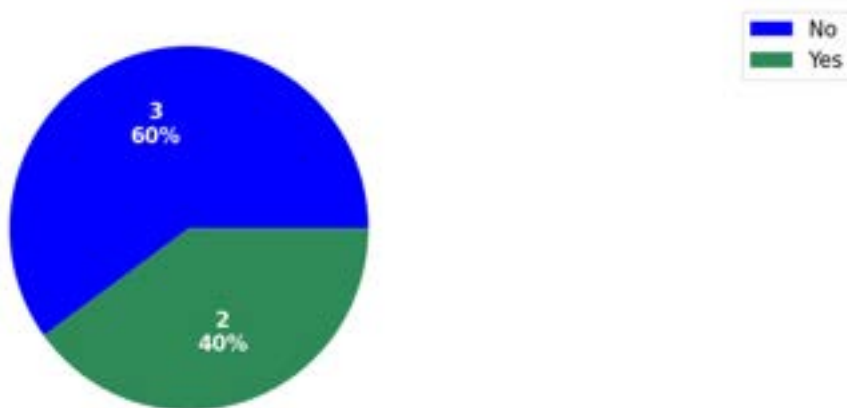


**The programs that do not offer simulated clinical experience (1):**

UAF CTC LPN Certificate Program

18. Are any simulation faculty certified? \* The Society for Simulation in Healthcare (SSH) provides the Certified Healthcare Simulation Educator (CHSE) certification or have they completed the International Nursing Association for Clinical Simulation and Learning (INACSL) 12-course INACSL Simulation Education Program (ISEP).

5 Responses



**The programs that have certified simulation faculty (2):**

Alaska Pacific University ADN

Alaska Pacific University PN

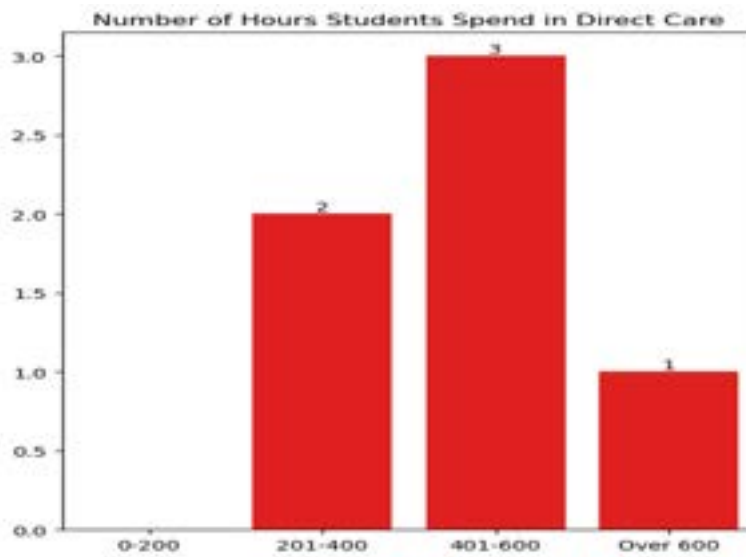
19. Is the simulation lab accredited by the Society for Simulation in Healthcare (SSH) or does it have the Healthcare Simulation Standards Endorsement from the International Nursing Association for Clinical Simulation and Learning (INACSL)?

5 Responses

<u>Response</u>	<u>Percentage</u>
No	100.0%

20. Typically, how many hours for the entire program do students spend in direct patient care? \* Faculty supervised face-to-face (in-person) with clients.

6 Responses



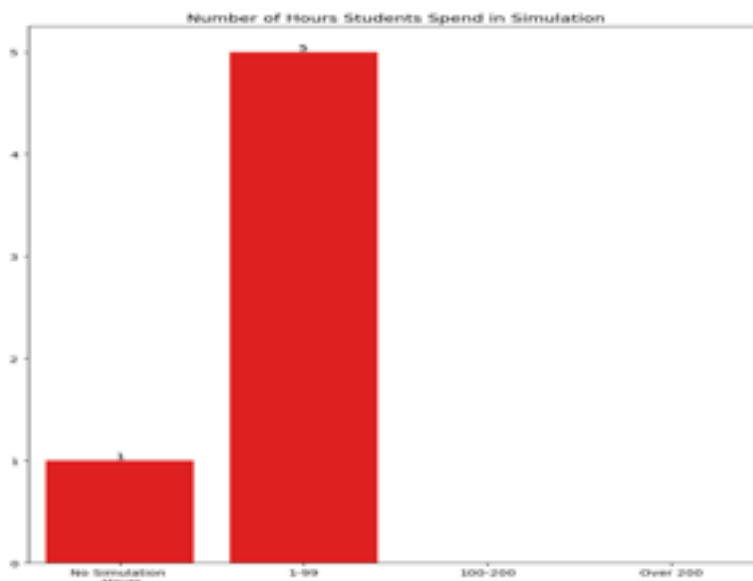
Below is a breakout table of these data.

<u>Program Name</u>	<u>Number of hours students spend in direct patient care</u>	<u>Percentage of hours spent in direct care</u>
Alaska Pacific University ADN	450.0	61.48%
Alaska Pacific University PN	225.0	50.34%
Charter College Nursing Program ADN	480.0	65.75%
UAF CTC LPN Certificate Program	320.0	63.17%
University of Alaska ADN (Anchorage)	540.0	75.52%
University of Alaska BS (Anchorage)	675.0	71.81%
<b>Mean of direct patient care hours</b>	<b>448.33</b>	

\*Less than 50% direct care clinicals (Denominator is the sum of direct care, simulation, and skills lab hours.)

21. How many hours for the entire program do students spend in simulation? \* "A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain an understanding of systems or human actions." From Healthcare Simulation Dictionary, Second Edition (AHRQ, 2020)

6 Responses



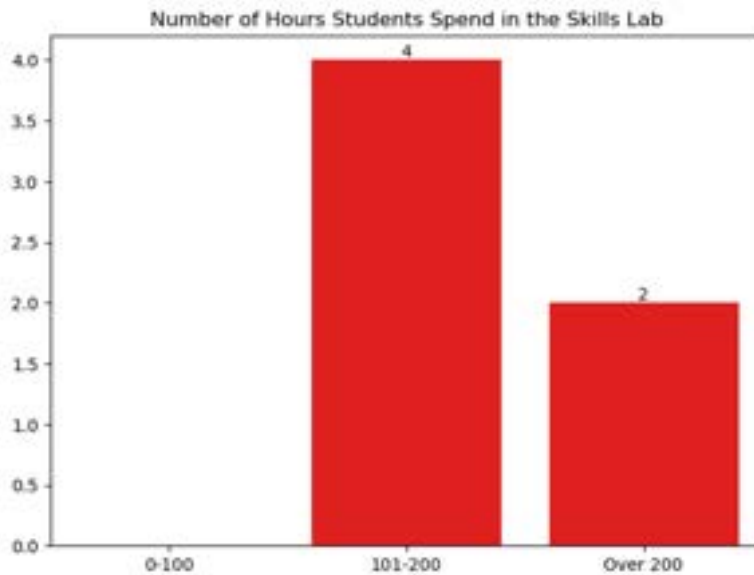
Below is a breakout table of these data.

<u>Program Name</u>	<u>Number of hours students spend in simulation</u>	<u>Percentage of hours spent in simulation</u>
Alaska Pacific University ADN	72	9.84%
Alaska Pacific University PN	72	16.11%
Charter College Nursing Program ADN	60	8.22%
UAF CTC LPN Certificate Program	0	0.0%
University of Alaska ADN (Anchorage)	40	5.59%
University of Alaska BS (Anchorage)	40	4.26%
<b>Mean of simulation hours</b>	<b>47.33</b>	

22. Typically how many hours for the entire program do students spend in the skills lab? \* A skills lab is equipped with manikins, task trainers, and hospital equipment where students can apply basic procedural skills such as administering injections.

6 Responses





Below is a breakout table of these data.

<u>Program Name</u>	<u>Number of hours students spend in the skills lab</u>	<u>Percentage of hours in skills lab</u>
Alaska Pacific University ADN	210	28.69%
Alaska Pacific University PN	150	33.56%
Charter College Nursing Program ADN	190	26.03%
UAF CTC LPN Certificate Program	186.6	36.83%
University of Alaska ADN (Anchorage)	135	18.88%
University of Alaska BS (Anchorage)	225	23.94%
<b>Mean of skills lab hours</b>	<b>182.77</b>	

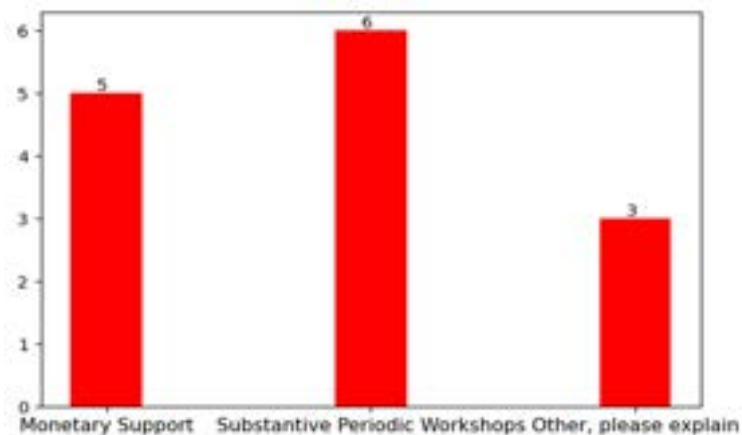
23. Does your program provide support devoted to faculty development?

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

If yes, which of the following is provided?

6 Responses



Below is a breakout table of these data.

<u>Program Name</u>	<u>Monetary Support</u>	<u>Amount Provided</u>	<u>Substantive Periodic Workshops</u>	<u>Other, please explain</u>
Alaska Pacific University ADN	X	\$500	X	Consultant 4 x per year
Alaska Pacific University PN	X	\$500	X	Annual Faculty Retreat
Charter College Nursing Program ADN	X	\$300	X	Quarterly in-service from the parent company
UAF CTC LPN Certificate Program			X	
University of Alaska ADN (Anchorage)	X	\$200	X	
University of Alaska BS (Anchorage)	X	\$200	X	

## 24. Does your program have a systematic evaluation plan of the curriculum in place?

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

If yes, please explain:

<u>Program Name</u>	<u>Description of Systematic Evaluation Plan</u>
Alaska Pacific University ADN	We have created a systematic plan of program evaluation based on our end of program outcomes and the ACEN standards.
Alaska Pacific University PN	The Systematic Plan of Evaluation (SPE) is a living document emphasizing the ongoing comprehensive direct and indirect assessments of the end-of-program student learning outcomes and program learning outcomes. The SPE is used as a guide for faculty in making decisions about the program. The SPE delineates the processes and procedures used for the ongoing evaluation of EPSLO's for the Practical Nurse program.
Charter College Nursing Program ADN	we hold a faculty retreat once a year to look at the NCLEX results and our curriculum
UAF CTC LPN Certificate Program	The plan is a chart that illustrates the End-of-Program SLOs and Program Outcomes, Assessment Methods, Expected Level of Achievements (such as 85% of students will meet all clinical objectives and skills lab objectives), with specified Data Collection and Assessment frequency, Results of Data Collection, and Analysis & Actions taken.
University of Alaska ADN (Anchorage)	The plan is built around the ACEN Standards and Program Student Learning Outcomes
University of Alaska BS (Anchorage)	The plan is built around the ACEN Standards and Program Student Learning Outcomes

## 25. What is the program director's highest nursing degree achieved?

6 Responses

The following response options were provided but only those selected are shown in the bar graph and table: Diploma, Associate Degree in Nursing, Bachelor of Science in Nursing, Master of Science in Nursing, Doctor of Nursing Practice, Doctor of Philosophy in Nursing, Other, N/A.



Below is a breakout table of these data.

<u>Program Name</u>	<u>Bachelor of Science in Nursing</u>	<u>Doctor of Nursing Practice</u>	<u>Master of Science in Nursing</u>	<u>Doctor of Philosophy in Nursing</u>	<u>Other</u>
Alaska Pacific University ADN		X			
Alaska Pacific University PN		X			
Charter College Nursing Program ADN				X	
UAF CTC LPN Certificate Program			X		
University of Alaska ADN (Anchorage)				X	
University of Alaska BS (Anchorage)				X	
<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>0</b>

26. What is the program director's highest non-nursing degree achieved?

6 Responses

<u>Program Name</u>	<u>Associate Degree</u>	<u>Bachelor's Degree</u>	<u>Doctor of Education</u>	<u>Doctor of Philosophy</u>	<u>Master of Education</u>	<u>Other Master's Degree</u>	<u>Other Doctoral Degree</u>	<u>Other</u>
Charter College Nursing Program ADN						X		Other
University of Alaska ADN (Anchorage)						X		Other
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>

27. In the past five years, how many directors, including interim directors, has the program had?

6 Responses

<u>Program Name</u>	<u>Number of Directors (Including Interim)</u>
Alaska Pacific University ADN	1
Alaska Pacific University PN	1
Charter College Nursing Program ADN	2
UAF CTC LPN Certificate Program	1
University of Alaska ADN (Anchorage)	3
University of Alaska BS (Anchorage)	3

\*More than 3 directors within 5 years is a warning sign

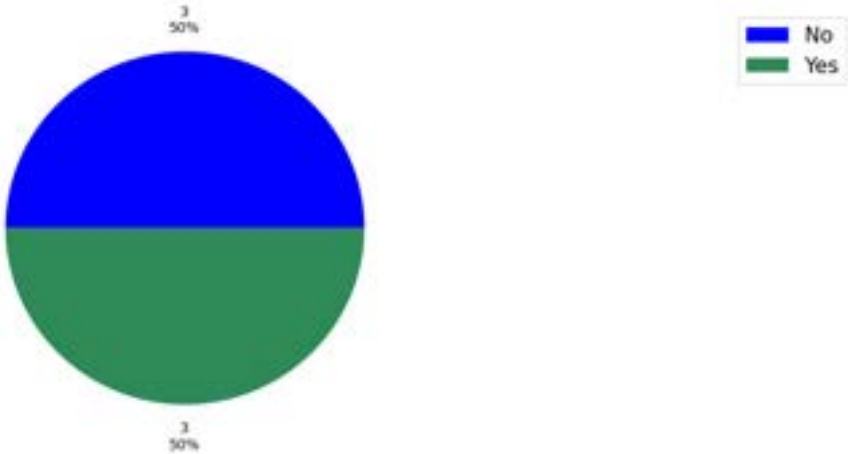
28. Does the program director have administrative responsibility for allied health? \*  
Allied health is a broad field of health care professions made up of specially trained individuals such as physical therapists and respiratory therapists.

6 Responses

<u>Response</u>	<u>Percentage</u>
No	100.0%

29. Does the program have an assistant/associate director?

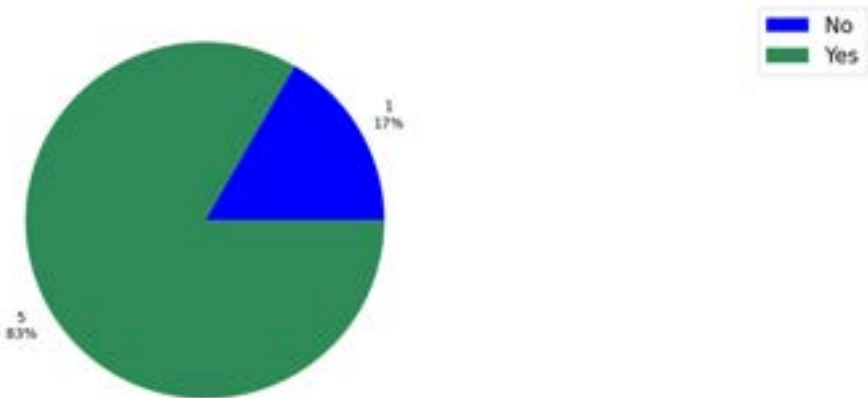
6 Responses



Programs that have an assistant/associate director (3):
Charter College Nursing Program ADN
University of Alaska ADN (Anchorage)
University of Alaska BS (Anchorage)

30. Does the program director have dedicated administrative support? \*Administrative support includes general office management such as answering phones and doing clerical work and a variety of other tasks.

6 Responses



Programs that do not have dedicated administrative support (1):

Program Name
Charter College Nursing Program ADN

31. How many full-time faculty are in the prelicensure program? \* Full-time equivalent (FTE) faculty are expected to work at least 37.5 hours per week and to teach, participate in curriculum development, hold office hours for student advisement, attend faculty meetings, participate in campus-wide events, attend professional development events, take part in scholarly activities, etc.

6 Responses

<u>Program Name</u>	<u>Number of Full-time faculty</u>	<u>Percentage of Full-time Faculty</u>
Alaska Pacific University ADN	11	44.0%
Alaska Pacific University PN	2	*16.67%
Charter College Nursing Program ADN	5	*13.89%
UAF CTC LPN Certificate Program	1	*33.33%
University of Alaska ADN (Anchorage)	20	66.67%
University of Alaska BS (Anchorage)	25	80.65%
<b>Total full-time faculty across all Alaska nursing programs</b>	<b>64</b>	

\*Less than 35% full-time faculty is a warning sign (Denominator is the sum of full-time, adjunct, and part-time faculty)

32. How many clinical adjunct faculty are in the licensure program?

6 Responses

<u>Program Name</u>	<u>Adjunct employed by the nursing program</u>	<u>Adjunct not employed by the nursing program</u>
Alaska Pacific University ADN	4	6
Alaska Pacific University PN	1	4
Charter College Nursing Program ADN	29	0
UAF CTC LPN Certificate Program	1	0
University of Alaska ADN (Anchorage)	5	0
University of Alaska BS (Anchorage)	6	0
<b>Adjunct faculty across all Alaska nursing programs</b>	<b>46</b>	<b>10</b>

33. How many part-time faculty are in the prelicensure program? \* Part-time faculty work less than 37.5 hours per week and are responsible for assuming teaching responsibilities, usually collaborating with the full-time faculty. They maintain availability to students and communicate effectively with students and colleagues.

6 Responses

<u>Program Name</u>	<u>Number of Part-time Faculty</u>
Alaska Pacific University ADN	4
Alaska Pacific University PN	5
Charter College Nursing Program ADN	2

<u>Program Name</u>	<u>Number of Part-time Faculty</u>
UAF CTC LPN Certificate Program	1
University of Alaska ADN (Anchorage)	5
University of Alaska BS (Anchorage)	0
<b>Total part-time faculty across all Alaska nursing programs</b>	<b>17</b>

### 34. How many of the full-time faculty have the following as their highest degrees?

6 Responses

<u>Program Name</u>	<u>Bachelor of Science</u>	<u>MSN</u>	<u>MS (other than Nursing)</u>	<u>Other Master's</u>	<u>DNP</u>	<u>PhD</u>	<u>Other Doctoral Degree</u>
Alaska Pacific University ADN	1	8	0	0	1	1	0
Alaska Pacific University PN	0	2	0	0	0	0	0
Charter College Nursing Program ADN	0	5	0	0	0	1	0
UAF CTC LPN Certificate Program	0	1	0	0	0	0	0
University of Alaska ADN (Anchorage)	7	10	2	0	0	1	0
University of Alaska BS (Anchorage)	5	16	0	0	3	1	0
<b>Total</b>	<b>13</b>	<b>42</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>

### 35. How many of the part-time faculty have the following as their highest degrees?

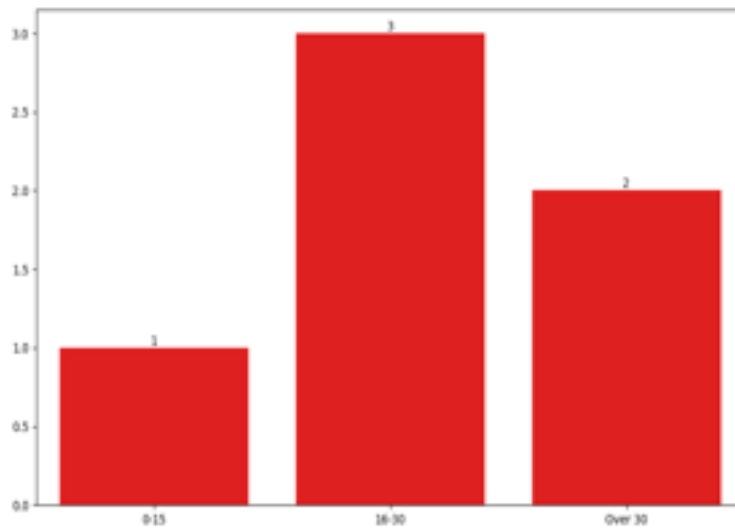
6 Responses

<u>Program Name</u>	<u>Bachelor of Science</u>	<u>MSN</u>	<u>MS (other than nursing)</u>	<u>Other Master's</u>	<u>DNP</u>	<u>PhD</u>	<u>Other Doctoral Degree</u>
Alaska Pacific University ADN	5	4	0	0	1	0	0
Alaska Pacific University PN	3	2	0	0	0	0	0
Charter College Nursing Program ADN	4	24	1	0	0	0	0

<u>Program Name</u>	<u>Bachelor of Science</u>	<u>MSN</u>	<u>MS (other than nursing)</u>	<u>Other Master's</u>	<u>DNP</u>	<u>PhD</u>	<u>Other Doctoral Degree</u>
UAF CTC LPN Certificate Program	0	0	0	0	0	0	1
University of Alaska ADN (Anchorage)	2	2	1	0	1	0	0
University of Alaska BS (Anchorage)	0	0	0	0	0	0	0
<b>Total</b>	<b>14</b>	<b>32</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>

36. Please specify the typical number of students to one faculty member for didactic/theory courses.

6 Responses



Below is a breakout table of these data.

<u>Program Name</u>	<u>Number of students to faculty in didactic/theory courses</u>
Alaska Pacific University ADN	24
Alaska Pacific University PN	33
Charter College Nursing Program ADN	25
UAF CTC LPN Certificate Program	8
University of Alaska ADN (Anchorage)	24
University of Alaska BS (Anchorage)	50



37. Please specify the number of students to one clinical faculty member. \* All levels of faculty (full-time, part-time, and clinical adjunct) in all types of clinical experiences.

6 Responses

<u>Program Name</u>	<u>Number of students to one clinical faculty member</u>
Alaska Pacific University ADN	6
Alaska Pacific University PN	8
Charter College Nursing Program ADN	8
UAF CTC LPN Certificate Program	4
University of Alaska ADN (Anchorage)	8
University of Alaska BS (Anchorage)	8

38. Does the program offer formal orientation for new adjunct clinical faculty? \* Formal orientation for new adjunct clinical faculty includes an overview of the program and the particular course they're teaching, policies and procedures, teaching responsibilities, supervision of students, role modeling, planning post conferences, evaluation of students, etc.

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

39. Does the program offer formal orientation for new part-time faculty?

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

40. Does the program offer formal orientation for new full-time faculty?

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

41. Does the program offer formal mentoring for new full-time faculty? \*Formal mentoring includes assignment of a seasoned (at least one year of teaching) faculty member who has taught at the same level for the purpose of providing ongoing support, coaching, guidance, and faculty development for new full-time faculty.

6 Responses

Response	Percentage
Yes	100.0%

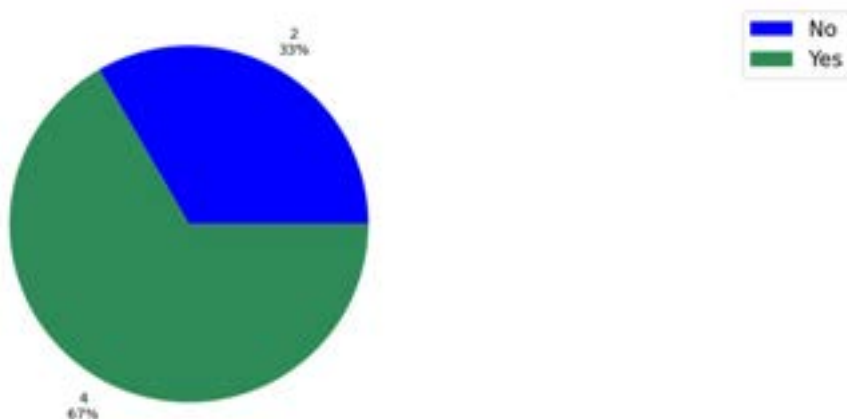
42. How many students are enrolled in the nursing program as of the beginning of the current academic year (2024-2025)? \*Includes all prelicensure students for this program code. Programs can report enrollment numbers for more than one cohort if it applies.

6 Responses

Program Name	Number of students enrolled
Alaska Pacific University ADN	74
Alaska Pacific University PN	33
Charter College Nursing Program ADN	225
UAF CTC LPN Certificate Program	5
University of Alaska ADN (Anchorage)	141
University of Alaska BS (Anchorage)	321
<b>Total number of students enrolled across all Alaska nursing programs</b>	<b>799</b>

43. Do you have a maximum enrollment capacity?

6 Responses



<u>Programs that do not have a maximum enrollment capacity (2):</u>	<u>Typical enrollment (number of seats provided)</u>
Alaska Pacific University ADN	72
Charter College Nursing Program ADN	250

What is the maximum nursing enrollment capacity for the (2024-2025) academic year?

4 Responses

<u>Program Name</u>	<u>Maximum Enrollment Capacity</u>
Alaska Pacific University PN	33
UAF CTC LPN Certificate Program	10
University of Alaska ADN (Anchorage)	145
University of Alaska BS (Anchorage)	346
	<b>534</b>

<u>Total number of seats in Alaska (typical enrollment plus maximum enrollment capacity)</u>
<b>856</b>

44. What is the total number of students who started in your last graduating cohort? (That is, realizing that students graduate at different times of the year, what is the number of students who started in the most recent group that graduated?)

6 Responses

<u>Program Name</u>	<u>Number of students who started in last graduating cohort</u>
Alaska Pacific University ADN	24
Alaska Pacific University PN	24
Charter College Nursing Program ADN	34
UAF CTC LPN Certificate Program	0
University of Alaska ADN (Anchorage)	36
University of Alaska BS (Anchorage)	135

45. Considering the number reported in question #44, how many of those students graduated?

6 Responses

<u>Program Name</u>	<u>Number of students that graduated in recent cohort</u>	<u>Percentage of students that graduated on time</u>
Alaska Pacific University ADN	22	91.67%
Alaska Pacific University PN	24	100.0%
Charter College Nursing Program ADN	18	*52.94%
UAF CTC LPN Certificate Program	0	*0.0%
University of Alaska ADN (Anchorage)	33	91.67%
University of Alaska BS (Anchorage)	113	83.7%

\*Nursing accrediting agencies use this metric (70%) for accreditation

46. Considering the number reported in question #44, how many students did not graduate and are still actively pursuing coursework?

6 Responses

<u>Program Name</u>	<u>Number of students who did not graduate and are still pursuing coursework</u>
Alaska Pacific University ADN	2
Alaska Pacific University PN	0
Charter College Nursing Program ADN	7
UAF CTC LPN Certificate Program	0
University of Alaska ADN (Anchorage)	3
University of Alaska BS (Anchorage)	19

47. What is the average age of a student enrolled in the program as of the beginning of the (2024-2025) academic year?

6 Responses

<u>Program Name</u>	<u>Average age of students enrolled</u>
Alaska Pacific University ADN	29
Alaska Pacific University PN	32
Charter College Nursing Program ADN	25
UAF CTC LPN Certificate Program	40
University of Alaska ADN (Anchorage)	31
University of Alaska BS (Anchorage)	24

48. Please provide a detailed breakdown of the racial composition (number in each category) of the students currently enrolled in the program (2024-2025).

6 Responses

<u>Program Name</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Black or African American</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>White</u>	<u>Multi-Racial</u>	<u>Other</u>
Alaska Pacific University ADN	11	14	2	4	24	9	10
Alaska Pacific University PN	5	6	7	4	7	0	0
Charter College Nursing Program ADN	11	44	12	44	108	31	13
UAF CTC LPN Certificate Program	2	0	0	0	3	0	0

<u>Program Name</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Black or African American</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>White</u>	<u>Multi-Racial</u>	<u>Other</u>
University of Alaska ADN (Anchorage)	3	10	12	0	101	5	4
University of Alaska BS (Anchorage)	15	50	7	0	198	14	11
<b>Totals across all ALASKA nursing programs</b>	<b>47</b>	<b>124</b>	<b>40</b>	<b>52</b>	<b>441</b>	<b>59</b>	<b>38</b>

49. Please provide a detailed breakdown (number in each category) of the ethnic composition of the students currently enrolled in the program (2024-2025).

6 Responses

<u>Program Name</u>	<u>Hispanic or Latino or Spanish Origin</u>	<u>Non-Hispanic or Latino or Spanish Origin</u>
Alaska Pacific University ADN	9	65
Alaska Pacific University PN	4	29
Charter College Nursing Program ADN	6	219
UAF CTC LPN Certificate Program	0	5
University of Alaska ADN (Anchorage)	7	6
University of Alaska BS (Anchorage)	25	0
<b>Totals across all Alaska nursing programs</b>	<b>51</b>	<b>324</b>

50. Please provide a detailed breakdown (number of students in each category) by student sex (2024-2025).

6 Responses

<u>Program Name</u>	<u>Female</u>	<u>Male</u>	<u>Other</u>
Alaska Pacific University ADN	66	8	0
Alaska Pacific University PN	29	4	0
Charter College Nursing Program ADN	183	41	1
UAF CTC LPN Certificate Program	5	0	0
University of Alaska ADN (Anchorage)	119	22	0
University of Alaska BS (Anchorage)	263	35	0
<b>Totals across all Alaska nursing programs</b>	<b>665</b>	<b>110</b>	<b>1</b>

## Summary of Programs not Meeting Key Quality Indicators

<u>Program Name</u>	<u>Not Accredited</u>	<u>Without Full Approval</u>	<u>Experienced Organizational Changes</u>	<u>Director Turnover</u>	<u>Less Than 50% Direct Care</u>	<u>Less Than 35% Full-time Faculty</u>	<u>Less than 70% Graduation Rates</u>	<u>Younger Than 7 Years</u>
Alaska Pacific University ADN								X
Alaska Pacific University PN		X			X	X		X
Charter College Nursing Program ADN			X			X	X	
UAF CTC LPN Certificate Program	X	X	X			X	X	X
<b>Percentage of Programs</b>	<b>16.7%</b>	<b>33.3%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>16.7%</b>	<b>50.0%</b>	<b>33.3%</b>	<b>50.0%</b>

## ADDITIONAL QUESTIONS FROM THE BON

1. Do you know of any faculty leaving in the near future?

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

2. Is there a Dean/Director over the nursing program?

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

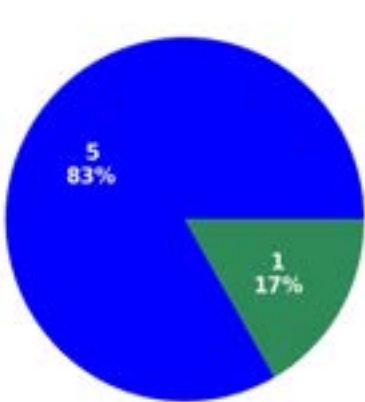
3. What are the Dean's/Director's qualifications?

6 Responses

<u>Program Name</u>	<u>Dean's/Director's qualifications</u>
Alaska Pacific University ADN	DNP Nursing Administration
Alaska Pacific University PN	Doctor of Nursing Practice
Charter College Nursing Program ADN	PhD, nursing- 15 years education background
UAF CTC LPN Certificate Program	With nearly 30 years of experience in higher education, Bishop most recently served as a vice president at South Piedmont Community College in North Carolina. During his tenure, enrollment increased and achievement gaps among student populations narrowed. His initiatives focused on enhancing learner access, offering flexible learning options, boosting retention, expanding apprenticeships and creating accelerated educational pathways.
University of Alaska ADN (Anchorage)	PhD, MPH, BSN, BS
University of Alaska BS (Anchorage)	PhD, MPH, BSN, BS -16 years of Academic Administration

4. Have any of your classes been canceled in the 2023-2024 academic year?

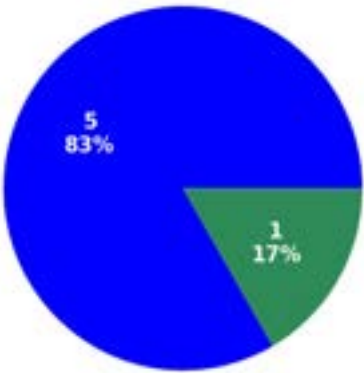
6 Responses



Program Name	Classes cancelled (1):
Alaska Pacific University PN	1

5. Are you aware of any students having a delay in progress due to lack of faculty?

6 Responses

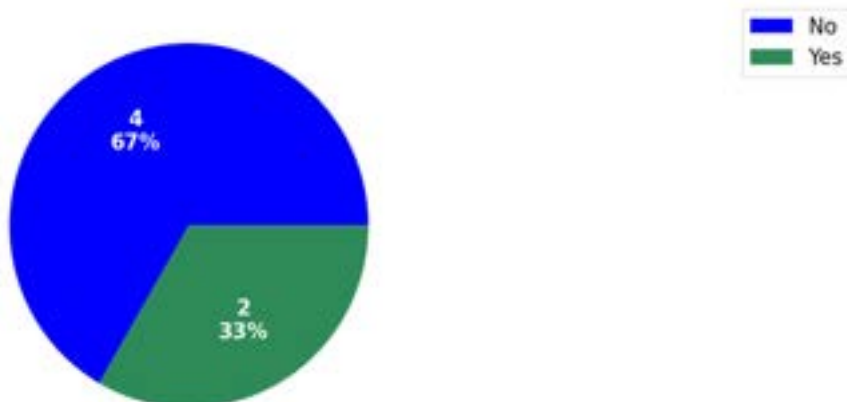


Program Name	Number of Students (1):
Alaska Pacific University PN	4



## 6. Are decisions made independently by the Dean/Director?

6 Responses



<u>Program Name</u>	<u>Decisions made independently (2) :</u>
Alaska Pacific University ADN	Director is the executive of all nursing programs
Alaska Pacific University PN	The Director is the ultimate decision maker for the program.

## 7. Are the instructors experienced in the sections they are teaching?

6 Responses

<u>Response</u>	<u>Percentage</u>
Yes	100.0%

If yes, please explain:

<u>Program Name</u>	<u>Instructors experienced in the sections they are teaching (6):</u>
Alaska Pacific University ADN	Faculty are assigned to areas in which they have clinical experience.
Alaska Pacific University PN	Instructors teach in areas in which they have clinical experience.
Charter College Nursing Program ADN	all have a masters degree and at least 2 years' experience in the areas that they teach
UAF CTC LPN Certificate Program	Dr Aldrich is an MD who teaches the pharmacology nursing course and Ms. Frontain has 20 years nursing experience.
University of Alaska ADN (Anchorage)	Alignment is made with both educational and clinical expertise and preparation
University of Alaska BS (Anchorage)	Alignment is made with both educational and clinical expertise and preparation

## 8. How many faculty have work overloads?

6 Responses

<u>Program Name</u>	<u>Number of faculty who have work overloads</u>
Alaska Pacific University ADN	8
Alaska Pacific University PN	2
Charter College Nursing Program ADN	n/a
UAF CTC LPN Certificate Program	N/A
University of Alaska ADN (Anchorage)	2
University of Alaska BS (Anchorage)	5

## 9. What is the average credit load of each faculty member?

6 Responses

<u>Program Name</u>	<u>Average credit load of each faculty member</u>
Alaska Pacific University ADN	36
Alaska Pacific University PN	36
Charter College Nursing Program ADN	12
UAF CTC LPN Certificate Program	30
University of Alaska ADN (Anchorage)	30 credits per academic year
University of Alaska BS (Anchorage)	30 credits per academic year

# Alaska Board of Nursing



Public Comment Period

# Alaska Board of Nursing

## Agenda Item #6



UAA School of Nursing Annual Report

University of Alaska Anchorage

School of Nursing

# ANNUAL REPORT



To the

ALASKA BOARD OF NURSING

Academic Year 2023-2024

October 1, 2024

Respectfully Submitted,

Carla M. Hagen, PhD, MPH, RN

Director, UAA School of Nursing

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## Part I: Purpose, Philosophy, Objectives

The Mission, Vision, and Core Values of the School of Nursing (SON) have not changed:

The mission of the SON is to promote the health and wellbeing of people and communities by fostering excellence and innovation in nursing education, research and health care.

The vision of the SON is to be a leader in the transformation of nursing in Alaska dedicated to improving local and global health outcomes.

The core values of the SON were developed by the faculty to convey the values that underlie their approach to teaching and partnering with community clinical agencies. The core values are:

- Excellence – We strive for the best, to continually improve ourselves and our endeavors.
- Respect – We treat each person in a manner that recognizes the intrinsic value.
- Integrity – We demonstrate unwavering honesty and decency as a human being.
- Caring – We display kindness and concern for all, especially those in need.

The Conceptual Framework\* across all programs is based on the core concepts of:

- Relationship-centered care
- Clinical Reasoning
- Inquiry
- Quality

\*The Conceptual Model for the Associate of Applied Science in Nursing (AAS) and the Bachelor of Science in Nursing (BSN) programs now includes and has integrated the Tanner's Model of Clinical Judgment as noted in the 2021-2022 Annual Report.

Associate of Applied Science in Nursing (AAS):

- No curricular changes have been made in the Associate of Applied Science in nursing program.

Bachelor of Science in Nursing (BS):

- No curricular changes have been made in the Bachelor of Science in nursing programs.

Graduate Programs (Masters in Nursing Science and Doctorate in Nursing Practice):

- No curricular changes have been made in the graduate programs.
- The only change in the graduate programs is that the admission cycle has been adjusted from a Spring admission to a Fall admission. The intention of this change is to better align the program start with the academic calendar. The Graduate programs application process will be using NursingCAS to promote increased objectivity in the admission selection process.

## Part II: Administrative Structure

Administrative Structure at UAA College of Health and the School of Nursing  
Academic Year 2023-2024 & Current

UAA College of Health Administrators:

- Dean of College of Health – Dr. Debbie Craig – ([dicraig@alaska.edu](mailto:dicraig@alaska.edu))
- Associate Dean of Clinical Health Sciences – Dr. Cary Moore – ([ccmoore2@alaska.edu](mailto:ccmoore2@alaska.edu))

UAA School of Nursing Administrators:

- Director – Dr. Carla M. Hagen – ([cmhagen@alaska.edu](mailto:cmhagen@alaska.edu))
- Associate Director – Dr. Kristin Lutz – ([kflutz@alaska.edu](mailto:kflutz@alaska.edu))
- Associate Director – Assessment, Evaluation & Quality – Dr. Susan Tavernier ([sstavernier@alaska.edu](mailto:sstavernier@alaska.edu))

Additional Leadership and Coordination Roles - Academic Year 2023-2024

Undergraduate:

Co-Chairs:

- Marisa Bune, MS, APRN, NP-C
- Janet Hargrove, MS, RN

Coordinator - Recruitment and Retention of Alaska Natives in Nursing

- Ralyssa Harris, MA

Academic Advisors

- Dr. Lisa Ernest, DNP, APRN, CPNP-BC, PPCNP-BC
- Rodger Lewerenz, MSN, RN
- Kathy Stephenson, MSN, RN



Graduate:

Chairs:

- Dr. Megan Volkov - (8/2023 - 12/2023), DNP, APRN NP-C
- Dr. LeeAnn Eissler - (12/2023 - 8/2024), PhD, FNP-BC, MMgt
- Program Coordinator - Masters in Nursing Leadership: Education - Dr. LeeAnn Eissler, PhD, FNP-BC, MMgt
- Program Coordinator - Masters - Family Nurse Practitioner - Dr. Morgan Brissette, DNP, FNP-BC
- Program Coordinator - Masters - Psychiatric Mental Health Nurse Practitioner - Dr. Jessy Frye, DNP, PMHNP, BC

#### Additional Leadership and Coordination Roles - Academic Year 2024-2025

Undergraduate:

Co-Chairs:

- Marisa Bune, MS, APRN, NP-C
- Janet Hargrove, MS, RN

Coordinator - Recruitment and Retention of Alaska Natives in Nursing

- Cristina Claw, BSN, RN

Academic Advisors:

- Dr. Lisa Ernest, DNP, APRN, CPNP-BC, PPCNP-BC
- Rodger Lewerenz II, MSN, RN
- Chris Kube, MSN, RN
- Kathy Stephenson, MSN, RN
- Amber Garcia, BSN, RN, MBA

Graduate:

Coordinators:

- Graduate Program Coordination - Dr. Susan Tavernier, RN, PhD
- Program Coordinator - Masters in Nursing Leadership: Education - Rodger Lewerenz II, MSN, RN
- Program Coordinator - Masters - Family Nurse Practitioner - Dr. Morgan Brissette, DNP, FNP-BC
- Program Coordinator - Masters - Psychiatric Mental Health Nurse Practitioner - Dr. Jessy Frye, DNP, PMHNP-BC

## Part III: Faculty Membership – 2023-2024

<b>Faculty AY 23-24</b>	<b>Program(s) Type LPN, RN, APRN</b>	<b>Credentials</b>	<b>Course(s) of Facilitation Role (C) – Coordinator/ Lead (A) - Assist</b>	<b>Related Experience</b>
Averyt, Stephanie	RN	Clinical Instructor BSN, RN	A	Medical-Surgical
Baker, Keri	RN, APRN	Assistant Professor PhD, MSc, MSN, ENP, FNP	C	Fundamentals, FNP
Bock, Amy	RN	Clinical Instructor MS, RN	A	Medical-Surgical, Emergency
Brenner, Cecilia	RN	Assistant Professor MSN, RN	A	Emergency, Medical- Surgical, Mental Health
Brissette, Morgan	APRN	Assistant Professor DNP, FNP-BC	C	DNP, FNP
Bune, Marisa	APRN	Assistant Professor MSN, APRN, NP-C	C	Leadership
Burke, Bonnie	RN	Assistant Professor MS, RN	A	Fundamentals
Caldwell, Tiffany	RN	Assistant Professor MSN, RN	C	Fundamentals, Neonatal Nursing, Simulation
Campbell, Jennifer	RN	Assistant Professor MS, RN	C	Medical-Surgical
Chapman, Katherine	RN	Clinical Instructor BSN, RN	A	Medical-Surgical
Claw, Cristina	RN	Clinical Instructor BSN, RN	A	Medical-Surgical Nursing
Coffman, Leah	APRN	Assistant Professor MSN, FNP-C	C	FNP, Pediatric, Medical-Surgical
Cubit, Buffie	RN	Assistant Professor MS, RN	C	Fundamentals, Health Assessment
Eissler, LeeAnn	RN	Associate Professor PhD, FNP, RN	C	APRN, Leadership, Policy
Elhardt, Twyla	RN	Clinical Instructor BSN, RN	A	Medical-Surgical
Erickson, April	CRNA	Assistant Professor DNP, CRNA	C	Pathophysiology
Ernest, Lisa	RN	Assistant Professor DNP, APRN, CPNP- PC, PNP-BC	C	Medical-Surgical, Pediatric, Neonatal

Foster, Olivia	RN	Clinical Instructor MS, BS, RN	A	Medical-Surgical Infection Preventionist
Frye, Jessy	APRN	Assistant Professor DNP, PMHNP	C	Mental Health, PMHNP
Garcia, Amber	RN	Clinical Instructor MBA, BSN, RN	A	Medical-Surgical
Hacke, Rachael	APRN	Assistant Professor MSN, PMHNP-BC, FNP-C	C	Mental Health, PMHNP
Hargrove, Janet	RN	Assistant Professor MSN, RN	C	Medical-Surgical, Leadership
Hill, Jessica	RN	Clinical Instructor BSN, RN	A	Medical-Surgical Nursing
Jimenez, Jennifer	RN	Clinical Instructor BSN, RN	A	Medical-Surgical
Kaiser, Rita	RN	Assistant Professor MSN, RN	C	Pediatric, Obstetrics, Community Health
Ketelsen, Nina	RN	Assistant Professor MSN, RN	C	Medical-Surgical, Emergency, ICU
Kube, Christine	RN	Assistant Professor MSN, RN	C	Medical-Surgical
La Grander, Emily	RN	Assistant Professor MSN, RN	C	Obstetrics
Lewerenz, Rodger	RN	MSN, RN	C	Medical-Surgical, Cardiac, Leadership
Lyon, John	RN	Assistant Professor MSN, RN	A	Obstetrics, Medical- Surgical
McKee, Katie	RN	Clinical Instructor BSN, RN	A	Pediatric
Meskis, Susan	RN	Assistant Professor DNP, MSN, RN	C	Obstetrical, Leadership Nursing
Olson, Ginger	RN	Clinical Instructor BSN, RN	A	Medical-Surgical
Provencher, Heide	APRN, RN	Assistant Professor MSN, FNP-C	C	FNP, Orthopedics, Primary Care, Oncology
Reed, Melissa	RN	Assistant Professor DNP, RN	C	Mental Health Community Health
Shull, Katie	RN	Clinical Instructor BSN, RN	A	Obstetrical, Medical- Surgical
Smith, Vianne	RN	Assistant Professor MSN, RN	A	Pediatric, Community Health
Spruance, Charles	RN	Clinical Instructor MS, RN	A	Emergency, Medical- Surgical
Stephenson, Kathleen	RN	Professor MSN, RN	C	Pediatric Nursing

Stoeckler, Rebecca	RN	Assistant Professor MSN, PRN, FNP-C	C	Medical-Surgical
Tatela, Michelle	RN	Assistant Professor BSN, RN	A	Fundamentals
Tavernier, Susan	APRN	Associate Director PhD, APRN-CNS,	C	Statistics
Thorn, Christopher	RN	Assistant Professor MSN, RN	A	Pharmacology, Medical Surgical
Toscano, Sharyl	APRN, RN	Professor PhD, MS, RN	C	Pediatric Nursing, Research
Trujillo, Angelia	RN	Associate Professor DNP, RN	C	Community Health, Forensic
Varney, Peter	RN	Assistant Professor MSN, RN	A	Medical-Surgical
Volkov, Megan	APRN, RN	Assistant Professor MSN, APRN, NP-C	C	Adult Nursing
Werth, Claire	RN	Assistant Professor MSN, BSN, RN	A	Obstetrical, Mental Health, Community
Workman, Erin	RN	Clinical Instructor BSN, RN	A	Medical-Surgical, WOCN

#### Adjunct Faculty Membership – 2023-2024

<b>Adjunct Faculty AY23-24</b>	<b>Program(s) Type LPN, RN, APRN</b>	<b>Credentials</b>	<b>Course(s) of Facilitation Role (C) – Coordinator/Lead (A)-Assist</b>	<b>Related Experience</b>
Aspinwall, Maia	RN	BSN, RN	A	Medical-Surgical
Binkley, Briana	RN	BSN, RN	A	Medical-Surgical
Brunquist, Stacy	RN	APRN	A	Obstetrics, Pediatric
Bryner, Jennifer	RN	MSN, RN	A	Medical-Surgical
Burch, Whitney	RN	BSN, RN	A	Medical-Surgical
Camasi, Sue	RN	MSN, RN	A	Medical-Surgical
Czechowicz, Jessica	RN	BSN, RN	A	Medical-Surgical
DeGraffenried, Wendy	RN	BSN, RN	A	Mental Health
Donnelley, Jennifer	RN	MSN, RN	A	Obstetrics
Doughfman, Teri	RN	MSN, RN, DNP	A	Medical-Surgical
Dunshie, Wyatt	RN	BSN, RN	A	Medical Surgical
Fontaine, Chris	RN	BSN, RN	A	Medical-Surgical
Glass, Rachel	RN	BSN, RN	A	Medical-Surgical

Jones, Cristy	RN	BSN, RN	A	Medical-Surgical
LaMay, Julie	RN	BSN, RN	A	Medical-Surgical
Letuli, Amber	RN	BSN, RN	A	Fundamentals, Medical-Surgical
Magrath, Nancy	RN	APRN, CNS, ANCC-PMHNP	C	Mental Health
Martin, Mary	RN	DNP, RN	A	Medical-Surgical
Matthews, Jeff	RN	BSN, RN	A	Community Health
Mattingly, Nichole	RN	BSN, RN	A	Medical-Surgical
McCarthy, Emily	RN	BSN, RN	A	Obstetrics
Shumway, Ruby	RN	BSN, RN	A	Medical-Surgical
Slenkamp, Sean	RN	BSN, RN	A	Medical-Surgical
Strubinger, Jessica	RN	BSN, RN	A	Medical-Surgical
Thorn, Danielle	RN	BSN, RN	A	Obstetrics
Werth, Claire	RN	MSN, RN	A	Obstetrics
Wollitz, Megan	RN	APRN	A	Medical-Surgical

Part IV: Student Enrollment

**Total Enrollment of Undergraduate Students by Semester and Program for AY 2023 - 2024**

Semester	Associate AAS	Baccalaureate BSN	RNBS	Total
Fall 2023	139	223	24	Fall 386
Spring 2024	96	206	24	Spring 326

### Associate of Applied Science in Nursing Program

In 2023-2024 the AAS program was delivered in Anchorage, Bethel, Homer, Juneau, Kenai, Ketchikan, Kotzebue, Sitka, MatSu, Petersburg, and Valdez. Due to faculty shortage and no student applicants, no new students were admitted to Dillingham or Nome in 2023-2024.

#### Total Enrollment of AAS Students by Semester and Site – AY 2023-2024

Site	Fall 2023	Spring 2024
Anchorage	52	23
Bethel	6	5
Dillingham	0	0
Homer	12	12
Juneau	12	11
Kenai	15	15
Ketchikan	11	10
Kotzebue	3	3
MatSu	14	7
Nome	0	0
Petersburg	2	2
Sitka	4	4
Valdez	8	4
<b>Total</b>	<b>139</b>	<b>96</b>

**Admission Cohort Sizes for the AAS Program by Site and Semester for AY 2023-2024**

<b>Site</b>	<b>Fall 2023 AAS</b>	<b>Spring 2024 AAS</b>	<b>Total Admission 2023-2024</b>
Bethel	6	0	6
Dillingham	0	0	0
Homer	6	0	6
Juneau	8	0	8
Kenai	8	0	8
Ketchikan	5	0	5
Kotzebue	3	0	3
Petersburg	0	0	0
Nome	0	0	0
Sitka	3	0	3
Valdez	4	0	4
<b>Total</b>	<b>43</b>	<b>0</b>	<b>43</b>

## Bachelor of Science in Nursing Program

In 2023-2024 the BSN program was delivered in Anchorage, Fairbanks, Kodiak, and Mat-Su. The RNBS is delivered online to students across the State.

### Total Enrollment of BSN Students by Site and Semester for AY 2023-2024

Site	Fall 2023	Spring 2024
Anchorage	162	149
Fairbanks	37	36
Kodiak	7	7
Mat-Su	15	15
RNBS	24	24
<b>Total</b>	<b>245</b>	<b>231</b>

### Admission Cohort Sizes for the BSN Program by Site and Semester for AY 2023-2024

Site	Fall 2023	Spring 2024	Total Admission
Anchorage	29	38	67
Fairbanks	13	0	13
Kodiak	2	0	2
MatSu	7	0	7
RN-to-BS	6	3	9
<b>Total</b>	<b>57</b>	<b>41</b>	<b>131</b>



## Graduate Programs

### Total Enrollment of Master’s Graduate Students – AY 2023-2024

- Fall & Spring 2023-2024 – 64 Students

### Graduate Program Enrollment (including DNP) in Academic Year 2023-2024

Program:	Enrollment in AY 2023-2024
Family Nurse Practitioner (FNP) MS	37
FNP Certificate	0
Psychiatric-Mental Health Nurse Practitioner (PMH-NP) MS	18
PMH-NP Certificate	6
Nursing Leadership (NLDR) MS	3
Education Certificate	0
Doctor of Nursing Practice	5
<b>Total:</b>	<b>69</b>

The graduate programs are delivered online with onsite intensives for statewide program delivery options.

## Part V: Resources and Facilities Data

### UAA School of Nursing – 2023-2024

Budget Category	FY24 Expenditures
Personnel (salary and benefits)	\$6,980,142
Travel	\$109,205
Contractual Services	\$302,301
Commodities	\$167,393
Misc	\$210
<b>Total General Funds Expenditures</b>	<b>\$7,559,252</b>

The UAA School of Nursing received \$2.1M in 2020 to be distributed over three years from the Alaska Department of Education and Early Development (DEED) as part of the Education Stabilization Fund through the CARES Act to assist in the recruitment and retention of nursing faculty. The funding has been provided for relocation allowances, tuition assistance for advancing education, and nursing cost of education repayment.

The Alaska legislature appropriated \$3.5M to the UAA College of Health to increase the number of faculty across a range of health programs including nursing. Approximately \$1.7M has been utilized to support nursing faculty growth. The goal is to expand health programs to meet the high need for health professionals across the state.

## Part VI: Program Evaluation

The School of Nursing implemented a comprehensive evaluation of graduating students, alumni and employers using Benchworks by Elantra, a third-party nursing survey platform. The results are pending and will provide each program with baseline data on which to set benchmarks for future surveys and develop plans for improvement based upon the findings. The survey results are benchmarked with other nursing programs with a similar Carnegie classification and also with all programs in the US who also use Benchworks by Elantra.

Another School of Nursing-wide effort is the completion of the self-study in preparation for the ACEN accreditation visit, scheduled for March 24-27, 2025. A comprehensive review of each program accredited by ACEN (AAS, BS, MS, post-graduate certificates) involving faculty and staff has been ongoing since fall, 2023. The self-study process ensures alignment with current curricular, university, regulatory and accreditation standards.

Both the Associate of Applied Science (AAS) nursing program and the Bachelor of Science (BSN) nursing program have developed systematic plans for evaluation which comply with UAA assessment standards and practices, and the ACEN 2023 revised accreditation standards. Institutional assessment activity has been focused on plans developed to assess End of Program Student Learning Outcomes (EPSLO). Currently the AAS Curriculum and Evaluation Committees, and the BS Curriculum and Evaluation Committees are continuing to revise evaluation plans to include the programmatic outcome measures, PSLO's, and Tanner's Clinical Judgment Model with the ACEN standards and the NCSBN Quality Indicators.

The graduate programs reviewed AACN and NONPF criteria, leading to curriculum proposals to meet current standards for the number of clinical hours, from 500 to 750, for the cohorts admitted in Fall, 2025.

### Outcome Measures:

#### NCLEX Pass Rates

##### Associate of Applied Science in Nursing Program – Percentage of Graduates Passing NCLEX

	<b>April 2021 to March 2022</b>	<b>April 2022 to March 2023</b>	<b>April 2023 to March 2024</b>
Total Number of Graduates Tested	103	91	68
Number Passing	97	77	61
Percent Passing	94%	85%	90%

## Bachelors of Science in Nursing Program – Percentage of Graduates Passing NCLEX

	<b>April 2021 to March 2022</b>	<b>April 2022 To March 2023</b>	<b>April 2023 to March 2024</b>
Total Number of Graduates Tested	116	97	115
Number Passing	94	87	103
Percent Passing	81%	90%	90%

### Post-Graduation Employment

#### Graduates Applied for Licensure – April 2023 – March 2024

- AAS Graduates - 94% applied for licensure in Alaska
- BS Graduates – 92.3% applied for licensure in Alaska

#### Undergraduate Employment

- Sporadic employment data has been received for the 2023-2024 graduates. The School of Nursing has employed Benchworks Nursing, a service that offers professionally-crafted, reliable benchmarking surveys that are mapped to accreditation standards to track graduate exit and alumni information, as well as Employer survey for our AAS, BSN, and graduate programs.
- Preliminary results show that:
  - AAS (RN) graduates - 88% had found full-time employment within 6 months
  - BSN (RN) graduates - 91% had found full-time employment within 6 months
  - Graduate program graduates - all have employment opportunities in Alaska

#### Systematic Plans of Evaluation

Faculty are continuing to revise the systematic plans of evaluation (through the SON Evaluation Committee) which includes program outcomes and program student learning outcomes with targeted focus on the ACEN (2023) Standards.

The School of Nursing hosted a three-day faculty retreat for all faculty across the State of Alaska. Forty-six faculty attended, with the key focus of faculty development in three areas:

- Curriculum alignment per program
- Accreditation readiness – introduction and review of ACEN (2023) Accreditation Standards
- Course Specialty Team-building and Mindfulness in faculty and staff work

#### Additional Faculty and Student Development:

New Faculty Mentorship program has been instituted for all new faculty. Six new faculty have been onboarded since January 2024. All are receiving formal mentorship from senior faculty.

Two students (one graduate and one undergraduate student) participated in the American Association of Nursing - Student Policy Summit in Washington DC. visiting offices of the Alaska Senators and House Representatives sharing needed national and local nursing policy initiatives.

Two faculty and one graduate and one undergraduate student presented their scholarship at the Western Institute of Nursing Research Conference in Salt Lake City, UT in April 2024.

## Part VII: Projected Changes

### **Undergraduate:**

The undergraduate faculty continue the introduction and integration of the Tanner Clinical Judgment Model into the undergraduate curriculum, and in preparation for NextGen NCLEX, the School of Nursing adopted Kaplan institutional resources, which are utilized across the curriculum.

### **Graduate:**

The APRN faculty are continuing the necessary curricular work to create the BSN to DNP pathway in alignment with NONPF commitment to move all entry-level nurse practitioner (NP) education to the DNP. The Post-Master's DNP will continue to support Master's prepared advanced practice nurses in Alaska complete a terminal degree.

## Part VIII: Post Graduate Activities

UAA School of Nursing continues to focus on building stronger academic clinical partnerships, which has provided more robust clinical learning experiences for nursing students. These partnerships build direct pathways for employment opportunities. One of our academic clinical partnerships includes a Dedicated Education Unit (DEU) that provides the continuity of a learning environment and the continuity of the same staff nurses working with students and UAA SON Clinical Instructors.

Another academic partnership launched a nursing student scholarship for UAA students in Spring 2024 where students have the opportunity to apply to be a "nursing scholar" that includes full tuition repayment as well as commitment for employment upon graduation.

The UAA School of Nursing is committed to supporting and promoting student diversity throughout Alaska. The Recruitment and Retention of Alaska Natives into Nursing (RRANN) program continues to assist nurse majors and pre-majors on University of Alaska campuses statewide by offering tutoring services, material lending, group meetings to help students connect with peers, and student success facilitators that offer career and personal advice to aid students in successfully completing the UA Nursing program. This year under the support of the Premera grant, facility improvements have begun at both the Bethel and Ketchikan campuses. Improved simulation equipment has also been updated in Juneau and Ketchikan campuses and a new simulation space with new equipment will be available in Bethel for use in January 2025. The goal is to continue to increase simulation support in outreach sites to improve opportunities for higher acuity learning experiences which will support future practice in outreach healthcare delivery.

The SON has both undergraduate and graduate student nurse associations, which are supporting professional career planning. This along with the two nursing honor societies (Alpha Delta Nu through OADN for AAS graduates and Sigma Theta Tau – Theta Omicron for BS and MS graduates) are also promoting professional career growth in leadership and scholarship.

The UAA School of Nursing Community Advisory Board (CAB) continues to be very engaged and helpful over this past academic year in supporting APRN graduate students to clinical preceptorships, and re-introducing the UAA SON APRN programs to clinical practices. The CAB is actively supporting the SON in the preparation for the upcoming Accreditation Commission for Education in Nursing site accreditation visit.

## Part IX: Accreditation

The Associate of Applied Science in Nursing, the Bachelor of Science in Nursing Science, the Master of Science in Nursing Science, and the Graduate Certificates in Family Nurse Practitioner, Nursing Education and Psychiatric-Mental Health Nurse Practitioner are all accredited by the Accreditation Commission for Education in Nursing (ACEN). Accreditation is due for renewal in June 2025. The Site Visit is scheduled for March 24 - 27, 2025 with seven site evaluators. Evaluators will visit eight program sites during their visit. In addition to review of our program sites and UAA resources, sessions will be open for our community of interest to provide feedback related to program delivery and quality.

Six of our faculty members and the Associate Directors attended the ACEN National Accreditation Conferences in 2023 and 2024 to help prepare for ongoing accreditation preparation.

The Doctor of Nursing Practice in Nursing Science is accredited by the Commission on Collegiate Nursing Education (CCNE) with full accreditation approval until 2032.

# Alaska Board of Nursing

## Agenda Item #7



Charter College Nursing Program Update

**Charter College**  
**Associate of Applied Science in Nursing**  
**2023 Annual Report**  
**Submitted September 20,2024**

**General Program Information**

Charter College's Associate of Applied Science in Nursing program is at 2221 E. Northern Lights Boulevard, Suite 120 in Anchorage, Alaska. The current Dean of Nursing is Cynthia Booher PhD, RN, CNE, and the Associate Dean of Nursing is Daniel Booher MSN, RN. As of September 26,2024, active enrollment includes 121 students spanning cohorts 24 through 26.

**PART I: Purpose, Philosophy, Objectives**

The purpose, philosophy, objectives, and conceptual framework of the Associate of Applied Science in Nursing program at Charter College remains unchanged. Curriculum objectives remain unchanged, curriculum content has been updated to reflect changes in evidence-based practice, and all textbooks and e-books are in the latest available edition. Textbooks for the Medical Surgical Nursing I and II, Gerontological and Community Health, Maternal Child Nursing, and Pediatric Nursing have been updated this year to the most current edition. The textbook for Pharmacology for Nursing currently Lilley, L.L., Collins, S.R, & Snyder, J.S. (2020). *Pharmacology and the nursing process*. (10th ed.). Elsevier. The textbook for Mental Health has been updated from Videbeck, S.L. (2016). *Psychiatric mental health nursing* (7th ed.). Philadelphia, PA: Lippincott to Halter, M. (2022). *Varcarolis' Foundations of Psychiatric-Mental Health Nursing* (9<sup>th</sup> ed.). Elsevier.

The conceptual framework has been expanded from the Nursing Process to include the NCSBN Clinical Judgment Measurement Model (nscbn.org 2022). The next annual faculty retreat will be held in November 2024 at which time faculty will review syllabi, curriculum, exams, exam pass rates, and course effectiveness. Effectiveness is evaluated using the NCLEX pass rates, job placement, and retention rate in accordance with ABHES and ACEN accreditation.

The blended delivery for didactic courses is being implemented and provides our adult learners the flexibility to maintain their personal responsibilities while working to achieve their education and career goals.

Lesson plans for clinical simulated experiences have been updated to include clinical judgment scenarios and aspects of realism. Debriefing has been included in each simulation experience to facilitate reflexive discourse and discussion to enhance the student's learning experience and align with the recommendations of the NCSBN for clinical simulations.

**PART II: Administrative Structure**

The program administration remains unchanged. The Dean of Nursing is the administrator of the Nursing program. The Dean of Nursing reports directly to the Dean of Education, Christy Ruiz, MBA, who reports to the Chief Academic Officer, Joel Nelson, MBA, who reports to the CEO, Joshua Swayne, MS. The Associate Dean of Nursing provides support for the Dean. Additionally, the Dean of Nursing fosters and maintains an excellent working relationship with the Campus Manager and the Dean of Education to manage the budget for the nursing program. Contact information for Dean of Nursing Cynthia D. Booher PhD, RN, CNE [Cynthia.Booher@chartercollege.edu](mailto:Cynthia.Booher@chartercollege.edu) phone 907-352-1021 or 907-727-5719 and Associate Dean of Nursing, Daniel Booher MSN, RN [Daniel.booher@chartercollege.edu](mailto:Daniel.booher@chartercollege.edu) phone 907-777-1304

**PART III Faculty Membership**

The full-time nursing faculty consist of five Mastered-prepared nurses and one Doctoral-prepared nurse. The adjunct nursing faculty consists of two BSN-prepared nurses, twenty MSN-prepared nurses and two doctoral prepared nurses. Full-time MSN-prepared nurses facilitate lecture, lab, and clinical; full-time and adjunct nursing instructors facilitate clinical and lab.

Two non-nursing instructors teach Anatomy & Physiology, Microbiology, and General Education courses. Both non-nursing instructors hold a master’s degree or higher in the focus area of the courses assigned.

Student-to-faculty ratios are maintained at a maximum of 25:1 in didactic courses, 20:1 for laboratory courses and 8:1 for clinical courses. All full-time nursing faculty hold a current registered nursing license in Alaska, have at least a master’s degree, and at least two years’ clinical nursing experience in the relevant area of responsibility. All adjunct faculty hold a current registered nursing license in Alaska, have a minimum of a baccalaureate degree in nursing, have a minimum of two-year clinical nursing experience in the relevant area of responsibility, and are supervised by a full-time nursing faculty. Full-time and adjunct faculty participate in the Annual Curriculum Retreat to review the curriculum and ensure current evidence-based practice is presented to the nursing students. The next Curriculum Faculty Retreat, at which time the curriculum will be reviewed as described above, will take place in October 2024.

Full-time and adjunct faculty participate in professional development and in-service training each quarter and maintain a current BLS certificate through American Heart Association. Professional development is defined as continuing education credits meeting the requirement for maintenance of their RN License within the State of Alaska.

<b>Faculty (F)-Full-time</b>	<b>Program Type LPN, RN, APRN</b>	<b>Credentials</b>	<b>Course(s) of Facilitation Role (C)-Coordinator/Lead (A)-Assist</b>	<b>Related Experience</b>
Cynthia Booher (F)	RN	PhD, MSN,BSN	Dean of Nursing	ICU Neurological ICU Hospice Skilled nursing Med surg Mental Health Leadership administration
Daniel Booher(F)	RN	MSN.BSN	Associate Dean of Nursing	CVICU Cardiac step down Telemetry Neurological Step down Hospice Medical surgical
Grace Renner (F)	RN	MSN,BSN	Lab and simulation coordinator	Oncology Medical surgical



Sandy Lenichek (F)	RN	MSN	C- Medical-Surgical I and II	ICU OR Public health QUAPI Leadership administration
Tony Spears (F)	RN	MSN	C- Pharmacology A- Fundamentals A- -Pediatrics	Oncology Organ transplant ED ICU Ortho Hospice Telemetry Medical Surgical Home Health
Emily Wettin (F)	RN	MSN	C- Fundamentals C- leadership	ICU Medical surgical Leadership administration
<b>Faculty (A)-Adjunct</b>	<b>Program(s) Type LPN, RN, APRN</b>	<b>Credentials</b>	<b>Course(s) of Facilitation Role (C)-Coordinator/Lead (A)-Assist</b>	<b>Related Experience</b>
Barrows, Bella - (A)	RN	BSN, MSN, FNP	(A) Mental Health Pediatrics Obstetrics	Mental Health Women's Health Pediatrics Medical Surgical
Bowerfind, Merisue - (A)	RN	BSN	(A) Medical Surgical Fundamentals Pharmacology	Medical Surgical OR, and Recovery Acute Care, ICU
Coste, Elizabeth (A)	RN	MSN	(A) Fundamentals Pharmacology	Medical surgical Skilled nursing
Estes, Danelle (A)	RN	MSN	(A) Fundamentals Pharmacology	Skilled nursing Medical surgical
Giesler, Kirsten (A)	RN	MSN	(A) Maternity	Maternity
Hamilton, Heather (A)	RN	MSN	(A) Maternity Pediatrics	MATERNITY Pediatrics
Herman, Katelyn (A)	RN	MSN	(A)	Skilled nursing

			Gerontology leadership	Leadership Medical surgical
Hodlofski, Diana (A)	RN	MSN	(A) Fundamentals Pharmacology	Medical surgical Skilled nursing
Howard, MIA (A)	RN	MSN	(A) Fundamentals pharmacology	Medical surgical
Jackson, Jeffery (A)	RN	MSN	(A) Fundamentals Pharmacology Medical Surgical	Medical Surgical ICU informatics
Klapak, Rachel (A)	RN	MSN	(A)	Medical surgical Pediatrics
Langerman, Rachael - (A)	RN	BSN, MSN, PMH-NP	(A) Community Mental Health Pediatrics Obstetrics	Medical Surgical Mental Health Obstetrics Pediatrics
Lund, Melissa (A)	RN	DNP.MSN	(A) Maternity Pediatrics NCLEX review	Maternity Medical surgical Mental health ER Home health Geriatrics
Lyell, Cindy (A)	RN	MSN	(A) Fundamentals Pharmacology Medical surgical	Medical surgical
Lyons, Val (A)	RN	MSN	(A) Fundamentals Pharmacology Medical Surgical	Medical surgical Skilled nursing
Martin, Lindsey - (A)	RN	ASN, BSN	(A)	Medical Surgical

		MSN <i>projected 2023</i>	Fundamentals Pharmacology Mental Health	Mental Health
Martin, Mary (A)	RN	DNP	(A) Pediatrics Medical surgical Pharmacology Maternity	Medical surgical Pediatrics Maternity leadership administration
Matthews, Jeff (A)	RN	ASN, BSN MSN <i>projected 2025</i>	(A) Fundamentals Pharmacology Mental Health	Medical Surgical Mental Health Trauma ER Leadership management
Moreno ,Annabel (A)	RN	MSN	(C) Mental Health  (A) fundamentals	Mental health Medical surgical ER
Palaniuk, Victoria (A)	RN	MSN		
Park, Cindy (A)	RN	BSN	(A) Medical Surgical i Medical Surgical II	Medical surgical
Pierce, Charlot (A)	RN	MSN	(A) Pediatrics pharmacology	Medical surgical Pediatrics
Randolph, Patricia (A)	RN	MSN	(A) Fundamentals Pharmacology Mental health	Mental health Medical surgical Skilled nursing Er
Sarasin, Alison - (A)	RN	BSN, MBA	(A) Fundamentals Pharmacology Medical Surgical	Medical Surgical Acute Care Pre-op/OR education
Shirley, Madrian - (A)	RN	BSN	(A) Fundamentals Pharmacology Medical Surgical	Medical Surgical Mental Health
Sievers, Suzanne - (A)	RN	BSN, MSN	(A)	Medical Surgical,

			Fundamentals Pharmacology Medical Surgical Leadership	Acute/Critical Care Home Health
Sobkowiak, Sara - (A)	RN	BSN, MSN	(A) Fundamentals Pharmacology Medical Surgical Leadership	Medical Surgical, Acute/Critical Care Oncology
Woldow, Jamie(A)	RN	MSN	(A) Leadership Medical surgical	Administration Leadership Mental health Medical surgical

#### **PART IV: Student Enrollment**

As of September 26, 2024, active enrollment is 121 students spanning cohorts 24 through 26. As reported to ABHES and the ACEN for the 2022-2023 reporting period, retention was 80%, and the licensure pass rate was 80%. ABHES requires reports for the employer verified placements and the ACEN requires job placement for students reporting placement. ABHES job placement report for 2022-2023 was 79%. ACEN job placement report for 2022-2023 was 97%. Retention, placement rates, and licensure pass rate continue to meet the goals for accreditation through ABHES and ACEN. The next report will be submitted to ABHES in November 2024 for the 2023-2024 reporting period.

#### **PART V: Resources and Facilities Data**

The nursing program has 10 classrooms furnished with computers, desks, projectors, and podiums. Laptop computers are available for in-class use. The students have access to a laptop loaner program to help with issues that may occur with personal computers and the computer lab on campus. We have maintained the science lab, three nursing skills labs, two simulations suites, and the debriefing rooms.

The College has maintained complete partnerships with HESI and Elsevier to gain access to virtual textbooks, skills checklists and videos, NCLEX review, shadow health and SIM Chart. For the sciences we have Anatomy.TV, and Em-Care's database which offer current resources for instructor and student research. Additionally, the College provides Nurse Think Notebook, Skyscape Nursing Resource Suite, and Nurse Think Clinical Judgment Simulations, for all instructors and students. Shadow Health Clinical Simulations have been added to the Pharmacology Lab, Mental Health Clinical, Pediatric Clinical, and Maternal/Child Clinical. These resources ensure the nursing faculty and students have access to current, evidence-based research.

#### **PART VI: Program Evaluation**

The nursing program continues to exceed the end of program outcomes each year as described above. The nursing program continues to meet the pass rate, on-time graduation rate, and job placement rates required to meet the corresponding criterion within the ACEN Accreditation Standards for ADN Programs. Additionally, the nursing program continues to meet the accreditation standards for ABHES.

The nursing program offers support for students who are not successful on the NCLEX with their first attempt. We have built and implemented a post-graduate remediation plan which provides nursing graduates access to study materials and faculty support to prepare for their second attempt at the NCLEX. The post-graduate remediation plan is designed to ensure the success of our graduates beyond the requirements of academic completion in the AAS in Nursing program.

Faculty development is current and ongoing. Charter College supports the AAS in Nursing program to secure hiring and orientation of additional adjunct faculty is conducted in a timely manner to ensure the required faculty are available to support the nursing students in achieving the program outcomes.

#### **PART VII: Projected Changes**

We will be focusing on recruiting and increasing retention throughout the upcoming year. The blended nursing program allowed on-campus space to accommodate added sections of labs and clinical simulations needed for cohorts of 50 students. We are working on expanding our clinical partnerships within the community. We have added virtual clinical simulated experiences to supplement the clinical hours in the specialty clinical courses where we find limited clinical opportunities.

#### **PART VIII: Postgraduate Activities**

Job placement for the nursing graduates is excellent. 90% of the nursing graduates for 2022-23 responded regarding job placement and 97% of the students responding held jobs requiring an RN license. 91 % of the 2022-23 nursing graduates hold jobs in Alaska and 0.58 percent held out of state licenses.

Anecdotally, the nursing graduates are enrolling in continuing education programs after they complete the orientation requirements and are working in bedside patient care.

#### **PART IX: Accreditation**

The College is institutionally accredited by ABHES through February 28, 2026. The nursing program is programmatically accredited by ACEN; the most recent accreditation decision made by the ACEN Board of Commissioners for the associate nursing program is continuing accreditation from March 2021 through Fall 2028.

Alaska Board of Nursing  
Agenda Item #8



UAF LPN Program Update



**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: *BoardOfNursing@Alaska.Gov*

Website: *ProfessionalLicense.Alaska.Gov/BoardOfNursing*

## Annual School of Nursing Report

Please complete this form and return it to the board at the address above. Attach additional pages, as needed.

**12 AAC 44.140. REPORTS.** By October 1 of each year, unless otherwise designated by the board, nursing education programs shall submit to the board reports related to faculty, students, and current curriculum, as follows:

- (1) changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes;
- (2) changes in the administrative structure;
- (3) update on faculty membership;
- (4) student enrollment statistics;
- (5) resources and facilities data update;
- (6) a program evaluation and plan for program improvement;
- (7) projected changes for the school of nursing and curriculum for the next year;
- (8) results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

### **PART I** Purpose, Philosophy, Objectives

Report any changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes.

Following the ACEN site visit from September 17-19, 2024, the LPN Certificate Program revised the Course Student Learning Outcomes to demonstrate progression from first semester through third semester and alignment with EPSLOs. See attached files titled, "LPN Program Course SLOs-Progression", "Table EPSLOs\_CSLOs\_1st Semester", "Table EPSLOs\_CSLOs\_2nd Semester", and "Table EPSLOs\_CSLOs\_3rd Semester".

## PART II Administrative Structure

Report any changes in the administrative structure. Provide current contact information for Director and liaison to the Alaska Board of Nursing.

The UAF CTC Dean position is now filled by Carl Bishop.

A new position, "Associate Vice Chancellor Rural and Workforce Development" was added to the CTC Organizational Chart and is filled by Bryan Uher.

The UAF CTC Dean added a position, "Director of Health Programs", to the Allied Health Department. This role will serve as the director of the Allied Health Programs (Medical Assistant, Certified Nursing Assistant, Dental Assistant, and LPN Certificate Program) for 50% of the time and as LPN Faculty for the remaining 50%. The CTC interviewed and made a selection for this position; status is pending offer acceptance. See attached file titled, "CTC ORG Chart".

The UAF CTC Dean added a full-time faculty position to the LPN Certificate Program. The CTC interviewed and is pending selection for the position.

## PART III Faculty Membership

**12 AAC 44.090. FACULTY.** (a) There must be a sufficient number of qualified faculty to meet the purposes and objectives of the nursing education program.

(b) Unless waived by the board, the maximum number of students per faculty member is eight in clinical areas involving direct care of patients or clients.

(c) Nursing faculty who teach in a program offering the practical nurse certificate shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a baccalaureate degree in nursing; and
- (3) have one year of clinical nursing experience relevant to areas of responsibility.

(d) Nursing faculty who teach in a program offering the associate degree or the baccalaureate degree in nursing shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a masters degree in nursing; and
- (3) have one year of clinical nursing experience relevant to areas of responsibility.

(e) Adjunct faculty may be used for instruction of nursing courses and shall

- (1) be currently licensed as a registered nurse in Alaska;
- (2) have a minimum of a baccalaureate degree in nursing;
- (3) have one year of clinical nursing experience relevant to areas of responsibility;
- (4) be supervised by qualified nursing faculty.

(f) Faculty with comparable education will, in the board's discretion, be considered to have met the degree requirement of (c)(2), (d)(2), or (e)(2) of this section.

(g) Faculty are responsible for developing, implementing and evaluating the purpose, philosophy and objectives of the nursing program.

(h) For purposes of AS 08.68.800(a)(5), if an education program outside this state has students in this state doing clinical rotations, and if the time that a faculty member spends determining grades for those students, for clinical coursework performed during those rotations, and in combination with the time, if any, that the faculty member spends on other nursing education or nursing consultation activities in this state, exceeds 20 working days within a licensing period, the faculty member must be currently licensed as a registered nurse in this state.

**Authority:** AS 08.68.100, AS 08.68.290, AS 08.68.800.



**PART III Faculty Membership (continued)**

Faculty (F)- Faculty (A)-Adjunct	Program(s) Type LPN, RN, APRN	Credentials	Course(s) of Facilitation Role (C)-Coordinator/Lead (A)-Assist	Related Experience
F	LPN	MSN	C	>27 years nursing experience and 6 years teaching experience
F	LPN	MD	A	>20 years practicing medicine and 6 years teaching experience

**PART IV Student Enrollment**

Report any student enrollment statistics below.

Cohort #1 began in August 2023 with 8 students enrolled. Cohort #1 has a projected graduation in December 2024 and has 5 students currently enrolled. Of the five students, two are Native American/Native Alaskan and three are Caucasian, Non-Hispanic. All five students are female. The average age of the five students is 40 years old.

The Nurse Administrator is currently interviewing prospective students for the 2nd Cohort to begin in January 2025.

## **PART V Resources and Facilities Data**

Report any updates to resources and facilities data.

The UAF CTC Dean approved the LPN Certificate Program to have a dedicated skills lab space. Equipment has been ordered and is pending delivery and installation.

Additionally, the LPN Certificate Program received a TVEP Equipment award in the amount of \$75,000. The Nurse Administrator obtained a quote with intent to purchase a simulation mannequin. This will likely be completed in the coming month.

## **PART VI Program Evaluation**

Report current program evaluation and plan(s) for program improvement.

The Accreditation Commission for Education in Nursing (ACEN) completed their site visit to the UAF CTC campus from September 17-19, 2024. The LPN Certificate program is a candidate for initial accreditation by ACEN. The final accreditation determination will be made in April 2025.

**PART VII Projected Changes**

Report any projected changes for the school of nursing and curriculum for the next year.

N/A

## **PART VIII Postgraduate Activities**

Report results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

N/A

## **PART IX Accreditation**

Report the accrediting body and the date accreditation is due for renewal.

The LPN Certificate program is a candidate for initial accreditation by ACEN. The final accreditation determination will be made in April 2025.

<b>1st SEMESTER</b>				
<b>EPSLO</b>	<b>HLTH F114 SLOs</b> Fundamentals of Anatomy & Physiology	<b>LPN F100 SLOs</b> Foundations of the Professional LPN	<b>LPN F102 SLOs</b> LPN Skills I	<b>LPN F120 SLOs</b> LPN Clinical I
<b>#1 – Student will demonstrate proficiency in evidence-based nursing care across the lifespan.</b>	N/A	Describe how evidence-based practice is used in healthcare delivery.	Identify elements of evidence-based practice in the completion of nursing tasks.	Discuss the implementation of evidence-based practice into healthcare delivery in the clinical setting.
<b>#2 – Student will apply the nursing process to make informed clinical judgments and prioritize patient care in accordance with local policies and procedures.</b>	Define homeostasis and explain its role in human function, using specific examples  Discuss basic regulatory patterns of negative and positive feedback, providing examples of each	Recall the basic concepts of the nursing process.	Recognize the concepts of the nursing process in the completion of nursing tasks in the skills lab environment.	Understand concepts of the nursing process in the completion of nursing tasks in the clinical environment.
<b>#3 – Student will effectively communicate with patients, families, and healthcare team members.</b>	Define and correctly apply anatomical and physiological terminology	List appropriate communication techniques, documentation, and cultural and ethnic considerations.	Practice appropriate communication, documentation, and cultural and ethnic considerations.	Utilize effective and respectful communication techniques that includes cultural considerations with patients, peers, and staff.
<b>#4 – Student will practice nursing within legal and ethical framework.</b>	N/A	Recognize the parameters of the LPN scope of practice.  Cite the basic concepts of HIPAA.	Describe the LPN scope of practice in clinical scenarios.  Complete HIPAA training.	Differentiate the role and scope of the LPN from other healthcare professionals in the clinical environment.  Comply with HIPAA regulations throughout healthcare delivery.
<b>#5 – Student will demonstrate cultural competence in nursing care.</b>	N/A	List appropriate communication techniques, documentation, and cultural and ethnic considerations.	Practice appropriate communication, documentation, and cultural and ethnic considerations.	Utilize effective and respectful communication techniques that includes cultural considerations with patients, peers, and staff.
<b>#6 – Student will collaborate appropriately and effectively with the healthcare team.</b>	N/A	List appropriate communication techniques, documentation, and cultural and ethnic considerations.	Practice appropriate communication, documentation, and cultural and ethnic considerations.	Utilize effective and respectful communication techniques that includes cultural considerations with patients, peers, and staff.
<b>#7 – Student will provide safe, focused, and individual assessments incorporating technology to deliver competent, patient-centered care.</b>	Apply concepts of human anatomy and physiology to real-life situations  Discuss basic regulatory patterns of negative and positive	State the elements of physical assessment and vital signs across the lifespan.  Define the concepts of sepsis and infection control.	Obtain physical assessment findings and vital signs.  Describe concepts of sepsis and infection control in completion of nursing tasks.	Accurately collect patient vital signs and physical assessment information.  Demonstrate knowledge of sepsis and infection control in

	<p>feedback, providing examples of each</p> <p>Describe the basic anatomy and physiology of the following body systems: integumentary, skeletal, muscular, nervous, endocrine, cardiovascular, immune, lymphatic, respiratory, digestive, urinary, and reproductive.</p>	<p>Recall the five rights of medication administration.</p>	<p>Cite the five rights of medication administration while practicing various forms of medication administration in the skills lab setting.</p>	<p>completion of supervised nursing tasks.</p> <p>Orient to the clinical setting to foster a safe patient environment.</p> <p>Familiarize with venipuncture for laboratory specimen collection.</p>
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\*\*Skills, Knowledge, and Abilities achieved in the 1<sup>st</sup> Semester will be applied as students progress to the 2<sup>nd</sup> Semester

<b>2<sup>nd</sup> SEMESTER</b>				
<b>EPSLO</b>	<b>LPN F140 SLOs</b> Nursing Care Across the Lifespan for the LPN	<b>LPN F142 SLOs</b> LPN Skills II	<b>LPN F160 SLOs</b> LPN Clinical II	<b>LPN F248 SLOs</b> Pharmacology for the LPN
<b>#1 – Student will demonstrate proficiency in evidence-based nursing care across the lifespan.</b>	Analyze methods and techniques of evidence-based practice and health promotion throughout the lifespan.  Examine various methods of skin integrity and maintenance.	Interpret focused physical assessment findings and vital signs for different patients across the lifespan.  Demonstrate evidence-based practice methods of skin integrity and maintenance in the performance of nursing tasks.	Examine the impact of evidence-based practice with skin integrity maintenance and prevention in caring for the patient with integumentary disorders.	Demonstrate proper patient assessment during drug administration
<b>#2 – Student will apply the nursing process to make informed clinical judgments and prioritize patient care in accordance with local policies and procedures.</b>	Examine steps of the nursing process through case studies.	Apply steps of the nursing process in the completion of focused physical assessments in the skills lab setting.	Utilize the nursing process in performance of focused physical assessments for patients across the lifespan.	Define which drugs are controlled substances  Calculate the correct dose of a drug from a drug order
<b>#3 – Student will effectively communicate with patients, families, and healthcare team members.</b>	Differentiate communication techniques for different cultures that foster a patient-centered environment.	Practice performing patient education within the LPN scope of practice.  Integrate communication techniques into nursing tasks with patients of various cultures.	Communicate pertinent healthcare information with clinical staff to contribute to the patient’s plan of care and documents in the patient’s medical record.	Explain therapeutic drug monitoring  Demonstrate knowledge of patient education related to medication administration
<b>#4 – Student will practice nursing within legal and ethical framework.</b>	Compare and contrast the LPN scope of practice for patient education.	Practice performing patient education within the LPN scope of practice.	Distinguish patient education in the role of the LPN with other healthcare professionals in the clinical setting.  Safely administer medications within the LPN scope of practice and under direct supervision.  Apply the tenets of HIPAA compliance through healthcare delivery.	Explain black box warnings for certain medications  Employ strategies for avoiding common medication errors  Demonstrate knowledge regarding appropriate drug administration method for specific scope of practice
<b>#5 – Student will demonstrate cultural competence in nursing care.</b>	Differentiate communication techniques for different cultures that foster a patient-centered environment.	Integrate communication techniques into nursing tasks with patients of various cultures.	Implement knowledge of cultural awareness through healthcare delivery.	Demonstrate knowledge of patient education related to medication administration
<b>#6 – Student will collaborate appropriately and effectively with the healthcare team.</b>	Distinguish healthcare information that needs to be shared with other clinical staff involved in the patient’s care.	Demonstrate a patient hand-off with a peer communicating important healthcare information in a skills lab setting.	Communicate pertinent healthcare information with clinical staff to contribute to the patient’s plan of care and documents in the patient’s medical record.	

<p><b>#7 – Student will provide safe, focused, and individual assessments incorporating technology to deliver competent, patient-centered care.</b></p>	<p>Identify the concepts of pain assessment and pain management.</p> <p>Distinguish appropriate nursing care for patients with mental health disorders, to include appropriate use of patient restraints.</p> <p>Solve basic medication calculation problems.</p> <p>Apply knowledge of aseptic and infection control techniques for nursing tasks, such as intravenous site care, Foley catheter care, ostomy care, dressing changes, and specimen collection.</p> <p>Relate scenarios when a patient may need an electrocardiogram (EKG).</p>	<p>Interpret focused physical assessment findings and vital signs for different patients across the lifespan.</p> <p>Use concepts of pain assessment and pain management in the skills lab setting.</p> <p>Execute nursing care activities for a patient with a mental health disorder in the skills lab environment, to include application of patient restraints.</p> <p>Demonstrate appropriate and safe medication administration practices using the five rights of medication administration.</p> <p>Demonstrate evidence-based practice methods of skin integrity and maintenance in the performance of nursing tasks.</p> <p>Practice aseptic technique in the completion of nursing tasks, such as intravenous site care, Foley catheter care, ostomy care, dressing changes, and specimen collection.</p> <p>Experiment with healthcare technology by performing an EKG on a mannequin in the skills lab setting.</p>	<p>Apply knowledge of pain assessment and pain management into healthcare delivery.</p> <p>Integrate knowledge of the specific needs in caring for the mental health patient and when to use patient restraints.</p> <p>Integrate patient safety and aseptic technique in the completion of nursing tasks, such as intravenous site care, Foley catheter care, ostomy care, dressing changes, and specimen collection.</p> <p>Perform an EKG under supervision.</p>	<p>Identify classifications of medications and their uses for specific disease treatments</p> <p>List common side effects of different classes of drugs</p> <p>Identify the common routes of drug administration</p> <p>Demonstrate proper patient assessment during drug administration</p>
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\*\*Skills, Knowledge, and Abilities achieved in the 1<sup>st</sup> and 2<sup>nd</sup> Semesters will be applied as students progress to the 3<sup>rd</sup> Semester

<b>3<sup>rd</sup> Semester</b>			
<b>EPSLO</b>	<b>LPN F180 SLOs</b> <b>Leadership, Delegation and Scope of Practice for the LPN</b>	<b>LPN F182 SLOs</b> <b>LPN Skills III</b>	<b>LPN F190 SLOs</b> <b>LPN Clinical III</b>
<b>#1 – Student will demonstrate proficiency in evidence-based nursing care across the lifespan.</b>	<p>Research a quality improvement opportunity and develops a quality improvement project using information literacy and evidence-based practice.</p> <p>Familiarize with testing strategies for the NCLEX-PN.</p>	Implement the concepts of the nursing process and evidence-based practice in the care of the pregnant, postpartum, and high-risk mother and newborn and patients with other body system disorders.	Perform focused physical assessments using nursing theory, evidence-based practice, and the nursing process for pregnant, postpartum, and high-risk mothers and newborns and patients with other body system disorders.
<b>#2 – Student will apply the nursing process to make informed clinical judgments and prioritize patient care in accordance with local policies and procedures.</b>	Consider the steps of the nursing process in the care of patients with various body system disorders (Cardiovascular, Respiratory, Musculoskeletal) and the pregnant, postpartum, and high-risk maternal and newborn patients.	Implement the concepts of the nursing process and evidence-based practice in the care of the pregnant, postpartum, and high-risk mother and newborn and patients with other body system disorders.	<p>Perform focused physical assessments using nursing theory, evidence-based practice, and the nursing process for pregnant, postpartum, and high-risk mothers and newborns and patients with other body system disorders.</p> <p>Prioritize patient safety in completion of various nursing tasks.</p>
<b>#3 – Student will effectively communicate with patients, families, and healthcare team members.</b>	Select appropriate communication techniques that incorporate cultural considerations.	Develop appropriate communication techniques that include cultural considerations and appropriate use of delegation with other healthcare personnel.	Exemplify communication techniques with patients, peers, and staff that contributes to the planning, implementation, and evaluation of nursing care and includes cultural considerations.
<b>#4 – Student will practice nursing within legal and ethical framework.</b>	<p>Distinguish the legal and ethical framework for the LPN scope of practice with other healthcare professionals.</p> <p>Articulate the role the LPN plays in leadership, delegation, and quality improvement.</p>	Determine appropriate actions based on clinical scenarios with the LPN scope of practice.	<p>Implement appropriate actions based on clinical scenarios and the LPN scope of practice.</p> <p>Safely administer medications within the LPN scope of practice and under direct supervision.</p> <p>Model tenets of HIPAA compliance through healthcare delivery.</p>
<b>#5 – Student will demonstrate cultural competence in nursing care.</b>	Select appropriate communication techniques that incorporate cultural considerations.	Develop appropriate communication techniques that include cultural considerations and appropriate use of delegation with other healthcare personnel.	Exemplify communication techniques with patients, peers, and staff that contributes to the planning, implementation, and evaluation of nursing care and includes cultural considerations.
<b>#6 – Student will collaborate appropriately and effectively with the healthcare team.</b>	Select appropriate communication techniques that incorporate cultural considerations.	Develop appropriate communication techniques that include cultural considerations and appropriate use of delegation with other healthcare personnel.	Function as a collaborative member of the interdisciplinary healthcare team within the scope of the LPN.

<b>#7 – Student will provide safe, focused, and individual assessments incorporating technology to deliver competent, patient-centered care.</b>	Summarize the anatomic and physiologic changes of the maternal patient.  Formulate adult and pediatric medication dosages from various case studies.	Demonstrate appropriate and safe medication administration practices.  Calculate adult and pediatric (weight-based) medication dosages and prepares for medication administration.	Prioritize patient safety in completion of various nursing tasks.
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BOARD OF COMMISSIONERS

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October 18, 2024

Patty Wolf, MSN, RNC-OB  
Executive Administrator  
Alaska Board of Nursing  
Corporations, Business and Professional Licensing  
550 W 7<sup>th</sup> Ave, STE 1500  
Anchorage, AK 99501-3567

Dear Ms. Wolf:

I am writing to confirm that the records of the Accreditation Commission for Education in Nursing (ACEN) reflect the following information: the practical nursing program at the University of Alaska Fairbanks Community and Technical College in Fairbanks, Alaska, had an initial accreditation site visit July 30-August 1, 2024. The ACEN Board of Commissioners make accreditation decisions for programs in the Fall 2024 Accreditation Cycle at their April 10, 2025 meeting. Written notification of the Commission actions will be sent to the programs within 30 days of the Commission meeting.

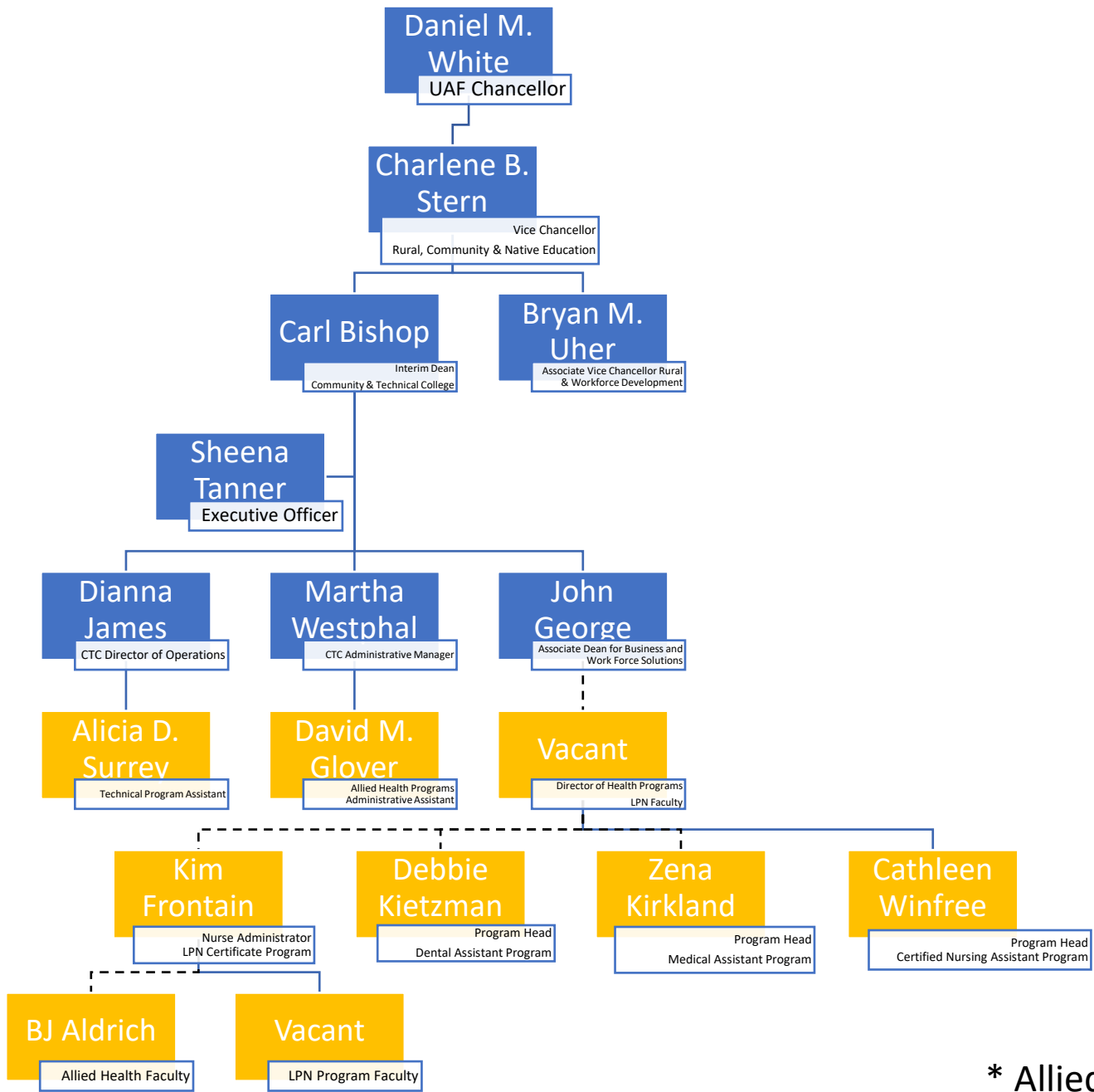
Pending the final actions taken by the Commission at their April 10, 2025 meeting, the current accreditation status of the practical nursing program at the University of Alaska Fairbanks Community and Technical College in Fairbanks, Alaska currently remain as follows: the practical nursing program at the University of Alaska Fairbanks Community and Technical College in Fairbanks, Alaska is currently an ACEN candidate.

If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Kathy Chappell, PhD, RN, FNAP, FAAN  
Chief Executive Officer

Cc: Kim Frontain, MSN, RN  
Assistant Professor/LPN Certificate Program Nurse Administrator  
University of Alaska Fairbanks Community and Technical College



\* Allied Health Personnel in GOLD

# Alaska Board of Nursing



Break

# Alaska Board of Nursing

## Agenda Item #9



APU Nursing Program Annual Update



THE STATE  
of

**ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Email: [BoardOfNursing@Alaska.Gov](mailto:BoardOfNursing@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfNursing](http://ProfessionalLicense.Alaska.Gov/BoardOfNursing)

## Annual School of Nursing Report

Please complete this form and return it to the board at the address above. Attach additional pages, as needed.

**12 AAC 44.140. REPORTS.** By October 1 of each year, unless otherwise designated by the board, nursing education programs shall submit to the board reports related to faculty, students, and current curriculum, as follows:

- (1) changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes;
- (2) changes in the administrative structure;
- (3) update on faculty membership;
- (4) student enrollment statistics;
- (5) resources and facilities data update;
- (6) a program evaluation and plan for program improvement;
- (7) projected changes for the school of nursing and curriculum for the next year;
- (8) results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

### **PART I Purpose, Philosophy, Objectives**

Report any changes or new developments in the purpose, philosophy, objectives, conceptual framework, and subsequent curriculum changes.

There are three nationally accredited nursing programs at Alaska Pacific University. An RN to BSN program, an ADN program and an LPN program. Both the RN to BSN program and the ADN program are fully approved by the Board of Nursing. The LPN program is provisionally approved by the BON at this time. There have been no changes to the purpose, philosophy, end of program student learning objectives or conceptual framework of these programs. APU continues to use Culturally Safe Healthcare as the conceptual framework. Recently, APU faculty spoke at the American Indian Alaska Native Diversity in Nursing conference in Baltimore for the Robert Wood Johnson Foundation to share our conceptual framework and best practices in increasing diversity.

APU mission: provides a world-class, hands-on, culturally responsive educational experience on collaboration with our students, communities, and Tribal partners

APU Nursing Program mission: to prepare culturally safe, caring, and innovative nurse leaders who exemplify excellence in nursing practice, while honoring Alaska’s Indigenous heritage and healthcare needs of all communities.

In this last year there have been no curricular changes to the RN to BSN and LPN program.

There have been curricular changes that have been approved and are being implemented in the ADN program. These approved changes include the inclusion of a NCLEX capstone course in the final semester of the program. This course is being developed now for delivery in fall 2025 semester.

The LPN to RN Bridge program was presented to the Board of Nursing last year and the BON gave approval to move forward with the program. The program has been approved through the APU undergraduate committee. The first admission to this program will be in fall 2025. We plan on admitting eight students that are located in the communities in which we are delivering the LPN program or ADN program so that the clinical components of the courses can be supported for the student. Communities that are eligible at this time for LPN to RN students include Anchorage, Mat Su, Juneau, Fairbanks, Bethel and Utqiagvik.

## PART II Administrative Structure

Report any changes in the administrative structure. Provide current contact information for Director and liaison to the Alaska Board of Nursing.

There have been no changes to the administrative structure of APU. Dr. Janelle Vanasse is the President of the University. There have been no changes in the nursing administrative structure. Dr. Marianne Murray DNP, MSN, RN, CHSE remains the Director of all nursing programs. Dr. Murray remains the liaison to the Alaska Board of Nursing.

### Contact

Dr. Marianne Murray DNP, RN, CHSE

Director of Nursing Programs

Phone: (907) 564-8258

E-mail: mmurray@alaskapacific.edu

Staci Seagle MSN, RN was voted in as the Program Coordinator for the LPN program.

Lisa Moore MSN, RN was voted in as the Program Coordinator for the ADN program.

Staci and Lisa will provide quarterly updates to the BON as requested.

## PART III Faculty Membership

- 12 AAC 44.090. FACULTY.** (a) There must be a sufficient number of qualified faculty to meet the purposes and objectives of the nursing education program.
- (b) Unless waived by the board, the maximum number of students per faculty member is eight in clinical areas involving direct care of patients or clients.
- (c) Nursing faculty who teach in a program offering the practical nurse certificate shall
- (1) be currently licensed as a registered nurse in Alaska;
  - (2) have a minimum of a baccalaureate degree in nursing; and
  - (3) have one year of clinical nursing experience relevant to areas of responsibility.
- (d) Nursing faculty who teach in a program offering the associate degree or the baccalaureate degree in nursing shall
- (1) be currently licensed as a registered nurse in Alaska;
  - (2) have a minimum of a masters degree in nursing; and
  - (3) have one year of clinical nursing experience relevant to areas of responsibility.
- (e) Adjunct faculty may be used for instruction of nursing courses and shall
- (1) be currently licensed as a registered nurse in Alaska;
  - (2) have a minimum of a baccalaureate degree in nursing;
  - (3) have one year of clinical nursing experience relevant to areas of responsibility;
  - (4) be supervised by qualified nursing faculty.
- (f) Faculty with comparable education will, in the board's discretion, be considered to have met the degree requirement of (c)(2), (d)(2), or (e)(2) of this section.
- (g) Faculty are responsible for developing, implementing and evaluating the purpose, philosophy and objectives of the nursing program.
- (h) For purposes of AS 08.68.800(a)(5), if an education program outside this state has students in this state doing clinical rotations, and if the time that a faculty member spends determining grades for those students, for clinical coursework performed during those rotations, and in combination with the time, if any, that the faculty member spends on other nursing education or nursing consultation activities in this state, exceeds 20 working days within a licensing period, the faculty member must be currently licensed as a registered nurse in this state.

**Authority:** AS 08.68.100, AS 08.68.290, AS 08.68.800.



**PART III** Faculty Membership (continued)

Faculty (F)- Faculty (A)-Adjunct	Program(s) Type LPN, RN, APRN	Credentials	Course(s) of Facilitation Role (C)-Coordinator/Lead (A)-Assist	Related Experience
F-Benoit, Catherine	RN	MSN RN	NUR 26500- Med surg 1 C-NUR 20500- Pharm 1	USAF ER Trauma Med Surg Community Health
F-Butler, Katie	RN	FNP –Pediatric	C-NUR 33000- Pharm 3 A-NUR 38500- Med Surg 2 NUR 26500- Med Surg 1	FNP Pediatric Specialty
F-Jessica Davis	RN	FNP RN	A-NUR 38500- Med surg 2 A-NUR 26500- Med Surg 1	FNP, Acute, Med Surg, ER
F-Droutman, Diane	LPN, RN	PhD RN	C-NUR 26000- Behavioral Health – RN NUR 20000 Foundations C- NUR 10700 Health and Wellness LPN	Long Term Care, Behavioral Health
F-Kern, Danielle	LPN, RN	MSN RN	A-NUR 20000 Foundations- ADN A-Nur 10600- Pharm – LPN NUR 10100- Foundations LPN	School Nursing, Pediatrics
F-Moore, Lisa	RN	MSN RN	Coordinator ADN program C-NUR 37500 Families A- NUR 38500 Med Surg 2	OB, Peds, Nursing Education
F-Murray, Marianne	LPN, RN	DNP, RN	A – NUR 20000 A- NUR 10100 A-NUR 10600, C- NUR 49800	ER, Flight Nursing, Nursing Leadership Nursing Education, Simulation
F-Rearden, Annette	LPN, RN	MSN, RN	C- NUR 38500 Med Surg 2	ER, Med Surg, Rural Nursing, Nursing Education
F-Seagle, Staci	LPN	MSN, RN	Coordinator LPN program A-Nur 10600- Pharm – LPN NUR 10100- Foundations LPN	Long Term Care, School Nursing. Perioperative Nursing, Simulation, Nursing Education
A--Slenkamp, Sean	LPN, RN	BSN RN	Lab Coordinator and lab faculty NUR 10100- Foundations LPN NUR 20000- Foundations ADN	ICU, Cardiac Care, Emergency
F-Tremblay, Ammie	RN	MSN, RN	C- NUR 20000,	OB, Community Health, Med Surg
F-Unwin, Rebecca	RN	MSN, RN	NUR 26500- Med Surg 1 NUR – 27500- Pharm 2	ICU, Nursing Management
A-Alicia Cole	LPN	MSN	A-NUR 10100- Foundations LPN A- NUR 10600	Medical Surgical Nursing
A-Kimberlee Ellison	RN-to-BSN	FNP, MSN Walden University	A-Professional Nursing	Hospital Administration Quality Medical Surgical

A-Dr. Mary Martin	LPN, RN	DNP University of Huntsville	A-NUR 20000 A	Nursing Education Simulation
A-Emilie Merli	LPN	BSN	(A)NUR 10100NUR 10600	Long Term Care, Geriatrics, Nursing Management
A-Dr. Lynn Senette	RN-to-BSN	PhD Nursing University of Nevada University	(C) Nursing Leadership RN to BSN program	Nursing Education and Simulation
A-Summer Noeker	LPN	ASN	Nur 10600- Pharm – LPN NUR 10100- Foundations LPN	Medical Surgical Nursing
A-Krista Malevich	RN	MSN	A-NUR 20000 - Foundations A -NUR 26500- Med Surg 1	ICU Nursing, Nursing Education
A-Antonio Gross	LPN	MSN	Nur 10600- Pharm – LPN NUR 10100- Foundations LPN	ICU Nursing, Med Surg Nursing, ER Nursing, Nursing Management, OR Nursing
A-Caitlin Spangole	LPN	BSN	Nur 10600- Pharm – LPN NUR 10100- Foundations LPN	Med Surg Nursing, School Nursing
A Jinny Coleman	RN	BSN	A -NUR 26500- Med Surg 1	OB Nursing, Med surg Nursing

## **PART IV** Student Enrollment

Report any student enrollment statistics below.

13 students are currently enrolled in the RN to BSN program.

74 students are currently enrolled in the ADN program. (59 students in Anchorage, 5 in Utqiagvik)

33 students are currently enrolled in the LPN program. (11 Fairbanks, 6 Juneau, 12 Anchorage, 4 Bethel)

Total 120 students

We continue to have significant interest in the pre-licensure programs. At each admission cycle we have approximately two students apply for each admission slot that is open.

We have increased our enrollment in the ADN program to fall and spring.

We have increased our rural offering of the ADN and LPN program.

We have spent considerable time updating our website so that students can find information quickly. We have also updated our admission s process and have identified an internal admissions committee. The creation of this additional committee assisted us in streamlining the admission process for potential students.

## **PART V** Resources and Facilities Data

Report any updates to resources and facilities data.

We have increased our resources in the simulation lab by adding a pyxis machine, medication scanners and bedside computers so that students could have a realistic experience in the simulation lab. We have purchased a portable simulation device called Sim Go to use when we are teaching at our distance sites in Juneau, Fairbanks, and Utqiagvik we can provide a high level of simulation with recording and high-level debriefing. We have updated one of our beds that was broken with a relatively new, donated Hill Rom bed. Students have chrome books at bedside in the lab to chart their assessments and med administration in real time. All pre licensure programs utilize ATI to provide NCLEX passing predictability via proctored exams. In the last semester, the students in the LPN and the ADN program attend a 3-day live ATI NCLEX prep workshop. We also have access to over 50 virtual simulations through the Swift River program. This program presents case studies with live verbal patient reports. Faculty use these simulations to teach students clinical reasoning, clinical competence and critical thinking. We have increased our footprint on the APU campus and have transitioned a physical science lab into a hybrid classroom that we use for synchronous labs with our distance cohorts.

We have hired one new full-time faculty to help with the increase in student admissions.

Student funding resources have increased through workforce partnerships and a Department of Labor Nursing Expansion Grant. We are able to provide funding for students in both the LPN and ADN programs to pay for licensing fees and NCLEX exam costs.

## **PART VI** Program Evaluation

Report current program evaluation and plan(s) for program improvement.

APU uses a systematic plan for evaluation for the RN-to BSN Program, the Associate Degree Program and the Practical Nurse Program. These systematic plans are based on the programs' End of Program Student Learning Outcomes and other data required by our accrediting body ACEN. Every fall and spring the faculty have a retreat to evaluate program outcomes and create a plan to address areas of deficit. In May we invited our adjunct faculty colleagues from Fairbank's, Juneau and Utqiagvik to get a better perspective on students' clinical performance. We also spent time together as faculty to learn methods to help students understand clinical reasoning. From this meeting we incorporated more case studies and simulations that were valuable in eliciting critical thinking and clinical reasoning. We revamped our remediation process and made it more student centered. We tracked the students' ATI focused reviews more systematically and held meetings with students if they weren't successful understanding the content remediated.

We use Mountain Measurement to compare our NCLEX results nationally and to trend areas in the curriculum that may be lower than the national average.

We adopted a series of changes that the faculty voted on and accepted to increase our pass rate over the last year. These changes included:

1. Increasing Admission GPA to 3.0 for ADN program.
2. Completing prerequisite courses before application for all programs.
3. Increased passing exam grade to >78% in all ADN courses.

4. ATI assessment measures switched to content mastery series from concept-based exams in ATI due to lack of statistical data to measure student achievement.
5. Course progression change: Families course is now second term, and Community course is in the third term.
6. Community course Change: content online 1st 8 weeks, and 65% of community clinical is done in in class mini community projects, designed to be completed in three hours every Friday.
7. New courses focused on Capstone and Virtual ATI for NCLEX preparation.
8. Developed an exam advising process and binder to keep track of student progress.
9. Tracking and trending each cohort and student performance with ATI Content Mastery Assessments. Tracking for curricular holes or content and curricular drift.
10. Developed ATI Next Gen workshops.
11. Individualized advising for students needing more support in their senior term.
12. One on one advising for NCLEX success.
13. Graduate check-ins with faculty.
14. Starting test taking strategies.
15. Identifying students at risk very early and track them every semester.
16. Learning as a faculty how to break down test questions with students for better understanding.

Dashboards for Program Outcomes

**Associate Degree Program**

Key Strategic Program Measure	Target Measure Description/Definition	Target Measure Success		
		Red: Not Met	Yellow: Partially Met	Green: Measure Met
ADN Program Completion Rate	At least 65% of students will complete the program in three semesters (100% of program length)			Completion rate 92%
NCLEX-RN Licensure Exam Pass Rate	At least 80% of all first-time test-takers during the calendar year will pass the NCLEX–RN.			100% first-time pass rate
Graduate Job Placement	ELA: 90% of graduates will obtain employment as an RN within one year of graduation			100%

LPN Program				
Key Strategic Program Measure	Target Measure Description/Definition	Target Measure Success		
		Red: Not Met	Yellow: Partially Met	Green: Measure Met
LPN Program Completion Rate	At least 60% of students will complete the program in two semesters (100% of program length)			Completion rate 86%
NCLEX-PN Licensure Exam Pass Rate	At least 80% of all first-time test-takers during the calendar year will pass the NCLEX –PN.			96% first-time pass rate
Graduate Job Placement	ELA: 80% of graduates will obtain employment as an LPN within one year of graduation			88%
<p>With the significant improvement in LPN pass rates APU is requesting from the BON full program approval subject to the 12 AAC 44.055 Review of Nursing Education Programs (e) After a letter of warning has been issued to an approved nursing education program, the board will reevaluate the program. A program offering the practical nurse certificate will be reevaluated one year after the letter of warning was issued. The pass rate for the LPN program has increased from 77.7% in 2023 to 96.2% in 2024.</p>				

## **PART VII Projected Changes**

Report any projected changes for the school of nursing and curriculum for the next year.

### **New Program Start Fall 2025- LPN to RN Bridge**

The APU board approved an LPN to RN program creation. An LPN to RN Bridge program is an educational path designed specifically for licensed practical nurses (LPNs) looking to further their education and career. Alaska Pacific Nursing Program is committed to providing students “steppingstones” so that they can successfully achieve their desired level of nursing education. At this time there are no other LPN to RN bridge programs in Alaska. The LPN to RN Bridge Program offers a unique opportunity for qualified licensed practical nurses to enter the associate degree nursing program with advanced standing once admission and general foundational courses have been completed with a grade of C or better. This program would prepare students to work as Registered Nurses in Alaska. The first cohort of eight students will be admitted fall 2025.

## **PART VIII** Postgraduate Activities

Report results of studies of postgraduate activities relative to ongoing employment and accomplishments of graduates.

Many of our students have advanced in their careers quickly. We connect with students six months after graduation for our formal programmatic evaluation, but many students reach out to us frequently post-graduation to reconnect. The LPN program has produced some very high achieving students. One of our recent graduates is now a manager at the Denali center in Fairbanks. In Juneau all of the LPNs were hired to inpatient units such as Med – Surg, OR and OB. Reports from students noted that they are doing well with the transition. We recently received an email from a recent LPN graduate who gave us feedback on which lab skills we should focus more attention on during our lab time.

The ADN students remain in touch with us, and some have advanced to charge nurse positions and other managerial positions. We recently had a student who was promoted to a leadership position in her department before graduation. We have had six students come back directly after graduation and start their RN to BSN program at APU. Some of our students were nominated to represent their community such as Sarah Mattie who was honored as a Go Red for Women ambassador during American Heart Month at ANMC.

<https://www.anthc.org/news/anthc-rn-sarah-mattie-honored-as-a-go-red-for-women-ambassador-during-american-heart-month/>

## **PART IX** Accreditation

Report the accrediting body and the date accreditation is due for renewal.

The RN-to-BSN and ADN program is fully accredited and will be due for a ACEN visit in fall 2026. The LPN program is fully accredited and us due for an ACEN site visit in fall 2027. ALL programs will have an ACEN visit fall 2026 so that all programs will be on the same time frame for reaccreditation. In fall 2025 we will apply for our fall 2026 visit.







# APU NURSING

Future Plans 2024 and Beyond



# Enrollment

- 13 students currently enrolled in the RN to BSN program (All from Alaska)
- 74 students currently enrolled in the ADN program (69 students in Anchorage, 5 in Utqiagvik)
  - August 2024 admission 26 students ANC – **We admitted 4 more than projected.**
- 33 students currently enrolled in the LPN program(11 Fairbanks, 6 Juneau, 4 Bethel, 12 Anchorage)
- Total enrolled students to date = 120 students
- Fall 2025 Projected Numbers: 70 ADN students, 30 LPN students, 14 RN to BSN students, 8 LPN to RN students = 122 students



# Faculty

- In 2020 with 20 students and 2 programs we had 4 FT faculty
- In 2021 with 38 students and 2 programs we had 7 FT faculty
- In 2024 with 78 students and 3 programs we have 10 FT faculty and 1 faculty at  $\frac{3}{4}$  time
- In 2025 with at least 122 students and 4 programs we need at least one more faculty member

# Resources and Facilities

- Classrooms have been updated to distance learning classrooms
- SIM GO – Is like a Go Pro for rural simulation
- Pyxis – Actively used in every lab and simulation
- EHR Tutor and scanners for more realistic bedside medication pass during simulations
- Simulation labs used 5 days a week
- Additional lab space acquired
- Most days more than one class/level in the classroom and lab
- \$20,000 for Laredal contract renewal (2024)
- \$22,000 supplies per year estimate



# Projected Changes: LPN to ADN Bridge

## November 2023

- State Board of Nursing Meeting (Nov 8, 2023, Anchorage)
- Full Proposal to Institute of Health and Wellness Faculty and Undergraduate Studies Committee, November 2, 2023
- Full Proposal to Coordinating Council and Faculty Assembly for approval of Program

## December 2023

- Board of Trustees Approval of PN Certificate
- Submission to NWCCU and ACPE
- Review/Approval of RN Bridge—NWCCU

## January-March 2024

- Preparation of recruitment materials
- Faculty/Staff Search
- Submission of substantive change to ACEN

## April 2024

- Review/Approval of RN bridge—ACPE
- Begin student selection/admission

## Fall 2025

Launch LPN; admit first students in Bethel and Fairbanks . ACEN site visit Fall 2026

Admission to the LPN Bridge Program is required before registering for classes.

Semester 1		
Course Number	Course Name	Total Credits
SC 16100	Principles of Biology I	4
PY 215000	Lifespan Human Development	4
SC 262000	Human Anatomy and Physiology II	4
WRIT 10100	Writing & Research I: Argumentation	4

Semester 2		
Course Number	Course Name	Total Credits
MT 11000	College Algebra for Health Sciences	4
SC 17000	Principles of Chemistry I	4
CS 20500	Culturally Safe Healthcare: Inquiry & Practice	4
NUR 1XXXX	LPN to RN Transition (New Course)	4

Semester 3		
Course Number	Course Name	Total Credits
NUR 26500	Med Surg I: Care of the Client with Chronic and Acute Conditions	8
NUR 27500	Pathopharmacology II	2
NUR 37500	Holistic Care of the Families	3

Semester 4		
Course Number	Course Name	Total Credits
NUR 38500	Med Surg II: Transition to Care of the Client with Critical Conditions	8
NUR 2XXXX	NCLEX Capstone Course- Transition to Practice	2
NUR 22001	Population Health: Culturally Safe Nursing Care of Individuals and Families within the Alaskan Indigenous Population	4

Total Nursing Program Credits: 65 -61 pre req +4 credit equivalency for LPN licensure.

### APU Pre Program Requirements

Proof of minimum 1 year work experience as a LPN
Current active LPN license in good standing from an accredited PN program
Courses completed successfully with a grade no lower than a "C"
Earn a cumulative GPA of 2.5 or higher and extracted GPA 3.0
Cover letter with education statement explaining interest in gaining RN degree.
Current Resume
Applicants who meet the above eligibility requirements, may be contacted for an interview with the APU Nursing Faculty

# Program Evaluation

- Continue to follow Standardized Plan of Evaluation
- Monthly program meetings
- Monthly evaluation meetings
- Monthly curriculum meetings
- Program data evaluating clinical sites
- Program data regarding each course and faculty individually
- Program data from graduates at 3 months and 6 months post graduation
- Data regarding ANMC hires and students who have stayed on for partnership data

# Accreditation



- Annual report 2023 completed October
- Substantive change completed for the LPN to RN program in Spring 2024
  - Admission Fall 2025
- Request for visit Fall 2025
- Next visit for all programs Fall 2026

# BON Alaska

## ■ ADN Pass Rates

- *2022 pass rate 78%*
- *2023 pass rate 67%*
- *2024 pass rate 100%*

## ■ LPN Pass Rates

- *2023 pass rate 78%*
- *2024 pass rate thus far 96%*



# BUDGET

- Year 2 Direct Relief – \$180,000 - Completed
- Year 2 Department of Labor – \$2.9 million over 5 years

# PARTNERS

- Alaska Native Medical Center
- Providence Anchorage Medical Center
- Alaska Regional Hospital
- Bartlett Regional Hospital
- Samuel Simmonds Memorial Hospital
- Foundation Health Partners Fairbanks
- VA
- Pioneer Home in Palmer
- Mat Su Regional
- Fairbanks School District
- Anchorage School District
- NorthStar/Kris Kyle
- Yuut
- YKHC
- Centennial Post Acute Care

# NEEDS

- Better data from admissions, more streamlined process
- Another faculty for projected increase in enrollment across all programs
- Support with the Nurse Educator convening Summer 2025

# Alaska Board of Nursing

## Agenda Item #10



ASD Nurses, Questions for the board

## Medication Administration A guide for Training Unlicensed School Staff (Updated 21/22)

Pg. 4 Alaska Board of Nursing is the ultimate legal authority.

Pg. 4 **The board must approve of the training for medication administration.**

- ***There is DEED training that is provided through Alaska Education (I believe that training is approved)***
- ***There is a canvas training that is provided by ASD, there is question as to if the board has reviewed and approved this training.***

Pg 6-7 **Role of evaluating UAP, should be written in our policy.**

- ***For example, if corrective action steps are needed, what are those steps and requirements within ASD. Sharing authorized policy/procedures, and forms. (Care plans are provided, policies are accessible by our website but not given)***

Pg 8. Curriculum overview:

- ***Currently no checklist or guideline that reviews the pertinent information required in review with the nurse and UAP/teacher. There is not a standard for the pre/posttest, and the requirements for the nurse follow up is not currently in place.***

Pg 10-11 Right Documentation.

- ***Documentation of administration of the delegation plan of care is not occurring (there is not any delegation plan of care currently in place as a process)***

Pg 12

- ***Currently there is not a process to discuss non intended drug interactions if delegating OTC medication administration.***

Pg 12 OTC medication assessment must be provided first by the Nurse to determine if an on-site student assessment is required for any continuation of any ongoing administration of PRN OTC. OTC medications given on a PRN basis may not be delegated to trained unlicensed school staff when the student's medical condition is unstable, requiring ongoing assessment and adjustment of dosage or time of administration by a registered nurse.

- ***There is not an onsite assessment for each student and for each medication by the nurse prior to delegation. To include defining stable condition assessment, defining ongoing assessment, defining set dosing, and timing.***

Pg 13 Controlled Substances Unlicensed school staff are not authorized to give this class of medication on an as-needed basis. Only routine doses of controlled substances (e.g., Ritalin, or other ADHD medications) are delegable by the school nurse to a trained unlicensed school staff after receipt of a provider order and parent/guardian consent. Controlled Substances Pharmaceutical controlled substances are drugs that have a legitimate medical purpose, coupled with a potential for abuse and psychological and physical dependence. They include opiates, stimulants, depressants, hallucinogens, and anabolic steroids. The safe and effective use of controlled substances by students at school has increased dramatically because of their accepted use in treatment of illness and disability enabling many sick and disabled children to attend school. Unlicensed school staff are not authorized to give this class of medication on an as-needed basis (12

AAC 44.965[e]). Only routine doses of controlled substances (e.g., Ritalin, or other ADHD medications) are delegable by the school nurse to a trained unlicensed school staff after receipt of a provider order and parent/guardian consent.

- ***I believe our current care plans loosely cover UAP, suggest looking into the language and determining if any stronger language should be included.***
- ***Board states no class II, III, IV psychotropics, SSRI can be delegated, need to be clarified if a routine medication with a written plan regarding these categories can be delegated. Need clarification from the state as to if even non-PRN medications can be delegated that are in the above noted classes and categories.***

Pg 18-19 Other information should be included in the student's medication administration plan (as part of the Individualized Healthcare Plan) developed by the school nurse, in collaboration with the parent or guardian: • The medication order from the licensed prescriber • Signed authorization of the parent or guardian • Diagnosis, unless a violation of confidentiality or the parent or guardian requests that it not be documented • **With parental permission, other persons, including teachers, to be notified of medication administration and possible side effects**

- ***There is language in the care plan, would need to determine if this language needs clarification regarding medication/side effects/dosing.***

• **Initial nursing assessment**

- ***There is not a current process in place and not documented for any medication delegation purposes. Written plan to include assessment is not included.***
- ***There is language on in school forms regarding assessment, but there is no language on out of district forms. And there is not a written or current process for performing, documenting, and communicating assessment criteria for each student for each medication, to include PRN.***

19

• Any known student allergies

- ***There is not a section on our forms that provide this information on the MAR, OTC Short term, Out of district forms, prescription medication auth form.***

• **Potential side effects, adverse reactions, or contraindications**

- ***Side effects are included on out of district short term med request, but not written on other nor is there any individualized healthcare plan developed by the school nurse, to include a MAR that includes these requirements. There is not a section that discusses adverse reactions/contraindications.***

• Required storage conditions

- ***This would need to be incorporated and written in the plan, additional considerations need to include field trip locations.***

• Duration of administration • If appropriate, location where the medication is to be administered

• **A plan for monitoring the effects of the medication**

- ***Currently no written or communicated plan***

- Designation of unlicensed school staff who will administer the medication to the student in the absence of the nurse and plans for back up
- Plans for provision of the medication on field trips and for school sponsored activities
  - ***There is not a specialized plan for meds for field trips or after school activities.***
- Plans, if any, for teaching self-administration of the medication.
  - ***Out of district field trip, there is not a plan for self-medications and it is listed as an option on the sheet.***
  - ***Should be considered in future, and specific to high school and middle school students, we have wording on some specific care plans that speak to self-carry.***

Regardless of the system used the purpose of documentation, from a legal perspective, is to always accurately and completely record the care given to the individuals, as well as their response to that care.

- ***When the nurse documents in the EHR, there is actions and outcomes that are listed with the different templates, which I believe would likely meet this category, however when the UAP administers the medication, they do not have access to this, and therefor are unable to verify and confirm all the documentation pieces are being met as nothing is written down as a guide specific to each individual student and medication provided, or their follow up response to that care. The MAR is the only piece of paper provided.***

Any changes in medication, including dosage and/or time of administration should be accompanied by: An additional assessment provided by the licensed professional registered nurse.

- ***When medications change, there is no written re-assessment by the nurse, which would be required for the UAP to provide that standing dose or PRN dose***

Pg 29 Limitations

Injectable medications may not be delegated by a registered nurse to unlicensed school staff. Unlicensed school staff may be trained in administering injectable emergency and diabetic medications, such as epinephrine and glucagon, when authorized by the parent and trained by a registered nurse. Injectable medications are addressed in a separate training document.

- ***I am unable to locate these training documents***

PRN (as needed) medications may not be delegated to unlicensed school staff when the student's medical condition is unstable, requiring ongoing assessment and adjustment of dosage or time of administration by a registered nurse.

- ***There needs to be a clear written plan for the UAP, of the dosage amount, such as 200mg not 200-400mg, or asking the child how much they normally receive, additionally, standard symptoms that are specific to that child in coordination of the parent or from the child. If the symptoms are not predictable for the child, and cannot be written down with an expected outcome, then that medication from what I am reading above should not be given as a delegable medication. The UAP would need to follow the parameters and if the child presented with symptoms outside of the written plan, they should not provide the medication and should contact the delegating nurse. This is how I am reading this, but***

**would want to clarify with the Board, and there is currently no process or plan in place to meet this requirement.**

Each delegation is student specific. Trained school staff may only administer medications to the student for whom the medication is prescribed, and the staff is trained. Trained school staff may not delegate medication administration to other persons or give medication from another student's container. Documentation for medication administration is student specific.

Pg 36 **No evaluation currently in place outside of a post test.**

Pg40 **Our paperwork is not complete, or consistent, and not formally written in a plan of care.**

There is no possible side effects or special instructions for administration documented or provided currently to the UAP.

Pg 43 **We have a form similar to this, but it does not include the following language Each request will be assessed for the most appropriate intervention and will be given at the standard dosage recommended by manufacturer. There is not any documentation that provides this statement or process I will notify the nurse if I give this medication to my child before arrival at school while this request is in effect to prevent overmedicating consistently noted on all forms or integrated as a process. I also affirm that my child has taken this medicine at least two times in the past without any adverse side effects, this is only noted on one of our forms.**

Pg 51 many of these items are not currently in our processes.

Pg 49 There is much of this page that currently has no process in place.

#### Nursing Scope of Practice

Pg 4 LPN will not work independently as a school nurse. Need clarification of what independently is, do they need to have an RN present on site, or only available as a resource over the phone?

Pg 6 The school nurse can teach the field trip's UAP after the parent has delegated to the UAP. There is conflicting information regarding this. Please clarify, delegable events only, understood for non-delegable events, the parent would be required to provide the training to protect the nurses licensure.

Pg. 6 RESOLVED that the Board of Nursing for the State of Alaska approves the "Diabetes Management: Guide for Training Unlicensed School Staff", as presented to the Board (at the October 2012 Board Meeting).

Unable to locate guide for training, is this still an active document?

#### Nursing Regulation

(3) knowingly delegating a nursing care function, task, or responsibility to another who is not licensed under AS 08.68 to perform that function, task, or responsibility, when the delegation is contrary to AS 08.68 or 12 AAC 44 or involves a substantial risk or harm to a client;

2024 Nursing regulations



Pg. 54 12 AAC 44.950. STANDARDS FOR DELEGATION OF NURSING DUTIES TO OTHER PERSONS. (a) A nurse licensed under AS 08.68 may delegate the performance of nursing duties to other persons, including unlicensed assistive personnel, if the following conditions are met: (1) the nursing duty to be delegated must be within the scope of practice of the delegating nurse; (2) a registered nurse must assess the patient's medical condition and needs to determine if a nursing duty for that patient may be safely delegated to another person; (3) the patient's medical condition must be stable and predictable; (4) the person to whom the nursing duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented; (5) the nurse determines that the person to whom a nursing duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly; (6) performance of the delegated nursing duty would not require the person to whom it was delegated to exercise professional nursing judgment or knowledge or complex nursing skills; (7) the nurse provides to the person, with a copy maintained on record, written instructions that include (A) a clear description of the procedure to follow to perform each task in the delegated duty; (B) the predicted outcomes of the delegated nursing task; (C) how the person is to observe and report side effects, complications, or unexpected outcomes in the patient, and the actions appropriate to respond to any of these; and (D) the procedure to document the performance of the nursing duty in the patient's record. (b) A nurse who has delegated a nursing duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another nurse may assume delegating responsibilities from the delegating nurse if the substitute nurse has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original delegating nurse or the substitute nurse shall remain readily available for consultation by the person, either in person or by telecommunication. (c) The delegation of a nursing duty to another person under this section is specific to that person and for that patient and does not authorize any other person to perform the delegated duty. (d) The nurse who delegated the nursing duty to another person remains responsible for the quality of the nursing care provided to the patient.

- ***These items all need to be considered/included when delegating any medication, task, to include as needed actions.***

Pg 56. 12 AAC 44.950. STANDARDS FOR DELEGATION OF NURSING DUTIES TO OTHER PERSONS. (a) A nurse licensed under AS 08.68 may delegate the performance of nursing duties to other persons, including unlicensed assistive personnel, if the following conditions are met:

(1) the nursing duty to be delegated must be within the scope of practice of the delegating nurse; (2) a registered nurse must assess the patient's medical condition and needs to determine if a nursing duty for that patient may be safely delegated to another person; (3) the patient's medical condition must be stable and predictable; (4) the person to whom the nursing duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented; (5) the nurse determines that the person to whom a nursing duty is to be delegated is competent to perform the delegated

duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly; (6) performance of the delegated nursing duty would not require the person to whom it was delegated to exercise professional nursing judgment or knowledge or complex nursing skills; (7) the nurse provides to the person, with a copy maintained on record, written instructions that include (A) a clear description of the procedure to follow to perform each task in the delegated duty; (B) the predicted outcomes of the delegated nursing task; (C) how the person is to observe and report side effects, complications, or unexpected outcomes in the patient, and the actions appropriate to respond to any of these; and (D) the procedure to document the performance of the nursing duty in the patient's record. (b) A nurse who has delegated a nursing duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another nurse may assume delegating responsibilities from the delegating nurse if the substitute nurse has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original delegating nurse or the substitute nurse shall remain readily available for consultation by the person, either in person or by telecommunication. (c) The delegation of a nursing duty to another person under this section is specific to that person and for that patient and does not authorize any other person to perform the delegated duty. (d) The nurse who delegated the nursing duty to another person remains responsible for the quality of the nursing care provided to the patient.

12 AAC 44.955. **DELEGATION OF ROUTINE NURSING DUTIES.** (a) Routine nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950. Routine nursing duties are those that (1) occur frequently in the daily care of a patient or group of patients; (2) do not require the person to whom the duty is delegated to exercise professional nursing knowledge or judgment; (3) do not require the exercise of complex nursing skills; (4) have a standard procedure and predictable results; and (5) present minimal potential risk to the patient. (b) Routine nursing duties that may be delegated include (1) monitoring bodily functions; (2) taking and recording vital signs; (3) transporting patients; (4) non-invasive collection and testing of physical specimens; (5) measuring and recording fluid and food intake and output; and (6) personal care tasks such as bathing, oral hygiene, dressing, toileting, assisting with eating, hydrating, and skin care.

12 AAC 44.960. **DELEGATION OF SPECIALIZED NURSING DUTIES.** (a) Specialized nursing duties are those duties that do not require professional nursing education to correctly perform but require more training and skill than routine nursing duties. Specialized nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950. (b) Specialized nursing tasks that may be delegated include (1) changing simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved; (2) assisting patients with self-medication; (3) obtaining blood glucose levels; (4) suctioning of the oral pharynx; (5) providing tracheostomy care in established, stable patients; (6) removal of internal or external urinary catheters; (7) adding fluid to established gastrostomy tube feedings and changing established tube feeding bags; and (8) placing electrodes and leads for electrocardiogram, cardiac monitoring, and telemetry. (c) A nurse who delegates a nursing duty to another person under this section shall develop a nursing

delegation plan that describes the frequency and methods of evaluation of the performance of the delegated duty by the other person. The delegating nurse shall evaluate a continuing delegation as appropriate but must perform an evaluation on-site at least once every 90 days after the delegation was made. The delegating nurse shall keep a record of the evaluations conducted.

12 AAC 44.965. DELEGATION OF THE ADMINISTRATION OF MEDICATION. (a) The administration of medication is a specialized nursing task that may be delegated under the standards set out in 12 AAC 44.950, 12 AAC 44.960, and this section. (b) Administration of medication may be delegated only to a (1) “home and community-based services provider” as defined in 7 AAC 43.1110(8); (2) “residential supported living services provider” as defined in 7 AAC 43.1110(15); (3) school setting provider; in this paragraph, “school setting provider” means a person who is employed at a school that provides educational services to students age 21 or younger; or (4) certified nurse aide employed by a long-term care facility licensed and certified by the Health Facilities Licensing and Certification section of the Department of Health. (c) The person to whom the administration of medication is to be delegated must successfully complete a training course in administration of medication approved by the board. The training course in administration of medication approved by the board in this subsection will be reviewed by the board every two years. (d) To delegate to another person the administration of routinely scheduled oral, topical, transdermal, nasal, inhalation, optic, otic, vaginal, or rectal medications to a patient the written instructions provided to the person under 12 AAC 44.950(a)(7) must also include (1) directions for the storage and administration of medication, including the brand and generic name of the medication, the dosage amount and proper measurement, timing of the administration, recording the administration, the expected outcome of administration, and any contraindications to administration; (2) possible interactions of medications; (3) how to observe and report side effects, complications, errors, missed doses, or unexpected outcomes of the medications and appropriate response to such developments; and (4) if the delegating nurse is not available on-site, the action that the person must take when medications are changed by order of a health care provider, including how to notify the delegating nurse of the change, how the delegating nurse will receive verification from the health care provider of the medication change, and how the nurse is to notify the other person if the administration of the change of medication is delegated. -56- (e) The administration of PRN medication, other than controlled substances, may be delegated under this section if a nurse is not available on-site. Before the administration of PRN medications may be delegated, the nurse shall first assess the patient to determine whether on-site patient assessment will be required before administration of each dose of PRN medication. The written instructions provided to the person under 12 AAC 44.950(a)(7) must meet the requirements of (d) of this section, and must also include (1) when to administer the PRN medication to the patient; (2) the procedure to follow for the administration of the PRN medication, including dosage amount, frequency, and duration; and (3) the circumstances under which the person should contact the delegating nurse.

12 AAC 44.966. DELEGATION OF THE ADMINISTRATION OF INJECTABLE MEDICATION.  
Need to investigate more, specific to diabetics, I believe EPI is acceptable as lifesaving

medication, however, I need to find this in the scope of practice.

12 AAC 44.970. NURSING DUTIES THAT MAY NOT BE DELEGATED. Nursing duties that require the exercise of professional nursing knowledge or judgment or complex nursing skills may not be delegated. Nursing duties that may not be delegated include (1) the comprehensive assessment of the patient by a registered nurse, and referral and follow-up; (2) the focused assessment of the patient by a licensed practical nurse; (3) formulation of the plan of nursing care and evaluation of the patient's response to the care provided; (4) health education and health counseling of the patient and the patient's family or significant others in promoting the patient's health; (5) receiving or transmitting verbal, telephone, or written orders from the patient's health care provider; (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products; (7) providing and assessing sterile wound or decubitus ulcer care; (8) managing and monitoring home dialysis therapy; (9) oral tracheal suction; (10) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration; (11) placement and administration of nasogastric tubes and fluids; (12) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition; (13) except as provided in 12 AAC 44.966, the administration of injectable medications;

Pg 57-59 can help to inform the definitions set by the board regarding the above. One point of clarification is regarding this definition. (29) "stable and predictable" means that the patient's medical condition is known, through the nurse's assessment, to be consistent and nonfluctuating; "stable and predictable" includes a terminally ill patient with a predictable deteriorating condition; OTC PRN medications, for a daily allergy dose I could see this as being as stable and predictable, or potentially seasonal allergies that have been identified by a physician that are known to occur, and direction specific to a daily scheduled dosing. Alternatively, if used for allergic reaction or seasonal reaction this would likely fall outside of this. Would need clarification. Additional clarification related to OTC meds such as Tylenol, and ibuprofen as the symptoms may not be predictable and may likely would be outside of scheduled dosing. (if not previously defined with known symptoms that are consistent and predictable, and upon evaluation have the desired effect. Anything that does not meet that could be potentially considered not meeting these definitions) Additionally, Albuterol inhalers, Difficulty breathing is not considered stable and predictable and requires an assessment, PRN dosing is a point of clarification, due to this fact, and would be considered a complex skill and would require on-going and follow up assessments. I believe this may fall outside the scope for delegation, or does it fall within the emergency med response for a lifesaving skill? Would need clarifying.

(18) "focused assessment" of a patient by a licensed practical nurse means an appraisal of the patient's medical status and condition, contributing to ongoing data collection, and deciding who needs to be informed of the information and when to inform; (19) "on-site" means being physically present at the location where nursing duties are to be performed under a delegation from a nurse to another person.

4) “delegate the performance of nursing duties” means the assignment by a nurse licensed under AS 08.68 of a specific nursing duty within the nurse’s scope of practice for a specific patient to another person as authorized under AS 08.68.805 and 12 AAC 44.950 – 12 AAC 44.970 (Cross reference)

- ***There are multiple components that are not consistent within our care plans, policies, and medication administration forms that either do not meet the regulations, or partial meet the regulations.***

# ASD Healthcare Services Policy Manual

**Title:** V-09C MEDICATION DELEGATION  
**Section:** STANDARD NURSING PROCEDURES  
**Date Adopted:** August 1, 2011  
**Last Reviewed:** 22/23 Q4  
**Last Update:** 22/23 Q4

## ***Last update details***

➤ *Updated Procedure Section III to make distinctions between types of UAP*

### **I. PURPOSE**

Appropriate delegation and training of unlicensed assistive personnel (UAP) to perform medication administration assures access to immediate care from appropriately trained staff while students are engaged in the school setting and school-sponsored activities when a nurse is not available. This may occur routinely in schools that do not have full time nursing staff or occasionally when the nurse is not available.

**Definition: Unlicensed Assistive Personnel** - as defined in AS 08.68.805, persons, such as orderlies, assistants, attendants, technicians, members of a nursing client's immediate family, or the guardian of a nursing client, who are not licensed to practice practical nursing, registered nursing, medicine or any other health occupation that requires a license in this state." 'School setting provider' is included in this definition and is defined in 12 AAC 44.965 as "a person, who is employed at a school that provides educational services to students aged 21 or younger. School setting providers are identified as "trained unlicensed school staff" in this document. **From UAP Training Guide:** <https://drive.google.com/file/d/1HkW1frTDTtNqzA1RkpCnrQnoXDdZgdvD/view>

### **II. POLICY**

Medication administration is under the supervision and oversight of the assigned nurse. The nurse is accountable for the process of delegating medication administration and training as directed by the State of Alaska Medication Administration in the School Setting Delegation Decision Tree (Decision Tree). The decision to delegate medications and train unlicensed school staff in medication administration via either nurse delegation or parental authorization and nurse training will be made on an individual student basis. Alaska Nursing Regulations at 12 AAC 44.950-12 AAC 44.975 define the scope of practice for registered nurses in the school setting. The Board of Nursing adopted the Decision Tree as an advisory opinion to clarify the nurse's role related to medication delegation.

*Medication Delegation Decision Tree*

[https://drive.google.com/file/d/1\\_qhjeASqQGJPOzcl6iUqss4C2GIzaCdk/view](https://drive.google.com/file/d/1_qhjeASqQGJPOzcl6iUqss4C2GIzaCdk/view)

Teachers/school staff are not required to administer medications and will do so only on a voluntary basis. Only delegable medications will be administered by trained UAP staff ,

and only on the direction of the nurse. Regularly scheduled medications (e.g., ADHD meds or short-term antibiotics) and emergency medications (e.g., albuterol inhaler, antihistamines, and epinephrine auto-injectors) will be sent on field trips. PRN medications that would require a nursing assessment prior to administration, such as analgesics and cough/cold medications, will not. The nurse will discuss with the parent the advisability of sending any recently prescribed/ordered medications or those to which the student has had an adverse reaction in the past.

### III. PROCEDURE

The nurse will work with the parent, health care provider and school administrator to develop an individualized care plan for students with health conditions which may require medication administration in the school setting. These students include but are not limited to those with chronic disease or illness (e.g. diabetes, seizure disorder, adrenal insufficiency), life threatening allergies, asthma, or conditions limiting the ability to access educational opportunities.

The Care Plan is based on the health care provider's written instructions and should include information on how the instructions will be implemented in the school setting. The use of the nursing process in development of the IHP will include school nursing assessment of the student and his/her health care needs and the planning to meet these needs within safe boundaries.

The Care Plan will document how the student's health care and medication administration needs will be addressed when a nurse is and is not available.

Where the student is eligible for services under the IDEA or Section 504 of the Rehabilitation Act, the Care Plan will be incorporated into the student's Section 504 Plan or IEP.

### DELEGABLE MEDICATION TRAINING AND RESPONSIBILITIES

#### A. Full UAP: UAP Giving Medications in Absence of Nurse at School

If, according to Alaska Board of Nursing Regulations, the nurse can delegate the medication to school staff, **the school nurse will**

1. **Identify two school staff** (often someone from the front office) who can give regularly scheduled medications if the nurse is absent and no substitute nurse is available. Appropriate school staff may include, but are not limited to, those who are CPR and first/aid trained, familiar with the condition/disease and/or have performed similar tasks in the past. Staff members who **accept this responsibility must do so voluntarily. Work with the building administrator to find appropriate school staff. Building administrator is responsible for UAP medication duties in the absence of other staff volunteers.**
2. Instruct the identified staff to complete medication administration training provided through:
  - i. DEED eLearning module at <https://education.alaska.gov/eLearning/> and determine competency. Staff must view this training once yearly, and before administering any medication. Staff may utilize resources in the *UAP Training Guide* for reference and if questions arise.

- ii. Certificate of completion of DEED training to be turned into the school nurse annually.
3. **Train school staff** in the specific method of medication administration for each specific student and medication, using resources from the *UAP Training Guide*
4. **Monitor and re-evaluate** UAP knowledge of medications and medication administration for specific medications at least every 90 days. For re-evaluation use resources from the UAP Training Manual. Document the re-evaluation on the *Medication Administration Training Log Nur #0528*  
<https://drive.google.com/file/d/1ewAoPddrj4MbFHrciGWIDJZ7Sk0M0ia/view>
5. School staff acting as UAP will record medication administration on a written log, and the school nurse will enter the medications given into the EHR, utilizing the UAP Medication Administration template. Non school nurse staff are not authorized to document in the nursing EHR.
6. **Provide further training**, as necessary, or consider rescinding the delegation, if needed.

**B. Field Trip UAP:** UAP Giving Medications on Field Trips.

It is recognized that field trips create a unique situation for students and staff. Teachers/school staff of students without complex health conditions and/or who do not have an IHP, and who would not otherwise require nursing care during a field trip, may administer delegable medications to their students who routinely take medication during the course of the school day, while on the field trip. They may also be trained to give emergency medications for students that have been authorized through an Emergency Care Plan (example: for anaphylaxis, seizures or asthma).

1. Teachers/school staff who will give field trip medications during a given school year must take the [Canvas Class in Medication Administration](#) once during the year, prior to any field trip (Canvas Medication Administration training to be added to Annual Training list)  
<https://asdk12.instructure.com/enroll/6H3X73>
2. **Just before the field trip, the** nurse will train the UAP classroom staff in the specific method of medication administration for each student and medication.
3. When practicable the routine medication will be unit dosed (pre-measured) for the field trip. Medication will be sent in a container, such as an envelope, that is clearly labeled with the student's name and the name of the medication, the dose, and the time and route of administration.
4. Teachers/school staff should advise the nurse with as much notice as possible but at least 48 hours prior to the planned field trip so that the nurse can determine which students should receive, or have available, medications during the field trip.
5. Routine medications will be listed on the *Field Trip Medication Administration Log Nur #0543*.  
<https://drive.google.com/file/d/11hfQxDNMY8TikVumeqRmkh64eUEa65AB/view>
6. Emergency medications will be sent in labeled containers with a copy of the Emergency Care Plan and instructions for when to administer.



7. Trained field trip staff are authorized to administer only those medications listed on the *Field Trip Medication Administration Log Nur #0543*; and any emergency medications that have been authorized through an Emergency Care Plan.
8. The trained staff will retain custody of the log and all medications for the duration of the field trip.
9. The time of any medication administration will be noted on the Field Trip Medication Administration Log Nur #0543. Spaces will be left on the log for documentation of any authorized emergency medications given. The UAP will call/advise the nurse as soon as practicable in the event any emergency medications, other than scheduled medications, were administered.
10. Staff with Field Trip and Emergency Medication training may only administer medications to students for whom they have received specific training.
11. For students who have not provided their prescribed emergency medication (Epi, Inhaler) for the current school year, parents will be made aware that 911 will be called in the event of an emergency.
12. **Documentation:** The school nurse will record all medications administered by UAP staff on a Field Trip in student's EHR, using the UAP Medication Administration Template.

- C. **Care Plan UAP:** gives emergency medication according to a completed Care Plan (albuterol, epinephrine, etc)

*\*Epinephrine is the only injectable medication currently delegable by the school nurse. The nurse may delegate administration of epinephrine via auto-injector to a UAP for **known anaphylactic students** who have written orders from a healthcare provider.*

The nurse will train the UAP in recognition of the need for emergency medication administration using the guidelines in the *UAP Training Guide*.

1. The nurse will work with the parent/guardian and health care provider to develop a Care Plan for the student.
2. The nurse will identify school staff to train in emergency medication administration. Staff who accept this responsibility must do so voluntarily.
3. Monitor and re-evaluate staff performance at least every 90 days and document the results on the *Medication Administration Training Log*.
4. Provide further training, as necessary, or consider rescinding the delegation, if needed.
5. Nurse will document the giving of emergency medication by a UAP in EHR and on all appropriate logs.

## NON-DELEGABLE MEDICATION TRAINING AND RESPONSIBILITIES

### A. Non-delegable medication

If the school nurse **cannot delegate administration** of the medication to a school setting provider, the school nurse will:

1. Inform the parent/guardian that he/she (parent/guardian) could authorize school staff to administer medication and explain the process. The parent/guardian should make this request in writing at least two weeks prior to the commencement of a school-sponsored activity, if possible.

- B. Work with the parent/guardian(s), upon their request, as well as the building administrator to:
1. Identify the appropriate school staff to assist with medication administration for the student.
  2. Appropriate staff may include, *but are not limited to*, those who are CPR and first/aid trained, familiar with the condition/disease and/or have performed similar tasks in the past.
  3. A list of appropriate school staff may be developed by the school nurse and administrator ahead of time and provided as options from which the parent/guardian may select.
  4. **Staff who accept this responsibility must do so voluntarily.**
  5. Obtain parental permission in writing designating the identified school staff to administer the medication and verifying that appropriate training has been provided. If the parent/guardian was unable to attend the training, assure they have indicated so on the form and have waived this responsibility.
  6. Follow up and document the training program effectiveness. Determine the need for further training. The frequency of follow up is determined by the nurse based on the specific needs of the student and the school staff providing the care.
  7. Determine if there is a need to train another staff member and reassign the task. If so, work with the parent/guardian and administrator for this reassignment.
  8. Evaluate student outcomes and adjust the IHP accordingly.

C. **Diabetes Management**

1. The assigned nurse at school is the key **coordinator and primary provider** of care for diabetic students. The Alaska Board of Nursing allows that UAP can be trained to provide care for diabetic students when delegated to do so by **parental** request and **authorization**. Healthcare Services will follow the process for delegation to UAP by parents and training of UAP by licensed registered nurses per [Diabetes Management: Guide for Training Unlicensed School Staff](#), as approved by the Alaska Board of Nursing on October 25, 2012. It is noted that the nurse cannot delegate certain aspects of diabetic care (injectable medications), but that parents can. It is the intent of this section to allow for that parent/UAP delegation of care. The nurse's role is to coordinate care for the student and provide training for UAP.
2. The nurse will work with the parents and school administrator to **identify appropriate school staff** to assist with care for diabetic students at school or while participating in school activities.
3. The school will work with the parent and health care provider to develop an IHP that includes a Diabetes Care Plan.
4. And if necessary, complete Diabetes Care for Out-of-School-Hours Activities  
[https://drive.google.com/file/d/1\\_PBIRDfEfwncBqzBDFRsTqH8mE42d3Q/view](https://drive.google.com/file/d/1_PBIRDfEfwncBqzBDFRsTqH8mE42d3Q/view)
5. Advise parents that injectable (diabetic) medications cannot be delegated by the school nurse but that the parents could delegate UAP to administer those medications.
  - a) Have parent sign and return *Medication Administration: Parental Delegation & Authorization to Train Staff Nur #0544*.

<https://drive.google.com/file/d/1fc9IDzc4guW5f3txCsSH8BN7j0ofRvrl/view>

6. The parent will be responsible for providing training to the designated UAP in diabetes management, according to the current Diabetic Care Plan. The UAP may contact the parent or nurse for assistance during field trips.

#### IV. DOCUMENTATION

- A. The names of unlicensed school staff trained in medication administration shall be documented on the *Medication Administration Training Log Nur #0528*, which shall be kept for 3 years.
- B. <https://drive.google.com/file/d/1ewAoPddrj4MbFHcrCiGWIDJZ7Sk0M0ia/view>
- C. The school nurse shall document any medication given by a UAP in the EHR, using the UAP Medication Administration Template.

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**Amends/Rescinds:** Amends 08/7/17; 06/19/19; 01/18/23

**Cross References:**

**Legal References:** Federal law - Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, Americans with Disabilities Act (ADA), Family Educational Rights and Privacy Act (FERPA), and Occupational Safety & Health Administration's (OSHA), Bloodborne Pathogen Standard (29 CFR 1910.1030), Alaska Board of Nursing Statutes and Regulations AS 08.68 and 12 AAC 44, Alaska Statute 14.30.141; 14.12.115; and 09.65.090, State of Alaska Delegation Decision Tree Guidelines

Anchorage School District  
Healthcare Services Department

Unlicensed Assistive Personnel (UAP) Guidance

What is a UAP?

- Unlicensed Assistive Personnel (UAP) are unlicensed individuals who are trained to function in an assistive role to the licensed nurse in providing patient/client activities as delegated by the nurse (American Nurses Association)
- This may occur routinely in schools that do not have full-time nursing staff, during the nurse's planning and lunchtime, or occasionally when the nurse is not available

What is the principal's responsibility?

- Work with the school nurse to identify 2-3 staff members, based on the school size, to serve as UAPs for the 2024-2025 school year
- Enter the school's UAP names in a Google Form. The form will be provided by the Healthcare Services Department in OTR at the end of September

What is the school nurse's responsibility?

- Work with the principal to identify 2-3 staff members to serve as UAPs at the school site
- Lead the initial UAP training and complete a UAP skill check every 90 days
- Ensure appropriate delegation and training of UAPs to perform medication administration and assure access to immediate care from appropriately trained staff when students are engaged in the school setting and school-sponsored activities.

What is the UAP's responsibility?

- Complete the annual [DEED eLearning module](#) (*Medication Administration: Training for Unlicensed School Staff*) and present the certificate of completion to the school nurse by the end of September
- Complete a skills check every 90 days with the school nurse
- Perform UAP duties when a nurse is not available



# Anchorage School District

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## Employee and Labor Relations

5530 E Northern Lights Blvd • Anchorage, AK 99504 • 907-742-4007

### MEMORANDUM

TO: School Nurses, Principals  
FROM: Martin Lang, Chief Human Resources Officer  
DATE: October 1, 2024  
SUBJECT: Nursing Policy Review

In our ongoing effort to ensure that all Anchorage School District (ASD) nursing policies remain current, aligned with best practices, and compliant with legal standards, Dr. Knutson, Senior Director of Mental Health and Student Support, has requested a formal legal review of all ASD nursing policies and forms, beginning with the UAP and medication administration policies and forms. Our district's legal representative will collaborate closely with the nursing board to review these materials and provide feedback on any necessary updates. This step will help us maintain the highest standards of student health care across our schools.

Once the legal review is complete, Kathy Bell, Director of Health Care Services, and the School Nurse Leadership Team will incorporate the required changes into ASD guidance. We will also share any updates with all school nurses.

Please continue to follow the current ASD nursing policies as the review is conducted. We will keep you updated on the progress and let you know of any significant changes that result from this review.

Thank you for your continued dedication to the health and well-being of our students.

# ASD Healthcare Services Policy Manual

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Title: STANDARD NURSING PROCEDURES  
Section: V-9G MEDICATIONS ADMINISTRATION UAP TRAINING GUIDE  
Date Adopted: August 1, 2011



Name \_\_\_\_\_

## UNLICENSED ASSISTIVE PERSONNEL (UAP) GUIDE

Medication Administration Training  
for  
Teachers or School Staff

Anchorage School District  
Healthcare Services Program

Developed July 2013  
Revised August 2019

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## DEFINITIONS

**Administration** – assisting a student in the ingestion, application, inhalation, injection, insertion or self-management of medication according to the directions of a licensed prescriber or parent.

**Delegation** - the act of transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

**Individualized Healthcare Plan (IHP)** - This document is a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals.

**Licensed prescriber** – physician, dentist, podiatrist, advanced practice nurse, and physician's assistant licensed to prescribe in Alaska.

**Medication** – A substance developed to prevent, diagnose, cure or relieve disease. Medications include prescription or non-prescription substances or preparations:

- Tablets and capsules – oral medications to be swallowed;
- Suspensions – undissolved medicine in liquid – must be shaken before administration;
- Syrups and elixirs – sweetened liquid that contains dissolved medication;
- Inhalants – liquid medication in watery form that is applied under pressure as a spray or added to sterile water and given as medicated steam; and
- Topical – creams, ointments, eye drops and eye ointments, ear drops.

**Long-term medication** – prescription and non-prescription preparations utilized for the treatment of chronic illness including both daily and as needed (PRN) medications (needed for longer than 15 days unless otherwise specified by the school district).

**Short-term medication** – prescription and non-prescription preparations utilized for the treatment of short term illnesses including infectious diseases or other conditions (needed for less than 15 days unless otherwise specified by the school district).

**Non-prescription medication** – over-the-counter (OTC) preparations obtained without a prescription.

**Monitoring** – reminding the student to take medication; visual observation of the student to ensure compliance; recording medication administration; and notifying the parent and licensed prescriber of any side effects or refusal to take the medicine.

**Self-administration** – student self-management of medication. Student demonstrates ability to safely manage own medication to designated monitoring health personnel.

**Standing Orders** – written protocol for using a medication applying to the general use of that medication, as opposed to an order for a medication written for a specific individual (e.g., epinephrine in anaphylaxis).

**Student** – individual enrolled in an Alaska public or private school, age 3 through age 21 years.

**Supervision** – Supervision is the provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a nursing task delegated to nursing assistive personnel. NOTE: nursing assistive personnel are also known as unlicensed assistive personnel; the term 'trained staff' is used for the same purpose in Delegation Decision Tree documents.

- *Direct Supervision* is the presence of the licensed nurse working with other nurses and/or nursing assistive personnel to observe and direct the assistant's activities. The proximity of this supervision is such that immediate intervention is possible if problems occur.
- *Indirect Supervision* occurs when the licensed nurse is not present and supervision is provided by other than direct observation of the nurses and/or nursing assistive personnel. The absence of proximity of the licensed nurse requires processes being in place for the direction, guidance and support, and monitoring of the Licensed Practical Nurse or nursing assistive personnel activities.

**Trained Unlicensed School Staff** – school employee who has successfully completed a medication course, periodic re-evaluations (every 90 days) and retraining (at least annually). Trained unlicensed school staff is recognized by the Alaska Board of Nursing as a school setting provider or unlicensed assistive personnel (UAP) and as such, is legally authorized to administer medications at school.

**Unlicensed Assistive Personnel** - as defined in AS 08.68.805, persons, such as orderlies, assistants, attendants, technicians, members of a nursing client's immediate family, or the guardian of a nursing client, who are not licensed to practice practical nursing, registered nursing, medicine or any other health occupation that requires a license in this state." 'School setting provider' is included in this definition and is defined in 12 AAC 44.965 as "a person, who is employed at a school that provides educational services to students age 21 or younger. School setting providers are identified as "trained unlicensed school staff" in this document.



## ROLES AND RESPONSIBILITIES

Trained Unlicensed School Staff (UAP)

- Participate in district training related to medication policy and procedures;
- Administer medications strictly following the procedure as taught;
- Obtain medication information from the student's individual medical administration record;
- Know the specific instructions for each medication administered;
- Provide accurate documentation of medications administered;
- Call for consultation with delegating nurse when there is a question, or when a parent/guardian does not comply with the policy;
- Respect student confidentiality;
- Report errors in a timely manner; and
- Provide a safe storage and handling of medications as outlined in district policy.

## TRAINING MATERIALS NEEDED

- Samples of different pills and tablets;
- Samples of different types of topical medications (ear, eye, skin);
- Samples of different types of liquid medications;
- Sample of different inhaled medications (inhaler, disc);
- Samples of different types of medication administration dosage containers (oral syringe, medicine spoons, medicine cups);
- Samples of medication administration authorization forms and medication administration record;
- Medication error report form.

## GOALS/OBJECTIVES

### CURRICULUM OVERVIEW

**Purpose:** To teach school personnel basic knowledge of medication administration in the school setting.

**Goal:** Safe administration of oral, ophthalmic, otic, intranasal, topical and inhalant medications. The methods of administration to be delegated should be determined by the school nurse based on health care provider orders and school district policy.

**Objectives:** The individuals trained will:

- Describe their role in the delivery of medication;
- State the general purpose of medication administration;
- List any needed equipment and supplies;
- Demonstrate proper administration of oral, topical, eye, ear, intranasal, epinephrine auto-injectors and/or inhalant medications, including proper hand washing;
- Demonstrate appropriate and accurate documentation of medication administration;
- Demonstrate appropriate action if unusual circumstances occur, i.e., medication error, adverse reaction, student refusal, etc.; and
- Know how and when to seek consultation from supervising nurse.

### Procedures:

1. Discussion of the participant's responsibility – review the role of the unlicensed school staff
2. Discussion of the evaluation criteria – pre/post test (post-test passing score= 90% or better), return demonstration and 100% evaluation of mastery, ongoing monitoring with evaluation every 90 days for school nurse delegated medications per Alaska Board of Nursing requirements
3. Administer pre-test

## **MEDICATION ADMINISTRATION PROCEDURES**

### **PURPOSE OF MEDICATIONS**

Medications are given to prevent or treat an illness or disease and/or to reduce symptoms related to illness or injury. Medications may also be given to replace a substance the body is lacking (e.g., insulin, thyroid medication). In school, medications are given to promote and support academic success by enhancing the student's overall health or stabilizing their chronic condition.

### **GENERAL RULES**

#### **Safety checks:**

Important safety checks will help to assure safe medication administration in the school setting. These safety checks include:

- The medication is in a child resistant container.
- The presence of the original prescription label or over the counter medication manufacturer's label with the name and strength of the medication and physician's directions for use (phone or written).
- Name of child on container is correct for both first and last names.
- Current date on prescription / expiration label covers period when medication is to be given.
- Name and phone number of licensed health professional who ordered medication is on the container or on file.
- Instructions are clear for dose, route, and time to give medication.
- The five rights of medication administration are followed.
- The same person should give medications every day, if possible.
- Assure privacy and confidentiality of the student.
- Give this task your full attention.
- Assure the work area is clear and well lit.
- Prepare the medications for one student at a time.

NOTE: Common abbreviations and measurements found on prescription labels are found on page 14.

**FIVE RIGHTS OF MEDICATION ADMINISTRATION****1. The right child / student**

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

**2. The right medication / drug**

- Confirm that the medication to be given is the medication ordered by the health care provider (HCP), is the medication the parents/legal 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 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 trained unlicensed administrative personnel (UAP) to which medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.
- If it is 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.

**5. The right route of administration**

- Confirm the route the medication is to be taken. **NOTE:** oral medication will be taken by mouth, 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.

Often a 6<sup>th</sup> right of medication administration is added.

**6. The right documentation**

- Each time a medication is administered it must be documented in the student medication administration record as indicated by the nursing protocol and procedure manual. When delegated to trained UAP, this must be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.

## **CLASSIFICATIONS OF MEDICATIONS**

### ***Prescription Medication***

**Long Term-** Written authorization from an HCP must accompany any long term prescription medication to be administered at school (Long Term Prescription Medication Request Form NUR # 0525).

The authorization form should be dated and include:

- a. Student name and birth date
- b. Medication
- c. Dosage
- d. Route of administration
- e. Reason the medication is prescribed
- f. Time(s) to be administered
- g. Duration of administration, i.e. entire year, 1 month, etc.

The authorization should be retained until superseded by a new order, until the health care provider determines that the medication is no longer required, or at the end of the school year, whichever is shorter.

**Short Term-** Prescription medications needed for up to 15 school days can be given with written parental authorization. Prescription medications must have been ordered/filled within the last 30 days and have the following information on the prescription label and form - Short Term Prescription and Non-Prescription Medication Request Form (NUR # 0526).

- a. Name of student
- b. Medication
- c. Dosage
- d. Route of administration
- e. Frequency of administration
- f. Health care provider
- g. Prescription number
- h. Date issued

### ***Nonprescription or Over-the-Counter (OTC) Medication***

Parents may request that OTC medications be available and administered for their child at school using either the Long Term Non-Prescription Form (OTC) (NUR # 0523) or Short Term Prescription and Non-Prescription Medication Request Form (NUR # 0526).

- a. The name of the medication
- b. The medication dose
- c. The time for administration of the medication
- d. The route of administration
- e. The reason for the medication

OTC medication must be in the original manufacturer container/package with all labels intact. Deviations from label directions require a written HCP order.

Pharmaceutical controlled substances are drugs that have a legitimate medical purpose, coupled with a potential for abuse and psychological and physical dependence. They include opiates, stimulants, depressants, hallucinogens, and anabolic steroids. UAP are not authorized to give this class of medication on an as-needed basis. Only routine doses of controlled substances (e.g. Ritalin) are delegable by the registered nurse to an UAP.

### ***Homeopathic and herbal preparations***

Alternative medications, such as herbal or homeopathic medications, are not tested by the US Food and Drug Administration for safety or effectiveness. Lack of safety information for these medications limits their appropriate use at school. A registered nurse may not administer a nutritional supplement that: a) contains one or more herbs; or (b) was compounded for the student rather than commercially manufactured. A registered nurse may administer a non-herbal nutritional supplement only with a written HCP order and under the criteria listed in Alaska Board of Nursing Regulations 12 AAC 44.965. UAP should not administer any herbal or non-herbal preparations as these may not be delegated by a registered nurse.

## **STUDENT SELF-ADMINISTRATION OF MEDICATION**

A student, with authorization from the health care provider and parent/guardian, may carry and self-administer an asthma inhaler and/or autoinjectable epinephrine medication. The school nurse must evaluate the competency and reliability of the student in self-administration.

The student's school health record should indicate when a student is able to self-administer a medication and to what extent. The record should indicate if the student might keep the medication with him/her to take as they need or if the medication should be stored at the nurse's office to assure oversight by the registered nurse or trained UAP. In the latter case, the medication would be retrieved and the student observed taking the medication. Medications carried by students should be either on the person of the student (e.g., in a designated waist pack) or in possession of a supervising adult who will return the medication pack to the student as needed or when the student moves on to a new location. Medications should never be left unattended.

For elementary-aged students, it is recommended that the self-administration of a dose of medication be reported to school personnel as soon as the self-administered dose is given for documentation and determination of the need for additional assistance.

## ROUTES OF ADMINISTRATION

UAP may administer medications via the following routes: *oral, intranasal, ophthalmic (eye), otic (ear), topical and inhaled.*

### General Steps for Medication Administration

Regardless of route or type of medication given, the following general steps for should be followed:

1. Wash hands. Use disposable gloves if indicated.
2. Gather the necessary supplies.
3. Verify the authorization with the prescription label.
4. Review the five "rights", checking the label for the name, medication, dose, time and route when picking up the container from the secured storage area.
5. Check the expiration date. The school nurse should be alerted if it is expired and it should not be given.
6. Read the label for instructions and follow the directions (e.g., shake well).
7. Review the five "rights", checking the label for the name, medication, dose, time, and route when preparing the medication.
8. Prepare the medication without touching the inside of the medicine cup or contaminating the inside of the lid. Do not give the medication if it is contaminated.
9. Do not cut or crush an unscored pill without the approval of the pharmacist or health care provider.
10. Do not leave the medication unattended.
11. Review the five "rights", checking the label for the name, medication, dose, time, and route when returning the medication to the secured storage area.
12. Identify the student by asking his/her name and what medication he/she is to receive. Check the student's picture on the health record, if available.
13. Explain the procedure to the student.
14. Give the student the correct authorized medication in the correct dose *via the route* specified. Medications should be given within 30-45 minutes of the scheduled time as instructed in the student's delegation plan.
15. Verify the student received the medication. Observe the student for unusual reactions.
16. Dispose of used equipment. Remove and discard gloves, if worn. Wash your hands.
17. Document the medication administration immediately on the administration record (yellow card or request for medication administration form).
18. Report unusual reactions immediately to the school nurse.

### Administering Oral Medication

Oral medications include:

- Syrup, elixir, solutions, suspensions and tablets
  - Sublingual, put under tongue until completely dissolved
  - Buccal, place between cheek and gums to be dissolved
1. For tablet or capsule, hold the lid or medicine cup in your hand, putting the correct dose in the lid or medicine cup. (Do not pour out tablets or capsules into your hand)
    - a. If individually wrapped, remove or tear off the number needed, remove from the package and place into a medicine cup at the time the student takes the medication.
    - b. Provide a glass of water unless directed not to do so.
  2. For liquid medication, pour into a medicine cup from the side of the bottle opposite the label.
    - a. Pour the liquid into a graduated medicine cup at eye level.
    - b. Measure the dosage at the bottom of the disc (meniscus).
    - c. Wipe any medication from the outside of the container.
  3. Give the medication to the student and observe him/her taking it, verifying the student swallowed it.

### **Administering Ophthalmic (Eye) Medication**

1. Wash your hands and put on gloves.
2. Remove any secretions, wiping once from the inner to the outer eye with a cotton ball or tissue. Use a new clean cotton ball or tissue for each eye.
3. Position the student lying down or sitting with his/her head tilted back with eyes looking up. Approach the eye from outside the field of vision.
4. Instruct the student to look up and, using your index finger, gently pull the lower eyelid down to form a pocket.
5. For drops, if using a dropper, loosen the lid and squeeze to fill the dropper.
  - a. Gently squeeze the dropper or eye drop bottle to instill the correct number of drops (wait one minute between drops) into the pocket holding the dropper about ½ inch above the pocket. Placement into the pocket instead of directly into the eye is more comfortable for the student. Brace your hand on the student's nose or cheek to prevent shaking.
  - b. Do not touch the eye with the dropper or tip of the bottle.
  - c. Slowly release the lower lid and instruct the student to allow the eyes to close gently. Blinking and squeezing the eyes shut may force the medicine off the eye. Ask the student to close his/her eyes for a few minutes.
  - d. Press gently for one minute against the inner corner of the eyelids by the nose to block off the tear drainage system so the medicine does not drain away from the eye.
6. For ointment, gently squeeze a 1-2 cm thin strip of ointment along the pocket from the inner to the outer eye.
  - a. Slowly release the lower lid and instruct the student to close the eyelid and move the eye around to distribute the ointment.
  - b. Remove excess ointment from inner to outer eye with a new clean cotton ball or tissue. If treating both eyes, use a new clean cotton ball or tissue for each eye.
  - c. Inform the student that their vision may be blurred temporarily.
  - d. Remove gloves, discard, and wash hands.

### **Administering Otic (Ear) Medication**

1. Warm medication to room temperature by holding the bottle in your hands for a few minutes. This will prevent dizziness from cold drops.
2. Position the student lying down or sitting with their head turned with the affected ear up.
3. Cleanse entry to ear canal with clean cotton ball, as needed.
4. If a dropper is supplied, loosen the dropper lid and squeeze to fill the dropper to the desired amount.
  - a. Hold the dropper tip down at all times to avoid the medicine from flowing back into the bulb where germs can enter
5. Straighten the ear canal
  - a. Infant to children age 3 – pull down and back on the earlobe.
  - b. Older children/adults – pull up and back on the earlobe.
6. Rest your dominant hand on the student's head to stabilize the area.
7. Administer correct number of drops aimed toward the walls of the canal rather than directly into the eardrum taking care not to touch the ear with the dropper.
8. Place the cap or dropper in the medicine bottle right away. Do not rinse or wipe it off.
9. Unless instructed otherwise, insert a small piece of cotton loosely into the external canal.
10. Ask the student to maintain the position for at least one minute to give the medicine time to coat the ear. Wait at least one minute before putting drops in the second ear, if ordered.

### **Administering Intranasal (Nose) Medication**

1. Instruct the student to gently blow his/her nose into a tissue and discard. Clean tissues should be kept at hand so the residue can be wiped away and to use to cover his/her mouth and nose if a sneeze is stimulated.
2. For drops, position the student lying down or sitting with head tilted back. Press gently on the tip of the nose to open the nares and insert the dropper just inside the nostril to administer the correct number of drops. Have the student remain in this position for a few minutes to ensure that the medication reaches the upper nasal passages.
3. For nasal spray, position student with head upright and insert the nozzle part way into the nose. Spray as directed while closing off other nostril by pressing on it with a finger.
4. Do not touch the dropper or tip of bottle to the nostril.
5. The student may wish to expectorate solution that drains into the mouth.

### **Administering Topical Skin Medication**

Topical medications are those that are administered externally onto the body rather than ingested or injected. Medicines administered to the eye, ear and nose are considered topical medications but were addressed separately above. In this section, topical medications applied to the skin are reviewed; these include lotions, creams, ointments, powders, and solutions (liquids). Topical medicines are often used to deliver medication directly onto the areas of skin that are irritated, inflamed, itching, or infected.

1. Wash your hands and apply gloves.
2. Unless otherwise instructed, cleanse the affected area with soap and warm water, rinse and pat dry with paper towel or allow the skin to air dry.
3. Place the prescribed amount of topical medication onto the gloved hand, gauze, cotton tipped applicator or a tongue depressor to apply to the affected area.
4. Cover the affected area with a bandage or dressing, if directed.
5. Remove gloves, discard, and wash hands.

### **Administering Inhaled Medication**

Follow the individual student plan, which may include self-administration and self-management with the student carrying the medication for immediate availability. Inhalant medication varies depending on the type of inhaler. Follow the specific instructions per the inhaler type. The following are general instructions for a metered dose inhaler (MDI):

1. Position the student standing or sitting up straight.
2. Remove the mouthpiece cap and shake the inhaler.
3. Prime the inhaler to release one dose of medication into the air if the MDI is new or has not been used in several days to ensure adequate dosing.
4. Instruct the student to exhale fully.
5. If using a spacer or chamber, insert the MDI mouthpiece into the device and have the student put the chamber mouthpiece in his/her mouth. Use of a spacer or holding chamber is preferred for younger students.
6. If not using a spacer or chamber, instruct the student to place the mouthpiece into his/her mouth (between the teeth) and close their lips around it.
7. Instruct the student to keep his/her tongue out of the way.
8. Instruct the student to begin to inhale slowly, and then activate the inhaler.
9. Instruct the student to continue to inhale slowly for 3-5 seconds, filling his/her lungs.
10. Instruct the student to hold his/her breath for 10 seconds, as able, and then slowly breathe out.
11. Wait at least one minute, if a second dose is to be given, and repeat the previous steps.
12. Replace the cap on the medication. Rinse the spacer mouthpiece with warm water shaking off the excess moisture or follow the manufacturer's guidelines. Allow to air dry completely before storing in a sealed plastic bag.
13. Use the short-acting bronchodilator inhaler before using inhalers containing anti-inflammatories or corticosteroids, if ordered.
14. Have the student rinse his/her mouth after corticosteroid inhaler use.
15. Monitor the student for changes in respiration.



### **Administering Epinephrine Auto-Injector**

Follow the Allergy/Anaphylaxis care plan. If student is exhibiting signs of anaphylactic reaction

1. Activate EMS. Call 911 (or have someone else call 911)
2. Obtain epinephrine auto-injector and ensure proper dosage.
3. Have student sit down; reassure and calm student. Avoid moving student.
4. Prepare the epinephrine auto-injector for injection following instructions for the individual injector.
5. Administer the auto-injector per individual injector instructions.
  - a. Place auto-injector on OUTER THIGH. (May be injected through one layer of clothing) Keep the auto-injector firmly pushed against the thigh at 90° angle (perpendicular) to the thigh.
  - b. Hold firmly against the thigh for approximately 10 seconds to deliver the drug.
  - c. Remove the auto-injector from the thigh.
  - d. Massage the injection area for 10 seconds.
  - e. Monitor the student. Stay with the student until EMS arrives.
  - f. Be prepared to administer a second dose if symptoms continue and second dose is ordered by the health care provider.
  - g. Monitor the student's airway and breathing. Observe and treat for shock (e.g., lay student flat with legs raised, cover with blanket). Lay student on side if vomiting. If trained in CPR, begin CPR immediately if the student stops breathing.
6. If anaphylactic reaction is due to an insect sting, remove the stinger (if present) by scraping with a fingernail, plastic card or piece of cardboard. Apply ice pack. Do NOT push, pinch or squeeze, or further imbed the stinger into the skin which may cause more venom to be injected into the student.
7. Send the used auto-injector with the student when EMS arrives or dispose of it in a sharps container.
8. Notify parents and school nurse.

## DOCUMENTATION

Documentation is the 6<sup>th</sup> right of medication administration. The individual student medication administration record (yellow medication card or Request for Medication Administration form (long term OTC, short term prescription or OTC) is used to document the administration of all medications, both routine and as needed. Record the date/time/dose administered on the appropriate paper record immediately after administration. Documentation must occur in ink, by the person administering it; it must be complete and legible, including the initials and signature of the person administering the medication.

The school nurse will enter the medication dose in student electronic medical record (EMR). UAP are not authorized to enter medications administered into student electronic medical record.

***It is essential that the licensed registered nurse or delegated trained school staff be able to unequivocally match the student name, medication, dosage, administration time and route to the student's medication record to avoid medication errors.***

## MEDICATION ERRORS

A medication error is a deviation from the standard of care for the student concerning correct medication delivery and includes the following:

- Incorrect medication
- Omitted doses
- Incorrect doses
- Incorrect time of administration
- Incorrect student
- Improper injection techniques
- Incorrect route of administration

Incorrect documentation can also occur. Ink should be used for all written documentation. When a documentation mistake occurs, a single line should be drawn through the erroneous entry to identify it as erroneous and the correct information entered and initialed. Correction tape, "white out" or an eraser should NOT be used.

If a medication error occurs, observe the student for any side effects. ***Always check the level of consciousness and breathing of the student first. If breathing problems, seizures, or difficulty arousing the student, call 911.***

***Poison Control is another resource that can provide emergent information when a medication mistake has been made. Call Poison Control when a medication is given to the wrong child or an overdose of medication is suspected. 1-800-222-1222.***

1. Report any medication error to the school nurse and/or the Director of Nursing and Health Services.
2. Nurse will call the child's parent/guardian to let them know and discuss any possible effects the child may experience.
3. Nurse will contact Director of Nursing and Health Services to discuss and determine if the child's healthcare provider should be consulted.
4. Nurse will document the event per the guidelines in the Health Services Manual – Medication Administration.

## PROPER STORAGE AND HANDLING

1. Maintain a secure area for all medications (a locked cabinet in the nurse's office). The key should be accessible by only limited people such as those who give medications in the nurse's absence (designated and trained UAP).
2. Refrigerated medications should be kept in a separate container so that they are not in contact with food. Examples: insulin, PPD solution, liquid antibiotics.
3. All prescription medications must be in a pharmacy container labeled with the student's name, dose, etc. All prescription medications must be counted upon arrival or shortly thereafter, and verified with what parent believes to be in the container. Only the school nurse is authorized to accept/count controlled medications.
4. All OTC meds must be in original containers with child's name written on it
5. Controlled substances should be counted by the school nurse with the parent or a staff member if a parent/guardian is not present.
6. Needles, lancets, syringes, and other medical sharps should be sealed in puncture proof container labeled BIOHAZARD and properly disposed of.
7. The school nurse is responsible for returning any unused medications to the parent/guardian or disposing of medications per ASD guidelines.

## COMMON SIDE EFFECTS AND ALLERGIC REACTIONS

The UAP should be vigilant of any change (physical or behavioral) in the student's condition especially during the first few days after a new medication has been introduced. Some medications may require time for them to obtain optimal blood levels before actually seeing their side effects. This can be particularly true with drugs affecting behavior such as antidepressants or psychotropics. It is the responsibility of the UAP to observe and report any changes in physical or behavioral well-being to the nurse

### Signs and Symptoms of an allergic reaction and/or ANAPHYLAXIS (severe, life-threatening allergic reaction)

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
  - Skin: Hive, itchy rash, swelling of face or extremities
  - \*Gut: Nausea, abdominal cramps, vomiting, diarrhea
  - \* Throat: Tightening of the throat, hoarseness, hacking cough
  - \*Lung: Shortness of breath, repetitive coughing, wheezing
  - \*Heart: Thready pulse, low BP, fainting, pale, blueness
  - \*Neuro: Disorientation, dizziness, loss of consciousness
- \*Potentially life-threatening

## WHAT TO DO

### ❖ If you see potentially life-threatening symptoms\*

- 1 CALL 911. State that an allergic reaction is occurring. Stay with the student.
- 2 If epinephrine is prescribed for that student, and UAP has been trained in its administration, follow the student Allergy/Anaphylaxis Plan. Further epinephrine may be necessary if symptoms persist or recur.
- 3 Call parents/guardians to notify of reaction and need for emergency care.
- 4 Treat for shock. Prepare to administer CPR.
- 5 Notify school nurse and Health Services.

### ❖ If mild symptoms only

- 1 Stay with the student and monitor for progressive symptoms (see above).
- 2 Contact the school nurse and Health Services.
- 3 If an antihistamine (e.g. Benadryl) is prescribed for that student and UAP has been trained in its administration, follow the medication order to administer.

### WHEN TO CONTACT THE NURSE

When something is out of the ordinary and there are concerns about whether or not to administer medication or concerns about a reaction a student may have, the school nurse and/or Health Services should be contacted. In addition, contact the school nurse when:

- New medication is received at school or there is a change in the dose
- Medication label cannot be read clearly or the medication is not supplied in the original container
- Medication does not appear to be correct – not the same as usual
- Medication has expired or supply is depleting
- Student refuses to take the medication
- The student has unusual symptoms after taking the medication, including an allergic reaction or vomiting
- A medication error has occurred

### LIMITATIONS

- Injectable medications may not be delegated by a registered nurse to the UAP. UAP may be trained in administering injectable emergency and diabetes medications, such as epinephrine and glucagon, when authorized by the parent and trained by a registered nurse. Injectable medications, other than epinephrine auto-injectors, are addressed in a separate training document.
- Rectal medications administered in the school setting are often provided in an emergency situation on a PRN (as needed) basis, as in rectal seizure medications. Rectal seizure medications are controlled substances that may not be delegated by a registered nurse to the UAP. UAP may be trained in administering rectal seizure medications, such as diazepam rectal gel, when authorized by the parent and trained by a registered nurse. Rectal medications are not addressed in these guidelines.
- PRN (as needed) medications may not be delegated to the UAP when the student's medical condition is unstable, requiring ongoing assessment and adjustment of dosage or time of administration by a registered nurse.
- Medications should not be crushed or cut if they are unscored unless there is specific approval of the HCP.
- Each delegation is student specific. Trained UAP may only administer medications to the student for whom the medication is prescribed and the UAP is trained. Trained UAP may not delegate medication administration to other persons or give medication from another student's container. Documentation for medication administration is student specific.
- A student may refuse to take a medication and cannot be forced to do so. The nurse and/or parent/guardian should be notified.
- Verbal orders from parent/guardian or HCP may not be received by UAP. All order, written or verbal, must be received by a licensed registered nurse who in turn may delegate the administration to UAP.

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### Common Metric Measurements

It is important to have some knowledge of the metric system when working with medications.

**Most capsules and tablets are in milligrams (mg) or grams (gm).**

- 1000 mg = 1 gram
- 500 mg = 0.5 grams
- 250mg = 0.25 gram

**Liquid Measurement (Volume of Drug)**

- 1 mL = 1cc
- 2 ½ mL = ½ teaspoon (tsp)
- 5 mL = 1 teaspoon (tsp)
- 15mL = 3 teaspoon (tsp)
- 30 mL = 1 fluid ounce
- 60 mL = 2 fluid ounces

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**Abbreviations Commonly Used in Prescriptions**

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- am – morning
- h or hr – hour
- HS – at bedtime
- mL – milliliter
- pm – afternoon; evening
- po – by mouth
- prn – when required
- tab – tablet
- Tbsp – tablespoon
- Tsp – teaspoonful

## UNIVERSAL PRECAUTIONS HANDOUT

- I. **Overview:** Occupational Health and Safety Administration's (OSHA) *Universal Precautions* refers to a set of protocols for handling body fluids properly to protect against bloodborne pathogens. Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include but are not limited to hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). Bloodborne pathogens can be found in blood, semen, vaginal secretions, and breast milk. Body fluids that do NOT pose a risk of bloodborne pathogen transmission unless visibly contaminated with blood include: urine, stool, saliva, emesis, nonpurulent respiratory secretions, tears, sweat or nasal discharge. Even though these other body fluids may not contain bloodborne pathogens, other infectious pathogens that cause other diseases may be present. Therefore, all blood, body fluids, secretions (including respiratory secretions), excretions (except sweat), non-intact skin and mucous membranes should be handled in a way that will prevent contamination with transmissible infectious agents (NOTE: this method is the Center for Disease Control and Prevention's *Standard Precautions* which evolved from Universal Precautions with additional protective standards).

These precautions include protocols to treat all body fluids as if they are contaminated. Protocols include:

- Good hand washing technique
- Personal Protective Equipment (PPE)
- Cleaning and disposing of body fluids

II. **Supplies** (for the purpose of medication administration):

- A. Warm, running water.
- B. Liquid soap.
- C. Paper towels.
- D. Plastic-lined and covered waste containers.
- E. Alcohol-based hand sanitizer, if running water not accessible
- F. Disposable gloves designed for medical use (latex or, because of the potential for allergy, non-latex [e.g., nitrile]).
- G. Brooms and dustpans.
- H. Approved germicidal solutions.


### III. Procedure- Hand Washing

Hands must be washed with soap and water prior to beginning and after any planned procedure or when hands are visibly soiled. Good hand hygiene is the single-most effective procedure to prevent the spread of communicable disease in the school setting.

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
A. Wet hands using warm, running water.	Warm water combined with soap makes better suds than cold water. Running water is necessary to carry away dirt and debris that contain microorganisms.
B. Apply liquid soap and lather well.	Bacteria can grow on bar soap and in soap dishes. Use plain non-antimicrobial liquid soap for most circumstances; use anti-microbial soap for specific circumstances, e.g., control of outbreaks or infections.
C. Rub hands together in a circular motion for 20 seconds.	Friction from rubbing hands together along with the effect of the soap loosening of the germs from the skin work together with the running water for good hand hygiene. Front and back of hands, between fingers and knuckles, under nails, and the entire wrist area are washed.
D. Rinse hands well under running water.	Let water drain from wrists to fingertips.
E. Dry hands thoroughly with an air dryer or pat them dry with a fresh paper towel.	Use paper towels to turn off the water faucet, to open any exit door and to turn off bathroom lights. Dry skin may be cracked and potentially harbor microorganisms. Lotion is recommended after several hand washings.
<b>OR</b>	
A. Apply alcohol-based hand rub to the palm of one hand, and then rub hands together covering all surfaces of hands and fingers until dry.	Hand sanitizers should never replace standard hand washing with soap and water but ethanol alcohol-based hand sanitizer can be used when hand washing facilities are not available. Hand sanitizers must have an alcohol base of at least 60% to be effective. Apply enough of the product (fragrance-free gel or foaming form preferred) to the palm of the hand that will wet the hands for at least 15 seconds (or longer per the manufacturer).
B. Wash hands with soap and water as soon as possible.	Follow the directions on the label to determine how many applications are recommended before washing hands with soap and water.

#### IV. Procedure: Gloves - Use and Removal

Gloving prevents blood and body fluids that may contain disease-producing microorganisms, from coming in contact with the caregiver's skin and prevents the spread of microorganisms to others.

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
A. Wash hands.	Refer to <i>Hand Washing</i> procedure.
B. Apply gloves to both hands.	Individuals with open skin lesions should cover lesions with waterproof bandage prior to applying the gloves. Ensure gloves are intact without tears.
C. Gloves must be worn during entire time when handling body fluids.	<p>Gloves are most often worn during diapering, administering first aid and certain medications, and cleanup of body fluids.</p> <p>Do not touch items with contaminated gloves that you or other people will be touching with your hands later. For example: water faucets, doorknobs, counter tops or other clothing.</p>
<p>D. To remove gloves after use:</p> <ol style="list-style-type: none"> <li>1. Grasp outside of glove with opposite gloved hand; peel off;</li> <li>2. Hold removed glove in gloved hand;</li> <li>3. Slide ungloved fingers under the remaining glove at the wrist; peel off and discard</li> <li>4. Drop gloves into plastic-lined trash container.</li> </ol>	<p>Do not touch skin with contaminated gloves.</p> 
E. Repeat hand washing.	Refer to <i>Hand Washing</i> procedure.



## V. Cleaning and Disposing of Body Fluids

Items soiled with blood, body fluids, secretions, or excretions should be handled, transported, and processed in a manner that prevents skin and mucous membrane exposure and contamination of clothing.

ESSENTIAL STEPS	KEY POINTS-PRECAUTIONS
A. Wash hands.	Refer to <i>Hand Washing and Gloves - Use and Removal</i> procedures.
B. Put on gloves when handling or touching body fluids, mucous membranes or non-intact skin of others in the school setting, or handling items or surfaces soiled with body fluids.	Individuals with open skin lesions should cover lesions with a waterproof bandage prior to applying the gloves.
C. Sharp items (e.g., needles, lancets) must be handled with extreme care to avoid puncturing the skin.	Needles should never be recapped. Sharp items are regulated waste and should be disposed of in a sharps container labeled BIOHAZARD. Regulated waste should then be disposed of per school district policy.
D. Blood and other body fluids can be flushed down the toilet or carefully poured down a drain connected to a sanitary sewer.	
<p>E. Other items for disposal that are contaminated with blood or other body fluids that cannot be flushed down the toilet should be placed in a lined waste receptacle.</p> <p>If saturated to the point of releasing blood or other body fluids if compressed (regulated waste), place in closable plastic container that is:</p> <ul style="list-style-type: none"> <li>✓ Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping</li> <li>✓ Labeled with the standard fluorescent orange or orange-red BIOHAZARD label or color-coded in red bags or red containers</li> <li>✓ Closed before removal to prevent spillage or protrusion during handling, storage, transport or shipping.</li> <li>✓ Placed in a secondary container if leakage is possible.</li> </ul>	<p>Immediately tie off the bag from the trash receptacle and dispose of it in appropriate general waste away from students.</p> <p>Bandages that are not saturated to the point of releasing blood or other potentially infectious materials if compressed would not be considered regulated waste. Regulated waste should then be disposed of per school district policy.</p>
F. Body fluid spills should be cleaned up promptly, removing all visible debris first.	Wipe up as much of the visible matter as possible with disposable paper towels and carefully place them in a leak-proof plastic

	bag that has been securely tied or sealed. This prevents multiplying of microorganisms.
G. For hard surfaces, immediately use a detergent to clean the spill area and follow with a disinfectant.	
H. For soft, non-washable surfaces, such as rugs and upholstery, apply sanitary absorbing agent, let dry, and vacuum.	Cover spills with absorbent material, leave for a few minutes to absorb, gently sweep up and discard in a plastic bag or vacuum. Blot to remove body fluids from the fabric or carpet as quickly as possible; then disinfect by spot-cleaning with a combination detergent/ disinfectant, and shampooing, or steam-cleaning the contaminated surface.
I. Handle soiled, washable material (i.e. clothing and towels) as little as possible, at the location where it was used.	Send soiled clothing home with the student in a sealed, plastic bag.  Wash and dry contaminated school-owned towels separately from non-contaminated laundry. Wash in soap and hot water (140-160 degrees F) AND either liquid sodium hypochlorite bleach or dry bleach (which will not affect fabric colors). Dry on warm temperature setting.
J. Rinse non-disposable cleaning equipment (dustpans, buckets), clean with detergent followed by the disinfectant.	Non-disposable rags or mops should be treated as contaminated laundry.
K. Remove and discard gloves into covered, plastic-lined waste container.	Refer to <i>Gloves - Use and Removal</i> procedure
L. Wash hands.	Refer to <i>Hand Washing</i> procedure.

## CONFIDENTIALITY HANDOUT

- I. Overview: Student confidentiality is maintained in all written and verbal communications, in accordance with the Family Educational Rights and Privacy Act (FERPA) regulations. Confidentiality is the obligation not to disclose willingly any information obtained in confidence. Basic principles include: respect for an individual's right to privacy; respect for human relationships in which personal information is shared; appreciation of the importance of confidentiality to both individuals and society; and expectations that those who pledge to safeguard confidential information will do so. Confidential information may include, but is not restricted to, disclosures of health information including the student's identity, medical condition(s), physical, mental or emotional abuse; family problems; substance abuse; criminal behavior; sexual activity; or suicidal thinking. As trained unlicensed school staff, the confidential nature of information concerning students must be respected. Confidential information may be exchanged only to authorized personnel or agencies directly concerned with the students' welfare (school nurse, nurse sub or school principal/ administrator).
  
- II. Supplies – FERPA regulations <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
  
- III. Procedures – Trained UAP should:
  - a. Consult and collaborate with the school nurse and/or school administrator for purposes of more effectively helping the student. Staff should share only such information that will serve the student's best interests, and divulge the student's name only when necessary.
  - b. Consult with the nurse or school administrator before deciding if in doubt to the reasonableness of a course of action regarding the sharing of confidential information.
  - c. Share information verbally with other professional colleagues rather than giving them copies of notes and ensure that colleagues respect the confidential nature of the information being shared.
  - d. Take care, when sharing information about students that the information is accurate and unbiased.
  - e. Guard against sharing confidential information in halls, staff rooms or other public places where persons who do not need to know can overhear it.
  - f. Not leave reports, student service records, computer files or log books where unauthorized people can have access to them.
  - g. Keep accurate and objective records to facilitate the provision of services to students. Failure to keep records is negligence. Notes should be made as immediately as possible to the time of the event(s), and the original notes should never be changed. Any additions should be initialed, signed and dated.
  - h. Make the student aware that confidential information is being recorded, share such information with the student and clarify the information with student, school nurse, or administrator, if needed.
  - i. Take care that individual student records are kept in a secure location.

Adapted from UCLA Center for Mental Health in Schools. Understanding Confidentiality<sup>29</sup>

**RETURN DEMONSTRATION AND POST-TEST GUIDE**

- Review the UAP responsibilities.
- Nurse will complete the evaluation of Mastery Form.
- Mastery is 100% accuracy on return demonstration.
- Take the post-test.
- The trainee must pass the post test with a score of 90% or better.
- Continued competency assessment will occur **every 90 days**.

**Medication Administration Evaluation of Mastery****MASTERY IS 100% ACCURACY ON RETURN DEMONSTRATION.****Initials in the Evaluation of Mastery indicate:**

I have been trained to and accept responsibility for performing tasks initialed above in accordance with each student's Individualized Healthcare Plan when the school nurse is not available.

I understand I need to maintain my skills and that the school nurse will regularly assess my performance to identify any needs for review or repetition of the training I have received to perform this/these skills. I have had the opportunity to ask questions and received satisfactory answers.

I am currently certified in  First Aid  CPR

I have received advanced training in Universal Precautions.

Trained Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ DATE \_\_\_\_\_

I have assessed the Trainee's skills to determine the success of the training I provided. Based on this assessment, it is reasonable and prudent for the Trainee to perform medication administration if I am not available. This is in effect for the current school year with reassessments every 90 days.

School Nurse Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ DATE \_\_\_\_\_

## Medication Administration Pre and Post Test

### True/False

1. T F Medication administration at school requires a parent(s)/guardian(s) written request.
  2. T F Medications may be brought to school in any container as long as the parent has labeled it.
  3. T F Medications may be stored in an unlocked cabinet in a locked school.
  4. T F Record medication administration prior to giving the medication.
  5. T F You should report immediately if a student refuses to take a scheduled medication.
  6. T F Prescription medications are the same as over-the-counter medications.
  7. T F Proper hand washing is very important in fighting the spread of germs.
  8. T F It is okay to put tablets and capsules into the student's hand if you are careful.
  9. T F Unwrap individually wrapped medications when you are ready to give the medication.
  10. T F Measure liquid medications at eye level to assure proper dosage.
  11. T F You may apply topical medications such as ointments, creams, and lotions using your fingers if you wash your hands first.
  12. T F If you are unsure about how to administer a medication, check with the school nurse before giving it.
  13. T F You should report any change noticed in the student's condition.
  14. T F A student, with authorization from the health care provider and parent/guardian, may carry and self-administer an asthma inhaler and/or auto injectable epinephrine medication.
  15. T F Drug legislation is designed to ensure the public's safety and to regulate the manufacture and sale of safe drugs.
  16. T F A legal prescriber includes a physician (MD or DO), podiatrist, dentist, nurse practitioner or physician assistant (who works in collaboration with a physician).
17. Drugs are classified as:
    - a. Over-the-counter (OTC)
    - b. Controlled substances
    - c. Prescription medication
    - d. All of the above
  18. The first action you should take when you are unclear about administering a medication is:
    - a. Check with the student
    - b. Check with the prescriber
    - c. Do not administer the medication
    - d. Use your judgment
  19. The record of medication administration includes:
    - a. Name of the student
    - b. Date
    - c. Time medication is given
    - d. All of the above
  20. The student does not come for medication at the right time. You should:
    - a. Check with the classroom teacher, attendance office, or principal
    - b. Call the student's parents
    - c. Notify your supervising school nurse immediately
    - d. Call the physician

21. A student vomits after taking a medication. You need to report:
- Student's name and age
  - Medication and dosage
  - Time interval between medication administration and vomiting
  - All of the above
22. You make an error in giving a medication. You should immediately:
- Report the error to the school nurse and Director of Nursing and Health Services
  - Fill out an incident report
  - Induce vomiting
  - Notify the student's parent/guardian and physician
23. To prevent the spread of germs, wash hands:
- |                  |   |
|------------------|---|
| a. 1, 2, 5       | 1. Before giving each student's medication  |
| b. 3, 4, 6       | 2. After giving each student's medication   |
| c. All of these  | 3. At the beginning of the day              |
| d. None of these | 4. After using the restroom                 |
|                  | 5. Between giving each student's medication |
|                  | 6. After removing gloves                    |
24. Each time you give a medication, you should:
- Perform proper hand washing techniques
  - Check the "five rights"
  - Fill out the medication administration record
  - All of the above
25. A student is taking two liquid medications. You should do all **except**:
- Measure the liquid using a medicine cup
  - Mix two liquid medications in the same cup
  - Hold the bottle with the label facing your palm
  - Measure the dosage at the bottom of the disc (meniscus)
26. Administration of eye drops includes:
- Approach the student from inside his field of vision
  - Touch the eye with the dropper
  - After administration, ask the student to close his eyes for a few minutes
  - Blot excess from the outside of the eye to the inside
27. When administering ear drops:
- Store the medication at room temperature
  - Wait at least one minute before putting drops in the second ear
  - Washing your hands is not necessary since chances of spreading germs are minimal
  - All but c
28. Qualified school personnel may administer medication by injection:
- In situations where no previous training has occurred
  - In emergency situations such as allergic reactions
  - Both a and b
  - None of the above

29. Monitoring student self-administration by inhaler does **not** include:
- Exhale immediately after inhalation for medication to settle
  - Reminding the student to take medication
  - Shaking the inhaler for two seconds
  - Waiting at least one minute before the second inhalation
30. Alternative medications, such as herbal or homeopathic medications are:
- Not tested by the US Food and Drug Administration for safety or effectiveness
  - Not delegable to unlicensed school staff by a registered nurse in Alaska
  - Not authorized for administration by a school nurse if they contain one or more herbs or are not commercially prepared
  - All of the above
31. The role of the trained school staff person to administer medication include all **except**:
- Responsibility in following medication administration procedures
  - Obtain medication information from the student's individual medication record
  - No accountability for errors
  - Know the specific instructions for each medication administered
32. The best definition of medication is:
- A synthetic and artificial substance prepared in labs from chemicals
  - A substance to prevent, diagnose, cure or relieve disease
  - The generic name is designated and patented by the manufacturer
  - A substance which is unlikely to produce adverse effects
33. Reliable sources of medication information include all of the following **except**:
- Phenology textbooks
  - Drug reference books
  - School nurse or nurse supervisor
  - Pharmacist
34. List the "five rights" of medication administration, and write a brief explanation of each one (10 points)
35. Documentation – list the eight critical items to document for each medication administered: this includes items on a medication record and any additional items that should be documented. (2 points)

## Anaphylaxis Pre-Post Test

1. Anaphylaxis
  - a. is most often triggered by food allergens, latex or insect stings
  - b. is a severe allergic reaction that can be life threatening?
  - c. must be treated immediately
  - d. all of the above
  
2. The most common allergens that cause anaphylaxis are
  - a. milk, egg, peanut, tree nuts, fish, shellfish, soy and wheat
  - b. pollens and dust
  - c. latex, insect stings
  - d. snake venom
  - e. a and c
  
3. Signs and symptoms of anaphylaxis include
  - a. runny nose, sneezing
  - b. difficulty breathing, wheezing, severe rash/hives
  - c. vomiting, diarrhea
  - d. generalized pain and elevated temperature
  - e. a and b
  - f. b and c
  
4. The Individual Health Plan and/or Emergency Care Plan lists
  - a. the student's health history
  - b. the students known allergens
  - c. the medications ordered to treat anaphylaxis
  - d. all but a
  
5. Intervention steps for treating anaphylaxis - *in order* - are
  - a. treat for shock, administer epinephrine, call 911
  - b. recognize anaphylactic reaction, administer antihistamine, call 911
  - c. administer epinephrine, treat for shock, call 911
  - d. recognize anaphylactic reaction, call 911, administer epinephrine
  
6. Those authorized to administer epinephrine in schools are
  - a. persons who have received standardized school district training in recognition and treatment of anaphylaxis in known anaphylactic students
  - b. persons who are certified in CPR
  - c. Good Samaritan bystanders
  - d. Anyone
  
7. The steps in epinephrine auto-injector administration *in order* - are
  - a. Check dose, remove clothing, inject into mid-thigh, hold 10 seconds
  - b. Remove clothing, inject at 90 degrees at outer thigh, remove immediately
  - c. Check dose, follow auto-injector instructions, inject into outer thigh, hold 10 seconds
  - d. Follow auto-injector instructions, remove clothing, inject into upper arm, hold 10 seconds



# Bringing Delegation into Practice: The How To's



## ALASKA DIVISION OF PUBLIC HEALTH SCHOOL NURSING/SCHOOL HEALTH SERVICES PROGRAM

OCTOBER 2015



# Objectives



Describe how approved delegation parameters can protect the school nurse's practice and meet the health needs of students.

Describe how the Medication Delegation Decision Tree is applied in practice.

Differentiate the appropriate level of training needed for various scenarios in the school setting.

# Delegation Defined



- The act of transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

National Council of State Boards of Nursing 2005

- The ability of the nurse to transfer the responsibility of a nursing task to an unlicensed person while the nurse continues to be accountable for the outcomes.

American Nurses Association 2007

# Delegation Defined



- Delegation in school nursing is a complex process in which the authority to perform a selected nursing task is transferred to a competent unlicensed individual (UAP) in a specific situation. National Association of School Nurses
- The assignment of the performance of a nursing activity to a non-nurse. Accountability remains with the registered nurses; state laws and regulations and school regulations must be followed; and standards of school nursing practice must be upheld. ANA & NASN SN Scope & Standards of Practice



## The need for delegation

# REALITY

The need for delegation of nursing tasks in the school setting is greater today than ever before

- more school nurse responsibilities
- limited number of qualified school nurses
- unfunded mandates
- budgetary concerns
- staffing patterns where school nurses cover multiple schools
- Federal and state requirements (e.g. IDEA, Section 504 and the American Disabilities Act) requiring school health services for complex student health needs

# Delegation Literature



- Delegation is a core nursing competency requiring critical thinking and nursing judgment that must be taught and practiced. (NCSBN, ANA, NASN School Nurse)
- Appropriately implemented delegation:
  - Ensures safe efficient delivery of nursing tasks
  - Frees the school nurse to attend to more complex student health care needs
  - Enhances skill development for assistive personnel
  - Promotes cost containment for schools

Literature provides support for the contribution unlicensed assistive personnel make in schools when there is adequate training and supervision.

# How Do I Delegate Safely & Successfully?



## Five Rights of Delegation

1. Right Task
2. Right Person
3. Right Direction/Communication
4. Right Supervision
5. Right Circumstance

# How Do I Delegate Safely & Successfully?



## RIGHT TASK

- Within nurse's scope of practice?
- Reasonably routine and predictable?
- Based on written medical orders?
- Repeated frequently?
- Performed according to established steps?
- Does not involve assessment, interpretation, decision-making?





# How Do I Delegate Safely & Successfully?



## RIGHT PERSON

- ❑ Who is immediately available to the student?
- ❑ Who is willing and competent to do the task at the required time?



# How Do I Delegate Safely & Successfully?



## RIGHT DIRECTION/COMMUNICATION

- ❑ How much training will be required?
- ❑ How many tasks will the unlicensed staff need to learn?
- ❑ What other duties does she/he have?



# How Do I Delegate Safely & Successfully?



## RIGHT SUPERVISION

- ❑ How much initial training is needed?
- ❑ What type of ongoing supervision will be needed?
  - ❑ Onsite
  - ❑ Periodic
  - ❑ Episodic



# How Do I Delegate Safely & Successfully?



## RIGHT CIRCUMSTANCE

- ❑ Is the student particularly vulnerable?
- ❑ Is the environment safe for UAP to perform the delegated task as planned?



# How Do I Delegate Safely & Successfully?



- Requires school nurses to work with school administrators to develop and implement proper delegation policies and guidelines.
- Requires school nurses to develop comprehensive training and supervision protocol for UAP.
- Depends on the school nurse developing dynamic relationships with family members, administrators, the educational team and UAPs.

# How Do I Delegate Safely & Successfully?



- Requires school nurses to follow their scope and standards of practice.
- Requires school nurses to follow Alaska Board of Nursing delegation regulations.
- Requires school nurses to follow school district policies and procedures.
- School nurse accountability is for the *quality* of nursing care given to the student.

# Alaska Board of Nursing Regulations



12 AAC 44.950 – 12 AAC 44.975



<http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/BoardofNursing.aspx>



# Alaska Delegation Regulations



- 12 AAC 44.950. STANDARDS FOR DELEGATION OF NURSING DUTIES TO OTHER PERSONS
  - 👍 Duty must be within scope of practice of delegating nurse
  - 👍 Nurse must assess patient
  - 👍 Patient's medical condition must be stable/predictable
  - 👍 UAP is competent to perform duty and person accepts delegation and accountability
  - 👍 Duty does not require nursing judgment or complex nursing skills
  - 👍 UAP receives written instructions
  - 👍 Nurse will provide direction and supervision, including evaluation
  - 👍 Delegation specific to UAP and student
  - 👍 Nurse remains responsible for *quality* of nursing care



# Alaska Delegation Regulations



- 12 AAC 44.955. DELEGATION OF ROUTINE NURSING DUTIES
  - Occur frequently
  - Do not involve nursing knowledge or judgment
  - Do not involve complex nursing skills
  - Have standard procedure and predictable results
  - Present minimal potential risk



# Alaska Delegation Regulations



- 12 AAC 44.960. DELEGATION OF SPECIALIZED NURSING DUTIES

Duties that require more training and skill than routine duties:

- Changing simple dressings
- Assisting student with self-medication
- Obtaining blood glucose levels
- Suctioning oral pharynx
- Giving tracheostomy care (stable patients)
- Removing urinary catheters
- Adding fluid to gastrostomy tube feedings

Develop a delegation plan. Evaluate on-site at least once every 90 days. Keep a record of the evaluations conducted.

# Alaska Delegation Regulations



- 12 AAC 44.965. DELEGATION OF THE ADMINISTRATION OF MEDICATION
  - ✓ The administration of medication is a specialized nursing task that may be delegated to...a school setting provider.
  - ✓ The person must successfully complete a training course approved by the BON.
  - ✓ Routinely scheduled oral, topical, transdermal, nasal, inhalation, optic, otic, vaginal, rectal medications may be delegated with written instructions
  - ✓ PRN medications, other than controlled substances, may be delegated if the nurse assesses the student to determine if assessment is required before each dose.

Injectables, PRN controlled substances, and medications given via gastrostomy tube are not delegable by a registered nurse

# Alaska Delegation Regulations



- 12 AAC 44.966. DELEGATION OF THE ADMINISTRATION OF INJECTABLE MEDICATION

Injectable medications may be delegated only by an advanced nurse practitioner to a certified medical assistant



# Alaska Delegation Regulations



- 12 AAC 44.970. NURSING DUTIES THAT MAY NOT BE DELEGATED

Nursing duties that require nursing knowledge or judgment or complex nursing skills may not be delegated.

The image shows a detailed medical form for a patient with diabetes. Key sections include:

- Individualized Healthcare Plan - Diabetes with Insulin**
- HEALTHCARE PROVIDER ORDERS**
- EFFECTIVE DATE:** [Blank] **END DATE:** [Blank]
- PATIENT'S NAME:** [Blank] (Last, first, middle)
- DIABETES HEALTHCARE PROVIDER INFORMATION:** Name, Phone #, Fax #, School Year
- Insulin Management:** Includes sections for 'Insulin Management - Insulin', 'Insulin Daily Insulin Injections', and 'Correction Insulin doses for High Blood Glucose'. It contains various checkboxes and tables for recording insulin types, doses, and blood glucose levels.
- Exercise and Activity:** Section for recording physical activity.
- Parental/Guardian Authorization for Administering Insulin:** Section for parental consent.
- Other Health Concerns and Medications:** Section for additional medical information.
- HCP Assessment of Student's Diabetes Management Skills:** Table for tracking student performance.
- HEALTHCARE PROVIDER SIGNATURE/STAMP:** Section for the provider's signature and date.



# Alaska Delegation Regulations



- 12 AAC 44.975. EXCLUSIONS

The provisions of nursing delegation regulations do not apply when nursing duties have not been delegated including when a person is acting under other legal authority (e.g., PARENTS)



# Alaska Delegation Regulations



## RECAP

School nurses *MAY* delegate:

- Routine nursing duties such as taking vital signs and personal care tasks.
- Specialized nursing duties such as assisting a student with self-medication, obtaining blood glucose levels, oral pharynx suctioning, trach care, and G-tube feedings.
- Specialized nursing duty of routine oral, topical, transdermal\*, nasal, inhalation, optic, otic, vaginal\*, and rectal\* medications.

\*routine administration of these medications in the school setting is rare



# Alaska Delegation Regulations



## RECAP

School nurses may *NOT* delegate:

- Nursing assessment
- Individualized healthcare plan development and evaluation
- Health education or health counseling
- Receiving or transmitting healthcare provider orders
- Oral tracheal suctioning
- Medication management for unstable medical conditions
- NG tube feedings or medications
- G-tube feedings when newly placed, G-tube medications
- Injectable medications
- Non-herbal nutritional supplements
- PRN controlled substances

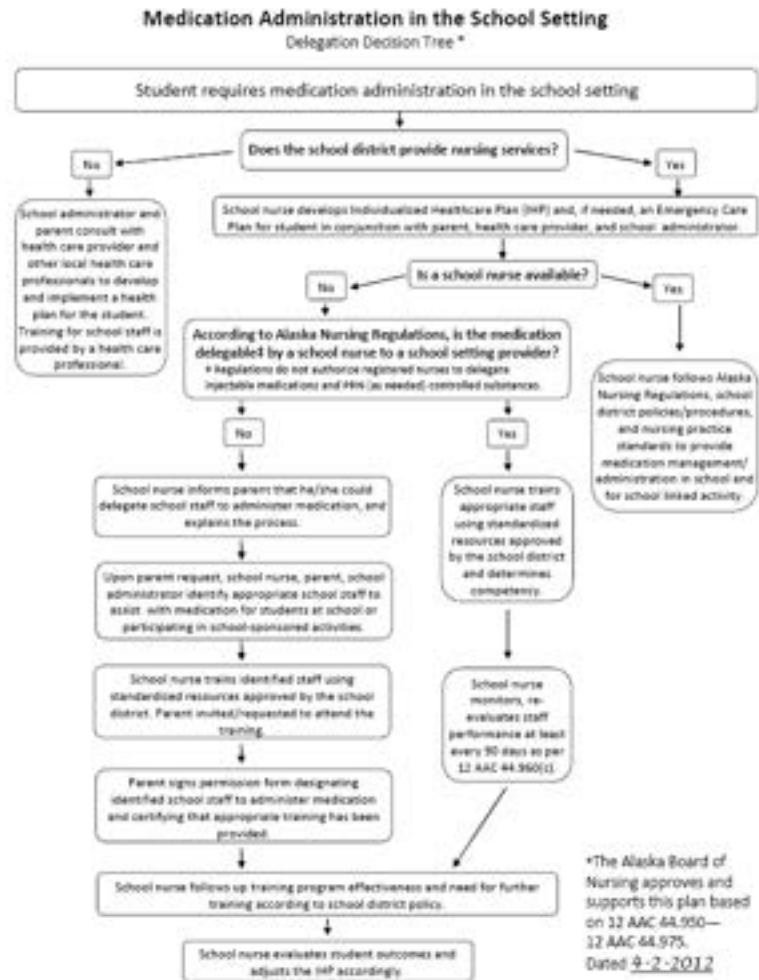




# Board of Nursing



- Medication Administration in the School Setting: Delegation Decision Tree** approved and supported by the Alaska Board of Nursing April 2012



# Medication Administration: Delegation Decision Tree Guidelines



## Medication Administration in the School Setting Delegation Decision Tree \*

Student requires medication administration in the school setting

Does the school district provide nursing services?



Yes

STEP 1

School nurse develops Individualized Healthcare Plan (IHP) and, if needed, an Emergency Care Plan for student in conjunction with parent, health care provider, and school administrator.

STEP 2

Is a school nurse available?



Yes



Step 3

School nurse follows Alaska Nursing Regulations, school district policies/procedures, and nursing practice standards to provide medication management/administration in school and for school linked activity.



# Medication Administration: Delegation Decision Tree Guidelines



STEP 2

Is a school nurse available?



No

Step 3

According to Alaska Nursing Regulations, is the medication delegable<sup>‡</sup> by a school nurse to a school setting provider?

<sup>‡</sup> Regulations do not authorize registered nurses to delegate injectable medications and PRN (as needed) controlled substances.

Yes

School nurse trains appropriate staff using standardized resources approved by the school district and determines competency.

School nurse monitors, re-evaluates staff performance at least every 90 days as per 12 AAC 44.960(c).

# Medication Administration: Delegation Decision Tree Guidelines



## STEP 3

According to Alaska Nursing Regulations, is the medication delegable by a school nurse to a school setting provider?

≠ Regulations do not authorize registered nurses to delegate injectable medications and PRN (as needed) controlled substances.

No

School nurse informs parent that he/she could delegate school staff to administer medication, and explains the process.

School nurse trains identified staff using standardized resources approved by the school district. Parent invited/requested to attend the training.

Upon parent request, school nurse, parent, school administrator identify appropriate school staff to assist with medication for students at school or participating in school-sponsored activities.

Parent signs permission form designating identified school staff to administer medication and certifying that appropriate training has been provided.

# Medication Administration: Delegation Decision Tree Guidelines



**FINAL STEP (either path, whether school nurse or parent is delegating)**

School nurse follows up training program effectiveness and need for further training according to school district policy.

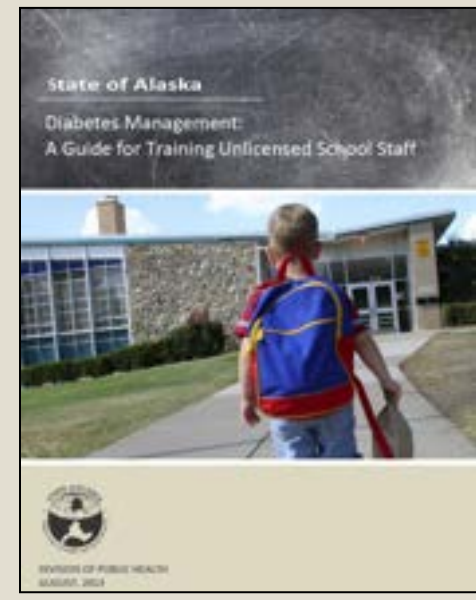
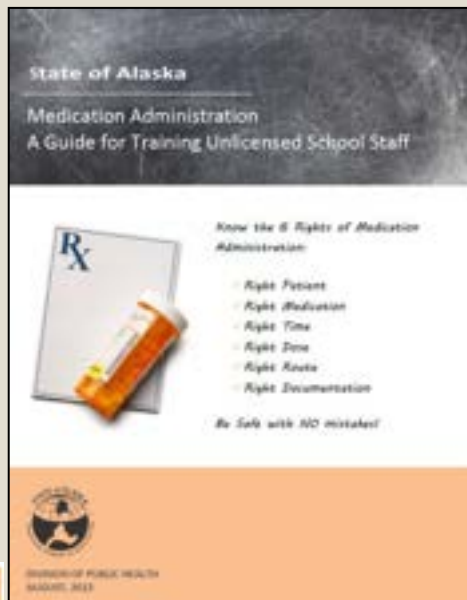


School nurse evaluates student outcomes and adjusts the IHP accordingly.

# Standardized Curricula



AK Board of Nursing must approve training course in administration of medication that is used by registered nurse when delegating administration of medication. (12 AAC 44.965 (c)).



# More Alaska Resources



## **Medication Administration**

**Training/Delegation Checklists:** to assist in determining level of training needed in various situations, forms to include, evaluation and follow up required.

- Daily, frequent and/or emergency meds
- Field trips
- Extracurricular activities

# More Alaska Resources



## **Department of Education & Early Development eLearning module:**

State of Alaska Medication Administration: Training for Unlicensed School Staff

Register here:

<http://education.alaska.gov/ELearning/>





## Scenario Practice



- What process will you use to plan for the situation?
- What resources will assist you in your planning?
- What are the steps you will take?
- Is/are the medication(s) delegable by a school nurse?
- Is the delegation nurse-directed or parent-directed?
- What forms will need to be used?
- What other safety measures will need to be put in place?
- How often will you need to re-evaluate the trained staff person's competency and further training needs?

## Scenario Practice: Scenario 1



- Clem is a 13 year old seventh grader. She loves sports, and is planning on playing intramural basketball, which starts in two weeks. Intramurals at her middle school are held after school starting at 3:30, at which time the nurse is no longer in the building.
- Clem has diabetes. During the day, she is becoming more and more independent, but still has some pretty severe spikes and drops in her blood sugar. She uses an insulin pen, and checks her blood sugars independently. She's pretty good at counting carbs, but not always right on her calculations, especially when her blood sugar is dropping and her brain is "fuzzy."
- Mom and Dad both work and are not available to help until they pick Clem up after practice at 5:30 pm, but usually quick to answer their cell phones as long as they are in an area that has service. Glucagon is available in the nurse's office, but that gets locked when the office closes at 3:30. The school secretary is there until 4:00pm.

## Scenario Practice: Scenario 2



- There are 5 students in the school building with a history of allergies causing anaphylaxis that require immediate emergency Epinephrine administration in case of exposure and anaphylactic response. This elementary school is in a rural area and all parents work in the nearest city about 45 minutes from the school but the school has their cell numbers in case of emergency. Local EMS is staffed by volunteers and may take up to 20 min to respond.
- The school employs a half-time school nurse who works half-time at another school a distance away. This school has a rather high rate of staff turnover due to its remote location. Classes enjoy lots of hands-on nature activities and field trips are planned accordingly.

## Scenario Practice: Scenario 3



- Sixth grade (11-12 year olds), end of school camping trip is scheduled for **3 days**. Location: 30-45 minutes away via boat from any EMS. Phone service is available, but unsure of cell phone service. Camping facilities include in-door plumbing, bunk house style sleeping facilities). Adult assigned to each building. Kitchen fully equipped for home cooked meals served in the dining room; three meals with snacks in between. Sack lunches for the hiking day. Variety of activities might include: hiking around the island, playing on the beach, arts/crafts, games, etc.
- Adults include teachers, parents, and other adult volunteers. Camp site coordinator (not employed by school) is a registered nurse with school nurse and ER experience.
- Four students may need specialized care (asthma, anaphylaxis, prescription medications)

## Scenario Practice: Scenario 4



- Jimmy is 6 years old and diagnosed with ADHD. His parents don't believe in the use of Ritalin or other prescribed medications, and prefer to handle things "naturally." After a visit to his family naturopathic doctor, he comes to school with some homeopathic drops in his backpack, which his mom told him to take to the office, since they only have a nurse on Friday. The office calls you and you are able to head over to assess the situation.
- The drops contain several herbs which were compounded specifically for him by his local natural foods store. The drops are labeled for him, and specify the dose he is to take orally and identify the different components.
- A folded piece of paper from the mom requesting that this preparation be given at school has directions stapled to it to give 2 drop of tincture to Jimmy at lunch every day signed by the naturopath.

## Scenario Practice: Scenario 5



- Fred is in second grader at Rural Elementary School and has a seizure disorder. He has a Seizure Care Plan in place that requires PRN rectal diazepam for control of his seizures. The school has a nurse who is part-time, once a week. Fred has had only two seizures at school in the past year, but they often follow stressful situations or activities. Diazepam was used for the first, but not the second event.
- The class has several field trips planned with one coming up in a week. The mother works and cannot attend the trip with the class but can be reached by telephone in case of emergency and requests that someone be prepared to give Fred's diazepam, if needed.

## Scenario Practice: Scenario 6



- Charlene and Diane are in 2<sup>nd</sup> and 3<sup>rd</sup> grade respectively and have signed up to participate in the school sponsored cross country ski program. They both have asthma and have current Asthma Action Plans in place with PRN albuterol inhalers locked up in the nurse's office. Neither have permission to self-administer their asthma medicine but both do know when they need their inhalers and respond well to treatment.
- The ski program lasts 2 months, is from 3:00-4:00pm on Monday and Wednesday afternoon, and they go from the school on a 3-5 mile ski route then are picked up by the parent at a secondary location.
- The responsible staff carries a cell phone but the cell reception is sketchy while they are on the route.

## Scenario Practice: Scenario 7



- The local Charter School, New Beginnings, is a growing school that has attracted many families with its “can-do” attitude. The school has 445 students but only a part time nurse, once a week. There are 7 students who need meds during the day. 4 students take Ritalin at school, 2 for inhalers before PE/Recess, and 1 for a long term cardiac problem. On occasion, students have brought in antibiotics and other short term medications.
- The teachers and staff are fairly experienced and are dedicated to student achievement and working as a team. The school secretary is the glue holding the school together but is quite busy with multiple assignments and cannot possibly take on another task.



## Scenario Practice: Scenario 8



- You are a nurse at the Last Frontier Elementary School as well as the middle school. Once a month you also must travel to an outlying school with 30 students. You have arranged your workload to prioritize the elementary school in the mornings leaving for the middle school at 12:30 pm. Your travel day is flexible.
- In the elementary school two 1<sup>st</sup> grade students, Alicia and Stephanie, have Type 1 diabetes. Stephanie's blood sugars are well controlled. Alicia has frequently documented blood glucose in the 50-60 mg/dL range but she responds well to treatment. Neither students are able to count their carbs and both have insulin pumps.
- Several field trips are planned for spring and both Alicia and Stephanie's parents work full-time and cannot attend these functions.

# Thank You



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# Medication Administration

## A Guide for Training Unlicensed School Staff





## Acknowledgements:

This guideline document was developed in collaboration with the Alaska Department of Health & Social Services, Division of Public Health, School Nursing/School Health Program, the School Health Nurse Advisory Committee and approved by the Alaska Board of Nursing on October 25, 2012.

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Revised 2022

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## Introduction/Purpose

Medication administration to students is one of the most common health services provided in schools. Medication non-adherence at school has been linked to a variety of poor educational, social/emotional and physical outcomes.<sup>1</sup> Over the past few decades, the prevalence of chronic diseases has dramatically increased among children, from one in eight children to one in four, including conditions like asthma, diabetes, obesity, and learning and behavioral disabilities.<sup>2</sup> Many students with chronic health conditions need access to medications at school in order to enhance their overall health, stabilize their condition as well as promote and support their academic achievement.

School districts should meet the need for required medications during the school day in the interest of facilitating attendance. Policies and procedures should be established that focus on safe and efficient medication administration that are consistent with federal and state laws, nursing practice standards and established safe practices in accordance with evidence-based information.<sup>1, 3</sup>

Districts employing or contracting registered professional nurses should assign the nurse the responsibility for implementing a system of safe administration of medication.<sup>3</sup> In the absence of the nurse, this system may include delegation and/or training of medication administration by a registered nurse to unlicensed assistive personnel (UAP), also known as a "school setting provider," according to Alaska Board of Nursing Regulations. In this document a UAP or school setting provider is termed "trained unlicensed school staff."

*This training curriculum was approved by the Alaska Board of Nursing on October 25, 2012 and August 5, 2021.*

## Definitions 1, 4, 5, 6, 30

### *Administration*

Assisting a student in the ingestion, application, inhalation, injection, insertion or self-management of medication according to the directions of a licensed prescriber or parent/guardian. A licensed prescriber, the prescriber's agent (RN/LPN) and persons who have successfully completed a medication administration course approved by the Alaska Board of Nursing may administer medications.

### *Authorization*

Medication instructions by the prescriber and/or parent/guardian to administer medication.

### *Delegation*

The act of transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation. (National Council of State Boards of Nursing 2005) The National Association of School Nurses further defines delegation in the school setting as a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed in the school community setting. Delegation occurs when the school nurse assigns the performance of a specific nursing task to another person, often unlicensed assistive personnel (UAP).

### *Dispense*

The preparation and delivery of a prescription drug by a pharmacist, physician, dentist, podiatrist, or other person licensed or registered to distribute prescription medication in a suitable container appropriately labeled for subsequent administration to, or use by, a student.

### *Herb*

A plant grown for its health or medicinal properties; includes plant parts and extracts.

### *Individualized Healthcare Plan (IHP)*

This document is a nursing care plan that has student-centered goals and objectives and describes the nursing interventions designed to meet the student's short and long-term goals. It should be...

- Written for each student with a healthcare need that affects or has the potential to affect the student's safe and optimal school attendance and academic performance.
- Developed by the school nurse in collaboration with the student, family, educators, and healthcare providers.
- Based on and developed using the nursing process.
- Include an emergency care plan (ECP), if needed.
- Implemented then evaluated at least yearly to determine need for revision and evidence of desired student outcomes.

### *Licensed prescriber*

Physician, dentist, podiatrist, advanced practice nurse, and physician's assistant licensed to prescribe in Alaska.

### *Medication*

A substance developed to prevent, diagnose, cure or relieve disease. Medications include prescription or non-prescription substances or preparations:

- Tablets and capsules – oral medications to be swallowed.
- Suspensions – undissolved medicine in liquid – must be shaken before administration.
- Syrups and elixirs – sweetened liquid that contains dissolved medication.
- Inhalants – liquid medication in watery form that is applied under pressure as a spray or added to sterile water and given as medicated steam.
- Topical – creams, ointments, eye drops or ointments, and ear drops.

### *Long-term medication*

Prescription preparation utilized for the treatment of chronic illness including both daily and as needed (PRN) medications (needed for longer than 15 days unless otherwise specified by the school district).

### *Non-prescription medication*

Over-the-counter preparations obtained without a prescription.

### *Short-term medication*

Prescription preparation utilized for the treatment of short-term illnesses including infectious diseases or other conditions (needed for less than 15 days unless otherwise specified by the school district).

### *Monitoring*

Reminding the student to take medication; visual observation of the student to ensure compliance; recording medication administration; and notifying the parent and licensed prescriber of any side effects or refusal to take the medicine.

### *Non-herbal nutritional supplement*

A dietary supplement, not including dietary supplements that contain one or more herbs.

### *Policy*

A written document that provides general guidelines for decision-making.

### *Registered professional nurse (school nurse)*

A registered nurse, licensed to practice professional nursing in Alaska and employed in the school setting.



### *Self-administration*

Student self-management of medication. Student demonstrates ability to safely manage own medication to designated monitoring health personnel, as approved and designated by licensed prescriber.

### *Standing Orders*

Written protocol for using a medication applying to the general use of that medication, as opposed to an order for a medication written for a specific individual (e.g., epinephrine in anaphylaxis).

### *Student*

Individual enrolled in an Alaska public or private school, age 3 through age 21 years.

### *Supervision*

The Alaska Board of Nursing adopted the National Council of State Boards of Nursing's definition, which is

- "Supervision is the provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a nursing task delegated to nursing assistive personnel." NOTE: nursing assistive personnel are also known as unlicensed assistive personnel; the term 'trained staff' is used for the same purpose in Delegation Decision Tree documents.
- Direct Supervision is the presence of the licensed nurse working with other nurses and/or nursing assistive personnel to observe and direct the assistant's activities. The proximity of this supervision is such that immediate intervention is possible if problems occur.
- Indirect Supervision occurs when the licensed nurse is not present, and supervision is provided by other than direct observation of the nurses and/or nursing assistive personnel. The absence of proximity of the licensed nurse requires processes being in place for the direction, guidance, and support, and monitoring of the Licensed Practical Nurse or nursing assistive personnel activities.

### *Trained Unlicensed School Staff*

School employee who has successfully completed a medication course, periodic re-evaluations (every 90 days) and retraining (at least annually). Trained unlicensed school staff is recognized by the Alaska Board of Nursing as a school setting provider or unlicensed assistive personnel (UAP) and as such, is legally authorized to administer medications at school.

### *Unlicensed Assistive Personnel*

As defined in AS 08.68.805, persons, such as orderlies, assistants, attendants, technicians, members of a nursing client's immediate family, or the guardian of a nursing client, who are not licensed to practice practical nursing, registered nursing, medicine or any other health occupation that requires a license in this state." 'School setting provider' is included in this definition and is defined in 12 AAC 44.965 as "a person, who is employed at a school that provides educational services to students age 21 or younger. School setting providers are identified as "trained unlicensed school staff" in this document.

## **Guideline Determinants**

### **Federal Requirements**

Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) require schools receiving federal funding

to provide reasonable accommodations and to allow for safe inclusion of these students in school programs. This “required related service” includes medication administration. Not all students needing medications during the school day fall under this requirement (e.g., short-term needs) but specific policies for administration of medication should be applied consistently with all students.<sup>1,3</sup>

Family Educational Rights and Privacy Act (FERPA) specifies when student health information may be shared and when it may not. FERPA protects the confidentiality of student health information. Student health information must be kept private except for situations “where disclosure serves a compelling purpose”, is required by law or when parental permission is obtained.<sup>7</sup>

Occupational Safety & Health Administration’s (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030) prescribes safeguards to protect workers against the health hazards caused by bloodborne pathogens. The school’s required Exposure Control Plan identifies the safeguards for handling blood and body fluids. These safeguards include identification and training of staff that are most at risk for exposure, utilization of Universal Precautions for all blood and body fluids, personal protective equipment (PPE) to prevent exposure, engineering controls in managing contaminated sharps, and proper disposal of regulated waste.<sup>8</sup>

### **State Requirements**

Alaska Board of Nursing Statutes and Regulations is the legal document regulating the practice of every licensed registered nurse (RN) and licensed practical nurse (LPN) in Alaska. The Alaska Board of Nursing has the ultimate legal authority to interpret the laws relating to the practice of nursing. The regulations 12 AAC 44.950 through 12 AAC 44.975 specifically address the standards for delegation of nursing duties to other persons, including unlicensed assistive personnel (UAP). In 12 AAC 44.965(b) (3), registered nurses are authorized to delegate the administration of medication to UAP in the school known as a “school setting provider.” The school setting provider is “a person who is employed at a school that provides educational services to students age 21 or younger.” The person to whom the administration of medication is delegated must successfully complete a training course in administration of medication that is approved by the board. On April 2, 2012, the Alaska Board of Nursing further clarified the delegation practices in schools by the adoption of the Medication Administration in the School Setting Delegation Decision Tree. The decision tree outlines the steps school nurses should follow in planning for a student who requires a medication in school. The school nurse is responsible for developing and revising the Individualized Healthcare Plan (IHP) for the student and following the steps of the decision tree for both delegable and non-delegable medications. The decision tree is included in this document (Appendix A) and is located in the advisory opinions on the Alaska Board of Nursing website. The current version of the Alaska Board of Nursing Statutes and Regulations is also available at this website. Further guidelines for utilization of the decision tree are available in the Medication Administration in the School Setting Delegation Decision Tree Guidelines located on the Division of Public Health’s School Nursing/School Health program website.<sup>9</sup>

Alaska Statute 14.30.141 Self-Administration and Documentation of Medication requires a public school to permit the self-administration of medication by a pupil for asthma or anaphylaxis if the parent and healthcare provider authorize it in writing. The student who is permitted to self-administer medication under this law is permitted to carry and to store an inhaler and/or auto injectable epinephrine with the school nurse or other designated school official.<sup>10</sup>

Alaska Statute 14.12.115 Indemnification, requires the school board to insure or indemnify and protect school district employees against financial loss and expense, including

reasonable legal fees and costs arising out of any claim, demand, suit or judgment for alleged negligence or wrongful act resulting in death or bodily injury to any person as long as the employee acts within the scope of their duties and the policies and procedures of the school district.<sup>11</sup>

Alaska Statute 09.65.090 Civil Liability for Emergency Aid, states that a person who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person who reasonably appears to the person rendering the aid to be in immediate need of emergency aid in order to avoid serious harm or death, is not liable for civil damages as a result of an act or omission in rendering emergency aid.<sup>12</sup>

### **Local Requirements**

School district staff, including school nurses and other staff trained to administer medications in schools, must follow their own school district policies and procedures. The following are recommendations for development of school district medication administration policies and procedures.

- Create a confidential, timely and accurate record of the administration.
- Identify the licensed health professional (school nurse) or staff responsible for supervision of medications ensuring safe keeping, accessibility, documentation, and a system of accountability for students who carry and self-administer their medications.
- Establish procedures for security and storage that includes:
  - All prescription medications should be in the original containers appropriately labeled by the pharmacist or physician.
  - Storage should be secure and in accordance with manufacturer's directions.
  - Controlled substances must be locked in a cabinet or drawer used exclusively for medication storage.
  - The school nurse or trained UAP should be available and always have access to the medications during the school day.
  - All medications should be returned to the parents at the end of the school year or disposed of according to existing standards.
- Use a systematic review of documentation for quality assurance, to reduce medication errors, and to verify controlled substance counts.
- Establish and follow effective communication systems that support the student health care plan and the prescriber's instructions.
- For prescription medications, require a written medication form, signed by the authorized prescriber and parent that includes:
  - Name of the student
  - Drug
  - Dose
  - Time it is to be taken
  - Route to be given
  - Diagnosis or reason medication is needed
- For over the counter (OTC) medications, if permitted, require written parental permission. Limit the duration of OTC medications administered at school. Use of OTC medications over an extended period warrants an authorized prescriber's oversight and authorization.

- Protect student health information confidentiality according to the Family Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).
- Train, delegate and supervise appropriate unlicensed school staff members that have the knowledge and skills to administer or assist with administration of medications as assessed by the school nurse in compliance with Alaska Board of Nursing regulations.
- Permit responsible students to carry and self-administer emergency epinephrine and inhaler medications as outlined in AS 14.30.141 Self-administration and documentation of medication.
- Provide and encourage parents to provide life-saving medications in the health office for students who carry and self-administer emergency medications as back up in the event the medication cannot be located when the student needs it.
- Always make provisions for secured and immediate access to emergency medications at school including before and after school hours and for school sponsored activities. <sup>3</sup>

### Best practice determinants <sup>1, 3, 4, 5, 30</sup>

The American Academy of Pediatrics (AAP) has prepared a position statement outlining medication administration recommendations for schools in *Guidance for the Administration of Medication in School, 2009/reaffirmed 2013*.

The [National Association of School Nurses](#) (NASN) pertinent position statements include:

- Delegation, Nursing Delegation in the School Setting (2019).
- Individualized Healthcare Plans to support School Health Services (2020).
- Medication Administration in Schools (Retired January 2022).
- School-Sponsored Trips, Role of the School Nurse (2019).
  - It should be noted, that at the time of publication for the 2021/2022 revision, NASN retired several position statements and implemented new resources in the form of clinical practice guidelines. The newly adopted, *School Nursing Evidence-based Clinical Practice Guidelines: Medication Administration in Schools Implementation Toolkit (2021)* also addresses the pertinent information contained in the recently retired position statements related to delegation and medication administration in schools

## Roles And Responsibilities

### 1. School Administrator/Nursing Services Supervisor

- Assist in development of medication administration policy and procedures.
- Provide administrator support for compliance with district medication administration procedures.
- Assist nurse in educating staff and parent(s)/guardian(s) about the district's commitment to a safe policy related to medication in school.
- Be aware of liability issues related to medication administration at school, including insurance coverage, personnel covered, etc.

### 2. Registered Professional Nurse

- Understand recommended updates and revisions, and continually evaluate district policy and procedures related to medication administration.

- Determine who can safely provide 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 with retraining at least annually.
- Maintain a record of trainings, including course attendance, written tests, and performance evaluations demonstrating 100% mastery of course content.
- Periodically (every 90 days) monitor performance through observation of procedures, review of documentation, handling of medications, etc.
- Review and take appropriate action regarding any reported medication error.
- Take corrective action when individual to whom medication administration is delegated does not meet standard performance after consultation and retraining.
- Educate 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 authorized prescribers.

### 3. Trained Unlicensed School Staff

- Participate in district training related to medication policy and procedures.
- Administer medications strictly following the procedure as taught.
- Obtain medication information from the student's individual medical administration record.
- Know the specific instructions for each medication administered.
- Provide accurate documentation of medications administered.
- Call for consultation with delegating nurse when there is a question, or when a parent/guardian does not comply with policy.
- Respect student confidentiality.
- Report errors in a timely manner.
- Provide safe storage and handling of medications as outlined in district policy.

### 4. Parent/Guardian

- Cooperate with the district's policy regarding medication administration to:
  - Provide authorization or prescription from student's health care provider.
  - Provide written request from parent/guardian to administer medication.
  - Provide the school with the medication as outlined in the policy.
  - Communicate any changes in student's health status, medication regime, change of health care provider, etc.
  - 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, frequency, and length of treatment.

- Collaborate and communicate medications instructions and pertinent information to the parent, student, and school staff, as necessary.

## Training Materials Needed

- Samples of different pills and tablets.
- Samples of different types of topical medications (ear, eye, skin).
- Samples of different types of liquid medications.
- Sample of different inhaled medications (inhaler, disc).
- Sample of nasal spray medications.
- Samples of different types of medication administration dosage containers (oral syringe, medicine spoons, medicine cups);
- Samples of medication administration authorization forms and medication administration record.
- Medication error report form.

## Protocols/Procedures

Guidelines for Training Unlicensed School Personnel in Medication Administration

### I. Curriculum Overview

*Purpose:* Train unlicensed school personnel school personnel how to administer medication in the school setting.

*Goal:* Safe administration of oral, ophthalmic, otic, intranasal, topical, and inhalant medications. The methods of administration to be delegated should be determined by the school nurse based on health care provider orders and school district policy.

*Objectives:* The individuals trained will:

1. Describe their role in the delivery of medication.
2. State the general purpose of medication administration.
3. List any needed equipment and supplies.
4. Demonstrate proper administration of oral, topical, eye, ear, intranasal, and inhalant medications, including proper hand washing.
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 supervising nurse.

The school nurse will:

- Discuss the participant's responsibility – review the role of the unlicensed school staff
- Discuss the evaluation criteria – pre/posttest (posttest passing score= 90% or better), return demonstration and 100% evaluation of mastery, ongoing monitoring with evaluation every 90 days for school nurse delegated medications per Alaska Board of Nursing requirements
- Administer a pretest and posttest. A sample is found in Appendix B

NOTE: When delegating medication to unlicensed school staff once the training is complete, the school nurse is required by Alaska Board of Nursing regulations to develop a nursing delegation plan that describes the frequency and methods of evaluation of the performance of the delegated duty by the unlicensed school staff person. A sample delegation plan is found in Appendix L.

## II. Legal Requirements <sup>7, 8, 9, 10, 11, 12, 17, 23</sup>

Review of the legal requirements for:

- Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) – discuss student access to needed medications in schools
- Family Educational Rights and Privacy Act (FERPA) – discuss confidentiality (see handout, Appendix K)
- Occupational Safety & Health Administration's (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030)- review of Universal Precautions such as hand washing, glove use and removal, cleaning and disposing of body fluids including sharps (see handout in Appendix J).
- Alaska Statutes and Regulations – discuss the Alaska Board of Nursing Delegation Decision Tree (see Appendix A), Self-administration of medication statute, and statutes providing liability protections for staff
- Local school district policies and procedures.

## III. Medication Administration Procedure

*Purpose of medications* – medications are given to prevent or treat an illness or disease and/or to reduce symptoms related to illness or injury. Medications may also be given to replace a substance the body is lacking (e.g., insulin, thyroid medication). In school, medications are given to promote and support academic success by enhancing the student's overall health or stabilizing their chronic condition.<sup>1, 13</sup>

*General rules* <sup>3, 13, 14, 15, 16</sup>

Safety checks: Important safety checks will help to assure safe medication administration in the school setting. These safety checks include:

- The medication is in a child resistant container.
- The presence of the original prescription label or over-the-counter medication manufacturer label which includes the name and strength of the medication and directions for use (prescription or manufacturer).
- Name of the child on container is correct for both first and last names.
- Current prescription fill date and not past the expiration date.
- Name and phone number of the licensed health professional who ordered medication is on the container or on file.
- Instructions are clear for dose, route, and time to give medication.
- The five rights of medication administration are followed.
- The same person should give medications every day, if possible.
- Assure privacy and confidentiality of the student.
- Give this task your full attention.
- Assure the work area is clear and well lit.
- Prepare the medications for one student at a time.

NOTE: Common abbreviations and measurements found on prescription labels are found in Appendix H.

## Five Rights of Medication Administration



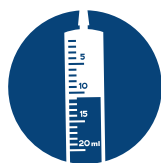
### 1. The right child / student

- 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 photograph 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, is 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.



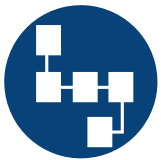
### 3. The right dose

- 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 30-45 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 trained unlicensed school staff to which medication administration has been delegated should be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.
- 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.



### 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.

Often a 6th right of medication administration is added.



### 6. The right documentation

- Each time a medication is administered it must be documented in the student medication administration record as indicated by the nursing



protocol and procedure manual. When delegated to trained unlicensed school staff, this must be clearly documented in the delegation plan of care by the supervising licensed professional registered nurse.

## **Classifications Of Medications** 3, 9, 13, 15, 17

### *Prescription Medication*

Written authorization from a health care provider must accompany any long-term prescription medication to be administered at school. Health professionals with prescriptive authority include:

- Physicians, MD or DO (Doctor of Osteopathy)
- Podiatrists, DPM
- Dentists, DDS or DMD
- Optometrist OD
- Advanced Nurse Practitioner
- Physician Assistant who has a collaborative practice plan with a physician

The authorization form should be dated and include:

- a. Student name and birth date
- b. Medication
- c. Dosage
- d. Route of administration
- e. Reason the medication is prescribed
- f. Time(s) to be administered
- g. Duration of administration, i.e., entire year, 1 month, etc.

A sample prescription long term authorization form is in Appendix D; a sample short term prescription authorization form is found in Appendix E.

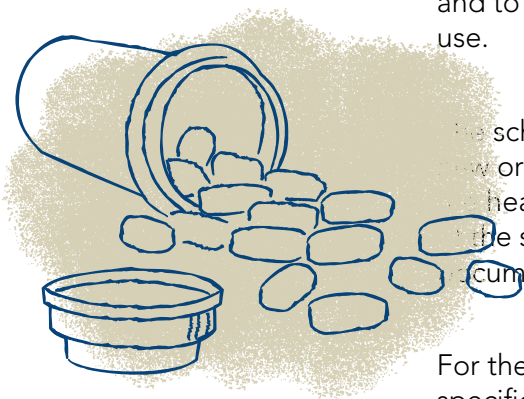
The authorization should be retained until superseded by a new order, until the health care provider determines that the medication is no longer required, or at the end of the school year, whichever is shorter. The request should be documented in the student's permanent health record.

Prescription medication should be brought to school in a container/package dispensed by the pharmacist with the following information clearly stated on the label:

- a. Name of student
- b. Medication
- c. Dosage
- d. Route of administration
- e. Frequency of administration
- f. Health care provider
- g. Prescription number
- h. Date issued

- *Nonprescription or Over the Counter (OTC) Medication*  
Some school districts require that a written authorization from a health care provider accompany nonprescription OTC medications, as well as prescription medications, to ensure continuity of care and to prevent unintended medication interactions. Other school districts do not have that requirement, as some health care providers may be unwilling to “authorize” OTC medications in the schools since they have no control over which medications are purchased for use. The school nurse and unlicensed trained school staff should follow school district policies and procedures for OTC medications which should, in the least, entail a written request signed by the parent/legal guardian (see sample form in Appendix F) and include:
  - a. The name of the medication
  - b. The medication dose
  - c. The time for administration of the medication
  - d. The reason for the medication
  - e. A statement relieving the school of any responsibility for the benefits or consequences of the medication when it is “parent/legal guardian prescribed” and acknowledging that the school bears no responsibility for ensuring the medication is administered except when the student requests the medication. In this instance, documentation of medication administration by the licensed professional registered nurse or trained school staff delegated to administer OTC medication when requested must be completed.

OTC medication should be brought to school in the original manufacturer container/package with all labels intact. Deviations from label directions should require a written health care provider order. The school must reserve the right to limit the duration of parent/legal guardian prescribed medications and to require a health care provider authorization for continued use.



The school should retain the request until one of the following: a health care provider order is received, the parent/guardian rescinds authorization, the health care provider discontinues medication, or at the end of the school year, whichever is shorter. The request should be documented in the student’s permanent health record.

For the school nurse, one-time verbal parental permission for specific OTC medications (e.g., acetaminophen and ibuprofen), if permitted, should be addressed in the school district’s standing protocols. The verbal authorization should be documented in the student’s record and followed by a written authorization the next working day. Trained unlicensed school staff cannot take verbal orders from a health care provider, under any circumstance. As per Alaska State Board of Nursing Regulations 12 AAC 44.965(e), the nurse must first assess the student to determine whether on-site student assessment will be required before the ongoing administration of each dose of any as needed (PRN) medication. OTC medications given on a PRN basis may not be delegated to trained unlicensed school staff when the student’s medical condition is unstable, requiring ongoing assessment and

adjustment of dosage or time of administration by a registered nurse.

- *Controlled Substances*  
Pharmaceutical controlled substances are drugs that have a legitimate medical purpose, coupled with a potential for abuse and psychological and physical dependence. They include opiates, stimulants, depressants, hallucinogens, and anabolic steroids. The safe and effective use of controlled substances by students at school has increased dramatically because of their accepted use in treatment of illness and disability enabling many sick and disabled children to attend school. Unlicensed school staff are not authorized to give this class of medication on an as-needed basis (12 AAC 44.965[e]). Only routine doses of controlled substances (e.g., Ritalin, or other ADHD medications) are delegable by the school nurse to a trained unlicensed school staff after receipt of a provider order and parent/guardian consent.
- *Missed Medications*  
If a student regularly takes a morning medication at home and that dose has been missed, a parent may request that a prescription bottle with extra tablets be stored at school in the event it is needed. This would require that an additional medication authorization form be completed by the provider and the parent/guardian, with a properly labeled medication bottle to address this specific dose. Prior to giving the missed dose, the school nurse must verify with the parent/guardian that the dose was missed and that a replacement dose should be given. The nurse will then verify on the medication authorization if the later daily dose (if there is one) should be given or the administration time should be adjusted. The nurse may delegate to the trained unlicensed school staff to give the missed dose.
- *Homeopathic Preparations*  
Homeopathic medications are not tested by the US Food and Drug Administration for safety or effectiveness. Lack of safety information for these medications limits their appropriate use at school.
- *Herbal and Non-Herbal and Nutritional Supplements*  
Herbal and Non-Herbal Nutritional Supplements may be dispensed in school only when the student's health requires that the herbal and non-herbal nutritional supplement be given during school hours. Herbal and non-herbal supplements to be dispensed at school must be in an original, unopened package with the manufacturer's seal intact, and administered before the expiration date as per AS 12.44.945. The Herbal and Non-Herbal Nutritional Supplement form (Appendix M) form must be signed by the prescribing health care provider AND a pharmacist and is required for all herbal and non-herbal supplement administration. A nurse may not administer to a patient an herbal or non-herbal nutritional supplement that was compounded for the patient rather than commercially manufactured or is a controlled substance under state or federal law as per AS 12.44.945 (c). Student self-administration of medication<sup>3, 10</sup>

### **Student Self-Administration of Medication**<sup>3,10</sup>

A student, with authorization from the health care provider and parent/guardian, may carry and self-administer an asthma inhaler and/or auto injectable epinephrine medication as per AS 14.30.141. School districts should have policies and procedures in place that address self-possession and administration of these medications and others, if allowed (e.g., insulin for students with diabetes, enzymes for students with cystic fibrosis). Some schools also require a self-administration agreement to verify student understanding of their responsibilities related to appropriate self-carry and self-administration. The school

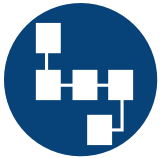
nurse must evaluate the competency and reliability of the student in self-administration.

The student's school health record should indicate when a student is able to self-administer a medication and to what extent. The record, in accordance with school policy, should indicate if the student may keep the medication with them to take as they need or if the medication should be stored in the nurse's office to assure oversight by the school nurse or trained personnel. In the latter case, the medication would be retrieved and the student observed taking the medication. Medications carried by students should be either on their person (e.g., in a designated waist pack) or in possession of a supervising adult who will return the medication pack to the student as needed or when the student moves on to a new location. Medications should never be left unattended.

For elementary-aged students, it is recommended that the self-administration of a dose of medication be reported to school personnel as soon as the self-administered dose is taken for documentation and determination of the need for additional assistance.

## Routes of Administration 6, 9, 13, 14, 15, 16, 18, 19, 20, 21, 22

Trained unlicensed school staff may administer medications via the following routes: oral, intranasal, ophthalmic (eye), otic (ear), topical and inhaled. It is recommended that, except for an emergency situation, a licensed professional nurse administer rectal and injectable medications.



### General Steps for Medication Administration

Regardless of route or type of medication given, the following general steps for should be followed:

1. Wash hands. Use disposable gloves if indicated.
2. Gather the necessary supplies.
3. Verify the authorization with the prescription label.
4. Review the "five rights," checking the label for the name, medication, dose, time, and route when picking up the container from the secured storage area.
5. Check the expiration date. The school nurse should be alerted if it is expired, and it should not be given.
6. Read the label for instructions and follow the directions (e.g., shake well).
7. Review the "five rights," checking the label for the name, medication, dose, time, and route when preparing the medication.
8. Prepare the medication without touching the inside of the medicine cup or contaminating the inside of the lid. Do not give the medication if it is contaminated.
9. Do not cut or crush an unscored pill without the approval of the pharmacist or health care provider.
10. Do not leave the medication unattended.
11. Review the five "rights", checking the label for the name, medication, dose, time, and route when returning the medication to the secured storage area.
12. Identify the student by asking his/her name and what medication he/she is to receive. Check the student's picture on the health record, if available.
13. Explain the procedure to the student.
14. Give the student the correct authorized medication in the correct dose via

the route specified. Medications should be given within 30-45 minutes of the scheduled time as instructed in the student's delegation plan.

15. Verify the student received the medication. Observe the student for unusual reactions.
16. Dispose of used equipment. Remove and discard gloves, if worn. Wash your hands.
17. Document immediately per school procedure, the student's name, medication, dose, time, route, person administering the medication, and any unusual observations.
18. Report unusual reactions immediately following school procedure.
19. Summarize the student's compliance with and apparent benefit (or lack of benefit) from taking this medication at school. Give this information to the school nurse, student's parent/guardian and/or healthcare provider as indicated in the Individualized Healthcare Plan (IHP).

### Administering Oral Medication

- Syrup, elixir, solutions, suspensions, and tablets
  - Sublingual, put under tongue to be dissolved completely
  - Buccal, place between cheek and gums to be dissolved
1. For tablet or capsule, hold the lid or medicine cup in your hand, putting the correct dose in the lid or medicine cup. (Do not pour out tablets or capsules into your hand)
    - a. If individually wrapped, remove or separate only the quantity needed, remove from the package and place into a medicine cup at the time the student takes the medication.
    - b. Provide a glass of water unless directed not to do so.
  2. For liquid medication, pour into a medicine cup from the side of the bottle opposite the label.
    - a. Pour the liquid into a graduated medicine cup at eye level.
    - b. Measure the dosage at the bottom of the disc (meniscus).
    - c. Wipe any medication from the outside of the container.
  3. Give the medication to the student and observe them taking it verifying the student swallowed it.

### Administering Ophthalmic (Eye) Medication

1. Wash your hands and put on gloves.
2. Remove any secretions, wiping once from the inner to the outer eye with a cotton ball or tissue. Use a new clean cotton ball or tissue for each eye.
3. Position the student lying down or sitting with head tilted back with eyes looking up. Approach the eye from outside the field of vision.
4. Instruct the student to look up and, using your index finger, gently pull the lower eyelid down to form a pocket.
5. For drops, if using a dropper, loosen the lid and squeeze to fill the dropper.
  - a. Gently squeeze the dropper or eye drop bottle to instill the correct number of drops (wait one minute between drops) into the pocket holding the dropper about ½ inch above the pocket. Placement into the pocket

- instead of directly into the eye is more comfortable for the student. Brace your hand on the student's nose or cheek to prevent shaking.
- b. Do not touch the eye with the dropper or tip of the bottle.
  - c. Slowly release the lower lid and instruct the student to allow the eyes to close gently. Blinking and squeezing the eyes shut may force the medicine off the eye. Ask the student to close his/her eyes for a few minutes.
  - d. Press gently for one minute against the inner corner of the eyelids by the nose to block off the tear drainage system so the medicine does not drain away from the eye.
6. For ointment, gently squeeze a 1-2 cm thin strip of ointment along the pocket from the inner to the outer eye.
    - a. Slowly release the lower lid and instruct the student to close the eyelid and move the eye around to distribute the ointment.
    - b. Remove excess ointment from inner to outer eye with a new clean cotton ball or tissue. If treating both eyes, use a new clean cotton ball or tissue for each eye.
    - c. Inform the student that their vision may be blurred temporarily.
  7. Remove gloves, discard, and wash hands.

### **Administering Otic (Ear) Medication**

1. Warm medication to room temperature by holding the bottle in your hands for a few minutes. This will prevent dizziness from cold drops.
2. Position the student lying down or sitting with their head turned with the affected ear up.
3. Cleanse entry to ear canal with clean cotton ball as needed.
4. If a dropper is supplied, loosen the dropper lid and squeeze to fill the dropper to the desired amount.
  - a. Hold the dropper tip down at all times to avoid the medicine from flowing back into the bulb where germs can enter.
5. Straighten the ear canal
  - a. Infant to children age 3 – pull down and back on the earlobe.
  - b. Older children/adults – pull up and back on the earlobe.
6. Rest your dominant hand on the student's head to stabilize the area.
7. Administer correct number of drops aimed toward the walls of the canal rather than directly into the eardrum taking care not to touch the ear with the dropper.
8. Place the cap or dropper in the medicine bottle right away. Do not rinse or wipe it off.
9. Unless instructed otherwise, insert a small piece of cotton loosely into the external canal.
10. Ask the student to maintain the position for at least one minute to give the medicine time to coat the ear. Wait at least one minute before putting drops in the second ear, if ordered.

### **Administering Intranasal (Nose) Medication**

1. Instruct the student to gently blow their nose into a tissue and have them discard

the tissue. Clean tissues should be kept at hand so that residue can be wiped away and for the student to use to cover their mouth and nose if a sneeze is stimulated.

For drops, position the student lying down or sitting with head tilted back. Press gently on the tip of the nose to open the nares and insert the dropper just inside the nostril to administer the correct number of drops. Do not touch the dropper or tip of bottle to the nostril. Have the student remain in this position for a few minutes to assure that the medication reaches the upper nasal passages.

2. For spray, position student with head upright and insert the nozzle part way into the nose. Aim nozzle tip slightly to the top of the ear on the same side of the nostril being used. Student can be told to “sniff like smelling a flower” as the medication is delivered.
3. Instruct the student to refrain from blowing their nose afterwards to maximize medication absorption.
5. The student may wish to rinse mouth with water and expectorate any medication that drains into the mouth.

### Administering Topical Skin Medication

Topical medications are those that are administered externally onto the body rather than ingested or injected. Medicines administered to the eye, ear and nose are considered topical medications but were addressed separately above. In this section, topical medications applied to the skin are reviewed; these include lotions, creams, ointments, powders, and solutions (liquids). Topical medicines are often used to deliver medication directly onto the areas of skin that are irritated, inflamed, itching, or infected.

1. Wash your hands and apply gloves.
2. Unless otherwise instructed, cleanse the affected area with soap and warm water, rinse and pat dry with paper towel or allow the skin to air dry.
3. Place the prescribed amount of topical medication onto the gloved hand, gauze, cotton tipped applicator or a tongue depressor to apply to the affected area.
4. Cover the affected area with a bandage or dressing, if directed.
5. Remove gloves, discard, and wash hands.

### Administering Inhaled Medication

Follow the individual student plan which may include self-administration and self-management with the student carrying the medication for immediate availability. Inhalant medication varies depending on the type of inhaler. Follow the specific instructions per the inhaler type. The following are general instructions for a metered dose inhaler (MDI):

1. Position the student standing or sitting up straight.
2. Remove the mouthpiece cap and shake the inhaler.
3. Prime the inhaler to release one dose of medication into the air if the MDI is new or has not been used in several days to ensure adequate dosing.
4. Instruct the student to exhale fully.



5. If using a spacer or chamber, insert the MDI mouthpiece into the device and have the student put the chamber mouthpiece in their mouth. Use of a spacer or holding chamber is preferred for younger students.
6. If not using a spacer or chamber, instruct the student to place the mouthpiece into his/her mouth (between the teeth) and close their lips around it.
7. Instruct the student to keep his/her tongue out of the way.
8. Instruct the student to begin to inhale slowly, and then activate the inhaler.
9. Instruct the student to continue to inhale slowly for 3-5 seconds, filling their lungs.
10. Instruct the student to hold their breath for 10 seconds, as able, and then slowly breathe out.
11. Wait at least one minute, if a second dose is to be given, and repeat the previous steps.
12. Replace the cap on the medication. Rinse the spacer mouthpiece with warm water shaking off the excess moisture or follow the manufacturer's guidelines. Allow to air dry completely before storing in a sealed plastic bag.
13. Use the short-acting bronchodilator inhaler before using inhalers containing an anti-inflammatory or corticosteroid, if ordered.
14. Have the student rinse their mouth after corticosteroid inhaler use.
15. Monitor the student for changes in respiration.

## Documentation 6, 13, 15, 17, 23



Documentation is the 6th right of medication administration. The individual student medication administration record is used to document the administration of all medications, both routine and as needed. The record should identify:

- Student's name
- Prescribing health care provider name and credentials, if prescription
- Pharmacy and prescription number
- Medication and dosage
- Route of administration
- Time of administration
- Full signature of licensed professional registered nurse responsible for administration
- Full signature of trained unlicensed school staff, if administration is delegated
- Section for comments and narrative notes

Other information should be included in the student's medication administration plan (as part of the Individualized Healthcare Plan) developed by the school nurse, in collaboration with the parent or guardian:

- The medication order from the licensed prescriber
- Signed authorization of the parent or guardian
- Diagnosis, unless a violation of confidentiality or the parent or guardian requests that it not be documented
- With parental permission, other persons, including teachers, to be notified of medication administration and possible side effects
- Initial nursing assessment



- Any known student allergies
- Potential side effects, adverse reactions, or contraindications
- Required storage conditions
- Duration of administration
- If appropriate, location where the medication is to be administered
- A plan for monitoring the effects of the medication
- Designation of unlicensed school staff who will administer the medication to the student in the absence of the nurse and plans for back up
- Plans for provision of the medication on field trips and for school sponsored activities
- Plans, if any, for teaching self-administration of the medication

Regardless of the system used the purpose of documentation, from a legal perspective, is to always accurately and completely record the care given to the individuals, as well as their response to that care.

Each time a medication has been administered, documentation must occur in ink, by the person administering it, immediately on an individual student record (log) according to school district policies and procedures. Documentation must be complete and legible. If the medication is given more than once by the same person, he/she may initial the record subsequent to signing a full signature.

It is essential that the licensed registered nurse or delegated trained school staff be able to unequivocally match the student's name, medication, dosage, administration time and route to the student's medication record to avoid medication errors.

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

- New health care provider (if prescription) and parent/legal guardian authorization forms with signatures
- New container/package appropriately labeled by the pharmacist.
- An additional assessment provided by the licensed professional registered nurse

Medication administration records should be filed with the individual student health record when completed and retained for one year. Substantive medication information may be included in the student cumulative health record by the nurse.

### **Medication Errors** 13, 15, 23

A medication error is a deviation from the standard of care for the student concerning correct medication delivery and includes the following:

- Omitted doses
- Incorrect doses
- Incorrect time of administration
- Incorrect student
- Improper injection techniques
- Incorrect route of administration

Incorrect documentation can also occur. Ink should be used for all written documentation. When a documentation mistake occurs, a single line should be drawn through the erroneous entry to identify it as erroneous then the correct information entered and

initialed. Correction tape, “white out” or an eraser should NOT be used.

If a medication error occurs, observe the student for any untoward effects. Always check the level of consciousness and breathing of the student first. If breathing problems, seizures, or difficulty arousing the student, call 911.

Poison Control is another resource that can provide emergent information when a medication mistake has been made. Call Poison Control when a medication is given to the wrong student or an overdose of medication is suspected. 1-800-222-1222.

School district policy and procedure dictates who is to be notified and what order, including the licensed prescriber if there is a question of potential harm to the student. The medication error should be documented using a medication incident report form. A sample one is found in Appendix G.

### **Proper Storage and Handling** 3, 6, 13, 14, 15

All medications should be brought to the school and stored in the original pharmacy or manufacturer labeled container. All medications maintained in the school setting (other than emergency medications and those approved for self-administration by specific students) should be kept in a locked and secured cabinet or drawer used exclusively for medications, in a room that can be locked. Medications requiring refrigeration should be kept in a secured refrigerator inaccessible to students or staff and should never be stored with food. Topical medications should be stored separately from internal medications.

Controlled medications (e.g., Ritalin) must be counted upon receipt, be stored in a double-locked cabinet or drawer and inventoried at least weekly. A record of the drug count should be maintained in a log or on the student’s medication record. Self-administration of controlled substances should never be permitted in the school setting. Any count discrepancies should be reported to the school nurse to enable further investigation.

Expiration dates on any medications should be checked on a routine basis and not be used after the expiration date.

Access to stored medications should be limited to the building principal and persons authorized to administer medications and to self-medicating students. Students who are self-medicating must not have access to other student’s medications. Access to keys must be restricted to the extent possible.

Needles, lancets, syringes, and other medical sharps should be sealed in puncture proof container labeled BIOHAZARD and properly disposed of.

Ideally, no more than a 30-day supply of prescribed medication should be stored at school. Medications no longer being used should be returned to the parent/ guardian and the return documented. With parent/guardian consent, medications may be destroyed by the school nurse, witnessed by another individual, and appropriately documented. All medications should be returned or destroyed at the end of the school year. Care should be taken not to flush any drugs into the water system unnecessarily.

Resources include:

- State of Alaska Fact Sheet: Prescription Medicine and Veterinary Medicine Disposal
- Federal Drug Administration: How to Dispose of Unused Medications

### **Common Side Effects and Allergic Reactions** 13, 16, 24, 25, 26, 27, 28

The unlicensed school staff should be vigilant for any change (physical or behavioral) in the student’s condition especially during the first few days after a new medication has been introduced. Some medications may require time for them to obtain optimal blood levels before seeing their side effects. This can be particularly true with drugs

affecting behavior such as anti-depressants or psychotropics. It is the responsibility of the unlicensed school staff to observe and report any changes in physical or behavioral well-being to the school nurse and/or parent. The observations should be documented on the student record including to whom and when they were reported.

Signs and Symptoms of an allergic reaction and/or ANAPHYLAXIS (severe, life-threatening allergic reaction)

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hive, itchy rash, swelling of face or extremities
- \*Gut: Nausea, abdominal cramps, vomiting, diarrhea
- \* Throat: Tightening of the throat, hoarseness, hacking cough
- \*Lung: Shortness of breath, repetitive coughing, wheezing
- \*Heart: Thready pulse, low BP, fainting, pale, blueness
- \*Neuro: Disorientation, dizziness, loss of consciousness

\*Potentially life-threatening

What to do:

If potentially life-threatening symptoms\*

- CALL 911. State that an allergic reaction is occurring. Stay with the student.
- Give epinephrine, if trained in administration and epinephrine is available. If epinephrine is prescribed for that student, follow the student Allergy/Anaphylaxis Plan. Further epinephrine may be necessary if symptoms persist or recur. NOTE: Never delay the administration of Epinephrine when potentially life-threatening symptoms\* are observed or reported. Only a few symptoms may be present, and severity of symptoms can change quickly.
- Treat for shock and prepare to administer CPR. Keep student supine with feet elevated after administration of epinephrine to prevent hypovolemia and distributive shock which results in "Empty Heart Syndrome."
- Call parents/guardians to notify of reaction and need for emergency care.
- Notify school nurse and health care provider.

If mild symptoms only

- Stay with the student and monitor for progressive symptoms (see above).
- Contact the school nurse, health care provider and parent.
- An antihistamine may be necessary.

### Medications Commonly Administered in the School Setting:

- *Antibiotics (examples: Amoxicillin, Cephalexin)*

Purpose: To treat certain infections caused by bacteria such as pneumonia and bone, ear, skin, and urinary tract infections.

Side effects: Allergic reaction, rash, diarrhea, upset stomach, vomiting.

- *Asthma:*

Short-acting bronchodilator inhalers (examples: Albuterol, Ventolin, Proventil, Maxair, ProAir HFA, Xopenex HFA)

Purpose: To relax tight airways and treat coughing, wheezing and shortness of breath for 3-6 hours

Side effects: Tremor, nausea, tachycardia, palpitations, nervousness, increased

blood pressure, dizziness, headache, irritated throat, and epistaxis; Maxair - arrhythmia, hypotension, hyperactivity, diarrhea, dry mouth, anorexia, bad taste, abdominal pain, rash, edema.

- *Long-acting bronchodilator inhalers* (examples: Foradil aerolizer, Serevent Diskus)

Purpose: To relax tight airways over time. DO NOT USE TO TREAT SUDDEN EPISODES OF COUGHING, WHEEZING, OR SHORTNESS OF BREATH. Do not use more frequently than every 12 hours.

Side effects: Palpitations, fast heart rate, elevated blood pressure, tremor, nervousness, and headache. Throat and upper airway irritation, nausea, dizziness, nervousness, dry mouth, stomach upset, tiredness, trouble sleeping, hoarseness.

- *Anticholinergic inhalers* (examples: Atrovent HFA, Combivent, Spiriva HandiHaler)

Purpose: To use in combination with short-acting bronchodilators to open large airways and reduce mucus. DO NOT USE TO TREAT SUDDEN EPISODES OF COUGHING, WHEEZING, OR SHORTNESS OF BREATH.

Side effects: Dry mouth, cough, headache, nausea, dizziness, rash, itching, difficulty breathing, nervousness, tremor, palpitations, fast heart rate, elevated blood pressure, heartburn, throat irritation, nosebleeds.

- *Inhaled Anti-Inflammatories* (examples: AeroBid, Alvesco, Asmanex, Asmacort, Flovent Diskus or HFA, Intal, Plumericort Flexhaler, QVAR)

Purpose: To reduce and prevent airway inflammation. DO NOT USE TO TREAT SUDDEN EPISODES OF COUGHING, WHEEZING, OR SHORTNESS OF BREATH.

Side effects: Dry or irritated throat and mouth, cough, difficult or painful speech, hoarseness, a bad taste in the mouth, headache, voice changes.

- *Combination medications* (examples: Advair Diskus or HFA, Symbicort)

Purpose: Contain both long-acting bronchodilator and inhaled corticosteroid. DO NOT USE TO TREAT SUDDEN EPISODES OF COUGHING, WHEEZING, OR SHORTNESS OF BREATH. Do not use more frequently than every 12 hours.

Side effects: Upper respiratory tract infections, headaches, nausea, vomiting, diarrhea, mouth or throat candidiasis, musculoskeletal pain.

- *Corticosteroids* (examples: Prednisone, Prednisolone)

Purpose: Oral anti-inflammatory

Side effects: Dry mouth, tremors, vomiting, diarrhea, nervousness, insomnia, headache, and increased heart rate, dizziness, extreme changes in mood, changes in personality, bulging eyes, acne, thin/fragile skin, red or purple blotches or lines under the skin, slowed healing of cuts and bruises, increased hair growth, changes in the way fat is spread around the body, extreme tiredness, weak muscles, irregular or absent menstrual periods, decreased sexual desire, heartburn, increased sweating, retention of sodium (salt) and fluid, weight gain, high blood pressure, loss of potassium, puffiness of the face (moon face), glaucoma, cataracts, ulcers in the stomach and duodenum, worsening of diabetes, rounding of the upper back ("buffalo hump") retardation of growth in children, convulsions.

## Allergies

- *Antihistamines* (examples: Dimetane, Chlor-Trimeton, Periactin, Dimetapp, Dramamine, Benadryl, Claritin, Phenergan, Pyribenzamine, etc.)

Purpose: To decrease allergic response

Side effects: Drowsiness, confusion, nervousness, dry mouth/nose/throat, dizziness, nausea, vomiting, loss of appetite, constipation, increased chest congestion, headache, muscle weakness, excitement (especially in children).

## Mental Health (many of these drugs are Schedule II controlled substances)

- *Adderall* (Amphetamine Sulfate)  
Purpose: Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy  
Side effects: Loss of appetite, weight loss, insomnia, headache, dry mouth, and nausea.
- *Clonidine*  
Purpose: ADHD, other mental health disorders and hypertensive  
Side effects: Constipation, dry mouth, fatigue, drowsiness, weakness, headache, nervousness, nausea, vomiting.
- *Dexedrine* (Dextroamphetamine Sulfate)  
Purpose: ADHD, narcolepsy, obesity (short-term)  
Side effects: Agitation/irritability, insomnia, dry mouth, headache, nausea, weight loss.
- *Dextrostat*  
Purpose: ADHD and narcolepsy  
Side effects: Loss of appetite, insomnia, headache, dry mouth, nausea.
- *Ritalin, Concerta* (methylphenidate)  
Purpose: ADHD and narcolepsy  
Side effects: Joint pain, nervousness, insomnia, reduced appetite, nausea, abdominal discomfort, headache, dizziness, rapid heart palpitations.
- *Serotonin reuptake inhibitors* (Zoloft, Paxil, Prozac, Celexa, Lexapro)  
Purpose: Major depressive disorder, obsessive-compulsive disorder  
Side effects: Nausea, headache, insomnia, diarrhea or constipation, dry mouth, tremors or tics, anxiety, mania, depression worsening, increased blood pressure and pulse, rash, heavy sweating, confusion, seizures. Monitor for suicidal ideation, mood/behavior change, serotonin syndrome.
- *Atypical anti-depressants* (Wellbutrin, Remeron, Trazodone)  
Purpose: Major depressive disorder, ADHD  
Side effects: Anxiety, restlessness or agitation, drowsiness or fatigue, dry mouth, nausea or anorexia, dizziness or blurred vision, suicidality, headache, psychosis, hallucinations or paranoia, sweating. Monitor for suicidality, depression worsening, severe hypertension.

## Over-the-counter (reminder: OTC medications are not completely safe)

- *Ibuprofen* (examples: Advil, Nuprin)  
Purpose: Non-steroidal anti-inflammatory to treat mild pain, reduce

inflammation or fever

Side effects: Stomach upset/irritation, nausea/vomiting, constipation, and diarrhea.

- *Acetaminophen* (example: Tylenol)  
Purpose: Treat mild pain, reduce fever.  
Side effects: Liver damage.

### **Emergency Medications** (NOTE: these medications are injectable or an as-needed controlled substance and are not addressed in this training curriculum)

- *Epinephrine autoinjector* (example: Epi Pen, Twinject, Auvi-Q)  
Purpose: Used in an emergency to treat or prevent anaphylaxis. May be self-administered.  
Side effects: Upset stomach, vomiting, sweating, dizziness, nervousness, weakness, pale skin, headache, shaking hands that you cannot control.
- *Glucagon*  
Purpose: Used in an emergency in which a person with diabetes is hypoglycemic and unresponsive.  
Side effects: Nausea, vomiting, rash, itching.
- *Rectal diazepam* (Diastat)  
Purpose: Used in emergency situations to stop cluster seizures (episodes of increased seizure activity) in people who are taking other medications to treat epilepsy (seizures). Diazepam is in a class of medications called benzodiazepines. It works by calming abnormal over-activity in the brain.  
Side effects: Drowsiness, dizziness, headache, pain, stomach pain, nervousness, flushing, diarrhea, unsteadiness, abnormal 'high' mood, lack of coordination, runny nose, problems falling asleep or staying asleep.

### **Resources for Drug Information:**

Sources of information regarding specific drug information, adverse reactions, interactions, and toxicity can be obtained by the utilizing reputable online resources and reference books (see Resource Section) and/or by contacting the pharmacist, school nurse or health care provider. Medication manufacturers provide a medication insert when filling the prescription that also contains information about prescription medication.

### **When To Contact The School Nurse** <sup>13, 16</sup>

When something is out of the ordinary and there are concerns about whether or not to administer medication or concerns about a reaction a student may have, the school nurse should be contacted. If the school nurse is not able to be reached in a timely manner, the student's parent/guardian or health care provider should be contacted. Contact when:

- New medication is received at school or there is a change in the dose
- Medication label cannot be read clearly, or the medication is not supplied in the original container
- Medication does not appear to be correct – not the same as usual
- Medication is expired or supply is depleting

- Student refuses to take the medication
- The student has unusual symptoms after taking the medication, including an allergic reaction or vomiting
- A medication error has occurred

### Limitations <sup>9, 13</sup>

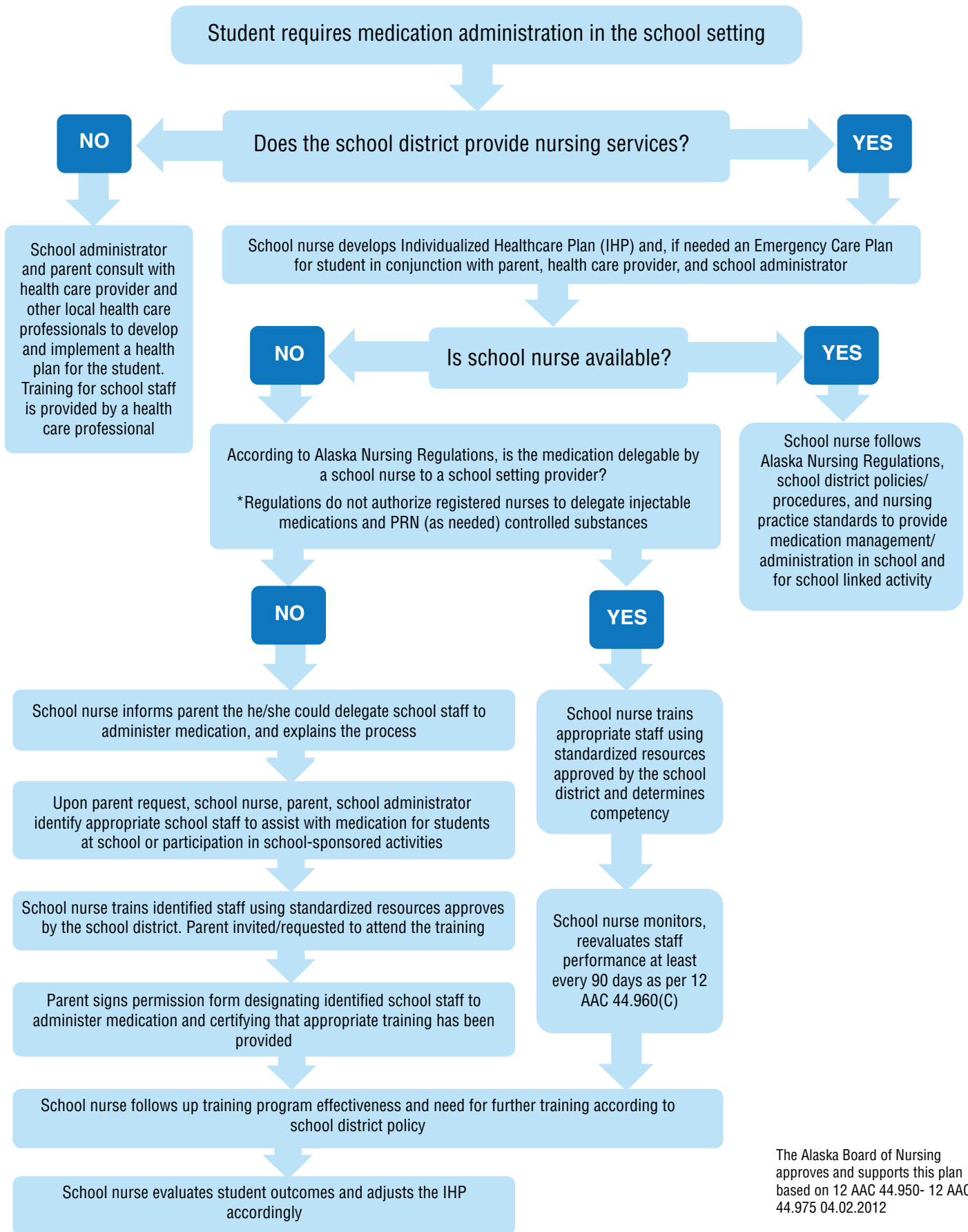
- Injectable medications may not be delegated by a registered nurse to unlicensed school staff. Unlicensed school staff may be trained in administering injectable emergency and diabetic medications, such as epinephrine and glucagon, when authorized by the parent and trained by a registered nurse. Injectable medications are addressed in a separate training document.
- Rectal medications administered in the school setting are often provided in an emergency on a PRN (as needed) basis, as in rectal seizure medications. Rectal seizure medications are controlled substances that may not be delegated by a registered nurse to unlicensed school staff. Unlicensed school staff may be trained in administering rectal seizure medications, such as diazepam rectal gel, when authorized by the parent and trained by a registered nurse. Rectal medications are not addressed in these guidelines.
- PRN (as needed) medications may not be delegated to unlicensed school staff when the student's medical condition is unstable, requiring ongoing assessment and adjustment of dosage or time of administration by a registered nurse.
- Medications should not be crushed or cut if they are unscored unless there is specific approval of the health care provider.
- Each delegation is student specific. Trained school staff may only administer medications to the student for whom the medication is prescribed, and the staff is trained. Trained school staff may not delegate medication administration to other persons or give medication from another student's container. Documentation for medication administration is student specific.
- A student may refuse to take a medication and cannot be forced to do so. The school nurse and/or parent should be notified.
- Verbal orders from parents or health care providers should not be received by school staff other than a registered nurse. The parental authorization and/or health care provider order should be in writing.

### Return Demonstration and Posttest <sup>6</sup>

Review the trained unlicensed school staff responsibilities a second time. Complete the evaluation of mastery form and the post test. Mastery is 100% accuracy on return demonstration. The trainee must pass the posttest with a score of 90% or better. Inform the trained staff that an evaluation of their continued competency for all school nurse delegated medication administration tasks will occur every 90 days per Alaska Board of Nursing Regulations. See Appendix B for a sample pre- and post-test. In Appendix C, a sample evaluation of mastery checklist is provided that contains continued competency documentation.

# Appendix A

## SAMPLE Medication Administration Delegation Decision Tree



The Alaska Board of Nursing approves and supports this plan based on 12 AAC 44.950- 12 AAC 44.975 04.02.2012



## Appendix B

### SAMPLE Medication Administration -Pre- and Posttest

#### True/False

1. T F Medication administration at school requires a parent(s)/guardian(s) written request.
2. T F Medications may be brought to school in any container as long as the parent has labeled it.
3. T F Medications may be stored in an unlocked cabinet in a locked school.
4. T F Record medication administration prior to giving the medication.
5. T F You should report immediately if a student refuses to take a scheduled medication.
6. T F Prescription medications are the same as over-the-counter medications.
7. T F Proper hand-washing is very important in fighting the spread of germs.
8. T F It is okay to put tablets and capsules into the student's hand if you are careful.
9. T F Unwrap individually wrapped medications when you are ready to give the medication.
10. T F Measure liquid medications at eye level to assure proper dosage.
11. T F You may apply topical medications such as ointments, creams, and lotions using your fingers if you wash your hands first.
12. T F If you are unsure about how to administer a medication, check with the school nurse before giving it.
13. T F You should report any change noticed in the student's condition.
14. T F A student, with authorization from the health care provider and parent/guardian, may carry and self-administer an asthma inhaler and/or auto injectable epinephrine medication.
15. T F Drug legislation is designed to ensure the public's safety and to regulate the manufacture and sale of safe drugs.
16. T F A legal prescriber includes a physician (MD or DO), podiatrist, dentist, nurse practitioner or physician assistant (who works in collaboration with a physician).
17. Drugs are classified as:
  - a. Over-the-counter (OTC)
  - b. Controlled substances
  - c. Prescription medication
  - d. All of the above
18. The first action you should take when you are unclear about administering a medication is:
  - a. Check with the student
  - b. Check with the prescriber
  - c. Do not administer the medication
  - d. Use your judgment

19. The record of medication administration includes:
- Name of the student
  - Date
  - Time medication is given
  - All of the above
20. The student does not come for medication at the right time. You should:
- Check with the classroom teacher, attendance office, or principal
  - Call the student's parents
  - Notify your supervising school nurse immediately
  - Call the physician
21. A student vomits after taking a medication. You need to report:
- Student's name and age
  - Medication and dosage
  - Time interval between medication administration and vomiting
  - All of the above
22. You make an error in giving a medication. You should immediately:
- Report the error following school policy guidelines
  - Fill out an incident report
  - Induce vomiting
  - Notify the student's parent/guardian and physician
23. Wash your hands:
- 1, 2, 5                              1. Before giving each student's medication
  - 3, 4, 6                              2. After giving each student's medication
  - All of these      3. At the beginning of the day
  - None of these 4. After using the restroom
  5. Between giving each student's medication
  6. After removing gloves
24. Each time you give a medication, you should:
- Perform proper handwashing techniques
  - Check the "five rights"
  - Fill out the medication log
  - All of the above
25. A student is taking two liquid medications. You should do all except:
- Measure the liquid using a medicine cup
  - Mix two liquid medications in the same cup
  - Hold the bottle with the label facing your palm
  - Measure the dosage at the bottom of the disc (meniscus)
26. Administration of eye drops includes:
- Approach the student from inside his field of vision
  - Touch the eye with the dropper
  - After administration, ask the student to close his eyes for a few minutes
  - Blot excess from the outside of the eye to the inside

27. When administering ear drops:
- Warm the medication by rolling the bottle in your hands for a few minutes.
  - Wait at least one minute before putting drops in the second ear
  - Touch the ear with the dropper.
  - All but c
28. Qualified school personnel may administer medication by injection:
- In situations where no previous training has occurred
  - In emergency situations such as allergic reactions
  - Both a and b
  - None of the above
29. Monitoring student self-administration by inhaler does not include:
- Exhale immediately after inhalation for medication to settle
  - Reminding the student to take medication
  - Shaking the inhaler for two seconds
  - Waiting at least one minute before the second inhalation
30. Alternative medications, such as herbal or homeopathic medications are:
- Not tested by the US Food and Drug Administration for safety or effectiveness
  - Not delegable to unlicensed school staff by a registered nurse in Alaska
  - Not authorized for administration by a school nurse if they contain one or more herbs or are not commercially prepared
  - All of the above
31. The role of the trained school staff person to administer medication include all except:
- Responsibility in following medication administration procedures
  - Obtain medication information from the student's individual medication record
  - No accountability for errors
  - Know the specific instructions for each medication administered
32. The best definition of medication is:
- A synthetic and artificial substance prepared in labs from chemicals
  - A substance to prevent, diagnose, cure or relieve disease
  - The generic name is designated and patented by the manufacturer
  - A substance which is unlikely to produce adverse effects
33. Reliable sources of medication information include all of the following except:
- Wikipedia
  - Drug reference books
  - School nurse or nurse supervisor
  - Pharmacist
34. You have an order to give Ritalin 5mg daily at 12 noon. What is the minimum of times you should check the medication label before giving the medication?
- 3
  - 1
  - 4
  - 2

35. The five rights for medication administration are:
- right medication, right route, right date, right dose, right time
  - right student, right medication, right time, right prescription, right date
  - right dose, right route, right date, right symptoms, right medication
  - right time, right student, right medication, right route, right dose
36. When it comes to medication administration, "Universal Precautions" means:
- proper hand-washing before and after giving medications
  - a set of protocols that treats all body fluids as if they are contaminated
  - watch a student self-administer medication so that you do not have to touch the medication
  - all but C
37. A student comes to your office and gives you a note from their parents telling you to give them Tylenol. What is the best course of action?
- give the Tylenol
  - call the principal
  - contact your school nurse so that they can contact the parent
  - tell the student you cannot give them Tylenol and send them back to class with the note
38. You should document each medication that you administer:
- before giving them to the student
  - right after giving them to the student
  - at the end of the school day
  - whenever you get around to it
39. The student tells you that the medication you are giving them is incorrect. You should
- give it to them anyway
  - tell them it is a new medication and they should still take it
  - do not give the medication; contact the nurse and the student's parent/guardian
  - tell them the medication just looks different, but it is probably the same thing they took yesterday
40. Before giving any medication, which of the following must be checked:
- Medication time and route
  - Student name
  - Medication name and dose on the medication bottle against the medication record
  - All the above

\_\_\_\_\_ **Total score**

Possible score – 40 points

Score 36 point = 90% mastery

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## Pre- and Posttest Answer Key

- |       |       |
|-------|-------|
| 1. T  | 33. A |
| 2. F  | 34. A |
| 3. F  | 35. D |
| 4. F  | 36. D |
| 5. T  | 37. C |
| 6. F  | 38. B |
| 7. T  | 39. C |
| 8. F  | 40. D |
| 9. T  |       |
| 10. T |       |
| 11. F |       |
| 12. T |       |
| 13. T |       |
| 14. T |       |
| 15. T |       |
| 16. T |       |
| 17. D |       |
| 18. C |       |
| 19. D |       |
| 20. A |       |
| 21. D |       |
| 22. A |       |
| 23. C |       |
| 24. D |       |
| 25. B |       |
| 26. C |       |
| 27. D |       |
| 28. B |       |
| 29. A |       |
| 30. D |       |
| 31. C |       |
| 32. B |       |

**Total score** \_\_\_\_\_

Possible score – 40 points

Score 36 point = 90% mastery

# Appendix C

## SAMPLE Medication Administration Evaluation of Mastery

Trainee Name \_\_\_\_\_ School Nurse \_\_\_\_\_

General Medication Administration	Initial Exp/ Demo Date	Every 90 days Date	Every 90 days Date	Every 90 days Date
<b>General Medication Administration</b>				
A. States name and purpose of task and location of supplies				
B. Identifies supplies needed.				
C. Preparation:				
1. Reviews Universal Precautions.				
2. Locates supplies in secured storage area. Locates student medication administration record. Verifies authorization.				
3. Reviews five "rights" of medication when removing medication from secured storage area, when preparing medication and when returning medication to secured storage area.				
4. Checks expiration date and reads label and medication record for instructions.				
5. Prepares medication without contamination.				
D. Procedure:				
1. Demonstrates proper handwashing. Puts on disposable gloves, if indicated. Oversees student washing hands if also handling medication.				
2. Demonstrates proper identification of student. Asks for student first and last name and what medication he/she is to receive. Checks student identity with name and photo (if available) on medication record and with medication label.				
3. Explains procedure to student and positions him/her properly for procedure.				
4. Administers the medication to the correct student				
5. Administers the correct medication.				
6. Administers the correct dose.				
7. Administers at the correct time.				
8. Administers by the correct route.				
9. Verifies student received the medication and observes the student for unusual reactions.				
10. Disposes of used equipment. Appropriately removes and discards gloves, if worn. Washes hands.				
11. Documents immediately and appropriately per school procedure.				
12. States reporting measures if unusual reactions were to occur.				

<b>General Medication Administration</b>	<b>Initial Exp/ Demo Date</b>	<b>Every 90 days Date</b>	<b>Every 90 days Date</b>	<b>Every 90 days Date</b>
<b>Administering Oral Medication</b>				
1. Demonstrates putting correct dose in the medication cup.				
a. If individually wrapped, tears off number needed, removes from package at time student takes the medication. Provides glass of water unless directed not to do so.				
b. If liquid, pours from the side of the bottle opposite the label into graduated medicine cup at eye level, measuring at bottom of meniscus. Wipes any medication from the outside of container.				
<b>Administering Ophthalmic (Eye) Medication</b>				
1. Cleanses eye with clean cotton ball or tissue wiping once from the inside to the outside. Uses new cotton ball or tissue for each eye.				
2. Positions the student lying down or sitting with head tilted back and eyes looking up.				
3. Approaches eye from outside field of vision.				
4. Uses index finger to gently pull lower eyelid down to expose conjunctiva sac (pocket).				
5. For eye drops:				
a. Gently squeezes the dropper or eye drop bottle to instill the correct number of drops into the conjunctiva sac.				
b. Does not touch the eye with the dropper or tip of bottle.				
c. Slowly releases the lower lid and instructs the student to keep eye closed for a few minutes.				
6. For eye ointment:				
a. Gently squeezes 1-2 cm thin strip of ointment along conjunctiva sac from inner to outer eye.				
b. Slowly releases lower lid and instructs the student to close the eyelid and move the eye around to distribute the ointment.				
c. Removes excess ointment from inner to outer eye with a new cotton ball or tissue for each eye treated.				
d. Informs the student that their vision may be blurred temporarily.				
<b>Administering Otic (Ear) Medication</b>				
1. Warms medication by holding bottle in hands for a few minutes.				

<b>Evaluation of Mastery – Medication Administration</b>	<b>Initial Exp/ Demo Date</b>	<b>Every 90 days Date</b>	<b>Every 90 days Date</b>	<b>Every 90 days Date</b>
<b>Administering Oral Medication</b>				
2. Positions student lying down or sitting up with their head turned with the affected ear up.				
3. Cleanses entry to ear canal with clean cotton ball as needed.				
4. If a dropper is supplied, squeezes to fill the dropper to the desired amount.				
5. Straightens the ear canal by pulling outer ear gently down and back (ages 3 and under) or up and back (older children and adults).				
6. Administers the correct number of drops aimed toward the wall of the canal without touching the ear with the dropper.				
7. Loosely places a cotton ball in the external canal, unless instructed otherwise.				
8. Asks the student to maintain the position for at least one minute. If treating both ears, waits at least one minute between ears.				
<b>Administering Intranasal (Nose) Medication</b>				
1. Instructs the student to gently blow their nose into tissue and discard it.				
2. For drops, positions the student lying down or sitting up with head tilted back. Presses gently on the tip of the nose to open the nares and inserts the dropper just inside the nostril to administer the correct number of drops. Does not touch the dropper or tip of bottle to the nostril. Asks the student to maintain position for a few minutes to assure medication reaches upper nasal passages.				
3. For spray, position student with head upright and insert the nozzle part way into the nose. Aim nozzle tip slightly to the top of the ear on the same side of the nostril being used. Student can be told to “sniff like smelling a flower” as the medication is delivered.				
4. Instruct the student to refrain from blowing their nose afterwards to maximize medication absorption.				
5. Asks the student if they wish to rinse their mouth with water and expectorate any solution that has drained into their mouth.				
<b>Administering Topical Skin Medication</b>				
1. Cleanses the affected area with soap and warm water, unless other instructed. Rinses and allows area to dry or pats dry with paper towel.				
2. Applies prescribed amount of topical medication to affected area with gloved hand, gauze, cotton tipped applicator or tongue depressor.				
3. Covers the affected area with a bandage or dressing as directed.				



<b>Evaluation of Mastery – Medication Administration</b>	<b>Initial Exp/ Demo Date</b>	<b>Every 90 days Date</b>	<b>Every 90 days Date</b>	<b>Every 90 days Date</b>
<b>Administering Inhaled Medication</b>				
1. Positions student standing or sitting up straight.				
2. Removes the cap and shakes the inhaler gently back and forth.				
3. Primes the inhaler to release one dose of medication into the air if the MDI is new or has not been used for several days to ensure adequate dosing.				
4. Instructs the student to exhale fully.				
5. If using a spacer or chamber, inserts the MDI mouthpiece into the device and has the student place the chamber mouthpiece into their mouth.				
6. If not using a spacer or chamber, instructs the student to place the MDI mouthpiece into his/her mouth between the teeth and close their lips around it.				
7. Instructs the student to keep their tongue out of the way.				
8. Instructs the student to begin to inhale slowly then activate the inhaler.				
9. Instructs the student to continue to inhale slowly for 3-5 seconds, filling their lungs.				
10. Instructs the student to hold their breath for 10 seconds, as able, and then slowly breathe out.				
11. Waits at least one minute if a second dose is given, repeating the previous steps.				
12. Replaces the cap, rinses the spacer (or follows manufacturer's guidelines, if available), and allows to dry before storing in sealed plastic bag.				
13. Instructs the student to rinse their mouth after corticosteroid inhaler use.				

Mastery is 100% accuracy on return demonstration.

Initials in the space(s) above indicate:

I have been trained to and accept responsibility for performing tasks initialed above in accordance with each student's Individualized Healthcare Plan when the school nurse is not available. I understand I need to maintain my skills and that the school nurse will regularly assess my performance to identify any needs for review or repetition of the training I have received to perform this/these skills. I have had the opportunity to ask questions and received satisfactory answers.

I am currently certified in  First Aid  CPR

I have received advanced training in Bloodborne Pathogens.

Trainee Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

I have assessed the Trainee's skills to determine the success of the training I provided. Based on this assessment, it is reasonable and prudent for the Trainee to perform medication administration if I am not available. This is in effect for the current school year with reassessments every 90 days.

School Nurse Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix D

## SAMPLE Medication Authorization Form – Prescription Long Term (page 1 of 2)

Student \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Birthdate \_\_\_\_\_  
Allergies (Medications) \_\_\_\_\_



Note: Prescription Medication must be in the original container indicating the following information: student name, dosage, healthcare provider, pharmacy, date issued, and prescription number.

Parent Statement : I request that the prescription medication listed below be given to my child named above.

- I understand that only current medications will be given at school.
- I understand that in the absence of the school nurse, other trained school staff may administer medication.
- I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements.
- I give permission for the school nurse to contact the health care provider regarding this treatment.
- I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.
- I understand that this medication will be destroyed unless picked up by the end of the last student school day of this year per federal DEA requirements.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home phone \_\_\_\_\_ Work/Emergency Phone \_\_\_\_\_  
Other medications your child is taking \_\_\_\_\_

Healthcare Provider Statement : This medication is required during school hours to improve or maintain the health of this student. The nurse may contact me regarding this medication. The above named child should receive prescribed medication for the following condition: \_\_\_\_\_

- Medication \_\_\_\_\_
- Prescribed daily dosage \_\_\_\_\_
- Time and dosage given at school \_\_\_\_\_
- Beginning date of medication \_\_\_\_\_ Ending Date \_\_\_\_\_
- Possible side effects \_\_\_\_\_
- Special instructions for administration \_\_\_\_\_

Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone \_\_\_\_\_  
Healthcare Provider Address \_\_\_\_\_  
Healthcare Provider Email \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

# Appendix D

## SAMPLE Medication Authorization Form – Prescription Long Term (page 2 of 2)

Student \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Initial	Signature

Date, Amount of Med, Count Verified (initials)				
Month	Week 1	Week 2	Week 3	Week 4
AUG				
SEPT				
OCT				
NOV				
DEC				

Date, Amount of Med, Count Verified (initials)				
Month	Week 1	Week 2	Week 3	Week 4
JAN				
FEB				
MAR				
APR				
MAY				

Date, amt of incoming med	Date, amt of incoming med

Medication					Dose			Time			
Month	Month	Month	Month	Month	Month	Month	Month	Month	Month		
Day	Time/Init.	Day	Time/Init.	Day	Time/Init.	Day	Time/Init.	Day	Time/Init.	Day	Time/Init.
1					1			1			
2					2			2			
3					3			3			
4					4			4			
5					5			5			
6					6			6			
7					7			7			
8					8			8			
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26					26			26			
27					27			27			
28					28			28			
29					29			29			
30					30			30			
31					31			31			

# Appendix E

## SAMPLE Medication Authorization Form – Prescription Short Term

Student \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Birthdate \_\_\_\_\_  
Allergies (Medications) \_\_\_\_\_



Note: Prescription Medication must be in the original container indicating the following information: student name, dosage, healthcare provider, pharmacy, date issued, and prescription number.

### Parent Statement:

- I request that the following prescription medication be given to my child named above for not more than 15 school days.
- For this condition \_\_\_\_\_
- I understand that only current medications will be given at school.
- I understand that in the absence of the school nurse, other trained school staff will administer the medication.
- I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner, in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements.
- I give permission for the school nurse to contact the health care provider regarding this treatment.
- I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.
- I understand that this medication will be destroyed unless picked up by the end of the last student school day of the year.

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time to be given \_\_\_\_\_  
Prescription # \_\_\_\_\_ Pharmacy \_\_\_\_\_ Begin \_\_\_\_\_ Date \_\_\_\_\_ End Date \_\_\_\_\_  
Healthcare Provider \_\_\_\_\_ Phone/Contact Info \_\_\_\_\_  
Storage instructions \_\_\_\_\_  
Special instructions for administration \_\_\_\_\_  
Possible Side Effects \_\_\_\_\_

As parent/guardian of the above named student, I request the \_\_\_\_\_ School District to give medication to my child.

X \_\_\_\_\_  
*Parent/Guardian Signature*  
Date \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
*School Nurse Signature*  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date	Time	Initials
Name/Initials		
Name/Initials		
Name Initials		

# Appendix F

## SAMPLE Medication Authorization Form – Prescription Short Term

Student \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Allergies (Medications) \_\_\_\_\_



As parent/guardian of the above named student, I request the School District to give medicine for the following condition(s). This medication request must be deemed necessary to maintain or improve health and participation in the school program. Each request will be assessed for the most appropriate intervention and will be given at the standard dosage recommended by manufacturer. (Check all that apply)

**Condition:**  Headache  Cramps  Dental Other: \_\_\_\_\_

**Medicine:**  Acetaminophen  Ibuprofen  Naproxen  Midol/Premysyn/Pamprin

Other \_\_\_\_\_

**Dose:** \_\_\_\_\_ Frequency: \_\_\_\_\_ (if less than manufacturer’s recommended dose)

Specify Time: \_\_\_\_\_ or As Needed: \_\_\_\_\_ Side Effects \_\_\_\_\_

Special Instructions for Administration \_\_\_\_\_

I understand that the school is not legally obligated to administer medication to my child. Therefore, I agree to defend and hold harmless, the school district and its employees from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. I understand that in the absence of the school nurse, other trained school staff will administer the medication. I will notify the nurse if I give this medication to my child before arrival at school while this request is in effect to prevent overmedicating. I also affirm that my child has taken this medicine at least two times in the past without any adverse side effects. I agree to supply medication for my student in its original packaging (small bottles only, please). I understand that the medicine will be destroyed unless picked up by the end of the last student school day of this year.

Medicines will not be kept by the school over the summer break per DEA regulations.

Parent/Legal Guardian Signature: \_\_\_\_\_ Printed Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Over the Counter Medication Administration Record

Date/Time/Med/Initials	Date/Time/Med/Initials	Date/Time/Med/Initials	Date/Time/Med/Initials

Initials \_\_\_\_\_ Name \_\_\_\_\_

Initials \_\_\_\_\_ Name \_\_\_\_\_

Initials \_\_\_\_\_ Name \_\_\_\_\_

Initials \_\_\_\_\_ Name \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

# Appendix G

## SAMPLE Medication Error Reporting Form

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Error: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Due: \_\_\_\_\_

Reason for report: (check all that apply)

Missed medication: \_\_\_\_\_

Wrong time:       Late = >45 past due       Early = > 45 before time due

Wrong student

Wrong route

Other: \_\_\_\_\_

Provide detailed report of how the error occurred:

\_\_\_\_\_  
\_\_\_\_\_

List any Witness(s): \_\_\_\_\_

Describe how this can be avoided in future/corrected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action Taken/Intervention:

Building Nurse: \_\_\_\_\_ Notified:  Yes     No

Notification Time: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Parent/Guardian Notified: \_\_\_\_\_  Yes     No    Time & Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's HCP Notified (if needed):  Yes     No    Time & Date: \_\_\_\_\_

Nursing Supervisor/Coordinator Notified:  Yes     No    Time & Date: \_\_\_\_\_

Printed Name of Reporter: Signature \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition & Follow-Up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Appendix H

## Common Metric Measurements

It is important to have some knowledge of the metric system when working with medications.

### Most capsules and tablets are in milligrams (mg) or grams (gm)

- 1000 mg = 1 gram
- 500 mg = 0.5 gram
- 250mg = 0.25 gram

### Liquid Measurement (Volume of Drug)

- 1 mL = 1cc
- 2 ½ mL – ½ teaspoon (tsp)
- 5 mL – 1 teaspoon (tsp)
- 15mL – 3 teaspoon (tsp)
- 30 mL – 1 fluid ounce
- 60 mL – 2 fluid ounces

### Abbreviations Commonly Used in Prescriptions

- am – morning
- h or hr – hour
- HS – at bedtime
- mL – milliliter
- pm – afternoon, evening
- po – by mouth, orally
- prn – as needed
- tab – tablet
- Tbsp – tablespoon
- Tsp – teaspoon

# Appendix I

## List of Trained Unlicensed School Staff

### Medication Administration Training

The \_\_\_\_\_ School District employee(s) listed below have been trained in Medication Administration as specified by the school district policy.

NAME	DATE TRAINED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

School Nurse	Date
--------------	------

Original to be kept on site  
Copy to Nurse Coordinator upon request

*Adapted from Kenai Peninsula Borough School District Health Services Nursing Manual*



# Appendix J

## Universal Precautions Handout

### I. Overview

Occupational Health and Safety Administration's (OSHA) Universal Precautions refers to a set of protocols for handling body fluids properly to protect against bloodborne pathogens. Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include but are not limited to hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). Bloodborne pathogens can be found in blood, semen, vaginal secretions, and breast milk. Body fluids that do NOT pose a risk of bloodborne pathogen transmission unless visibly contaminated with blood include: urine, stool, saliva, emesis, nonpurulent respiratory secretions, tears, sweat or nasal discharge. Even though these other body fluids may not contain bloodborne pathogens, other infectious pathogens that cause other diseases may be present. Therefore, all blood, body fluids, secretions (including respiratory secretions), excretions (except sweat), non-intact skin and mucous membranes should be handled in a way that will prevent contamination with transmissible infectious agents (NOTE: this method is the Center for Disease Control and Prevention's Standard Precautions which evolved from Universal Precautions with additional protective standards).

These precautions include protocols to treat all body fluids as if they are contaminated. Protocols include:

- Good hand washing technique
- Personal Protective Equipment (PPE)
- Cleaning and disposing of body fluids

### II. Supplies (for the purpose of medication administration):


- A. Warm, running water.
- B. Liquid soap.
- C. Paper towels.
- D. Plastic-lined and covered waste containers.
- E. Alcohol-based hand sanitizer, if running water not accessible
- F. Disposable gloves designed for medical use (latex or, because of the potential for allergy, non-latex [e.g., nitrile]).
- G. Brooms and dustpans.
- H. Approved germicidal solutions.

### III. Procedures

#### A. Hand Washing

Hands must be washed with soap and water prior to beginning and after any planned procedure or when hands are visibly soiled. Good hand hygiene is the single-most effective procedure to prevent the spread of communicable disease in the school setting.

## Hand Care

Essential Steps	Key Points-Precautions
A. Wet hands using warm, running water.	Warm water combined with soap makes better suds than cold water. Running water is necessary to carry away dirt and debris that contain microorganisms.
B. Apply liquid soap and lather well.	Bacteria can grow on bar soap and in soap dishes. Use plain non-antimicrobial liquid soap for most circumstances; use anti-microbial soap for specific circumstances, e.g., control of outbreaks or infections.
C. Rub hands together in a circular motion for 20 seconds.	Friction from rubbing hands together along with the effect of the soap loosening of the germs from the skin work together with the running water for good hand hygiene. Front and back of hands, between fingers and knuckles, under nails, and the entire wrist area are washed.
D. Rinse hands well under running water.	Let water drain from wrists to fingertips.
E. Dry hands thoroughly with an air dryer or pat them dry with a fresh paper towel.	Use paper towels to turn off the water faucet, to open any exit door and to turn off bathroom lights. Dry skin may be cracked and potentially harbor microorganisms. Lotion is recommended after several hand washings.
OR	
A. Apply alcohol-based hand rub to the palm of one hand, then rub hands together covering all surfaces of hands and fingers until dry.	Hand sanitizers should never replace standard hand washing with soap and water but ethanol alcohol-based hand sanitizer can be used when hand washing facilities are not available. Hand sanitizers must have an alcohol base of at least 60% in order to be effective. Apply enough of the product (fragrance-free gel or foaming form preferred) to the palm of the hand that will wet the hands for at least 15 seconds (or longer according to the manufacturer).
B. Wash hands with soap and water as soon as possible.	Follow directions on the label to determine how many applications are recommended before washing hands with soap and water.
C. Gloves – Use and Removal Gloving prevents blood and body fluids that may contain disease-producing microorganisms, from coming in contact with the caregiver's skin and prevents the spread of microorganisms to others.	
Essential Steps	Key Points-Precautions
A. Wash hands.	Refer to Hand Washing procedure.
B. Apply gloves to both hands.	Individuals with open skin lesions should cover lesions with waterproof bandage prior to applying the gloves. Ensure gloves are intact without tears.
C. Gloves must be worn during entire time when handling body fluids.	Gloves are most often worn during diapering, administering first aid and certain medications, and cleanup of body fluids. Do not touch items with contaminated gloves that you or other people will be touching with your hands later. For example: water faucets, doorknobs, counter tops or other clothing.
D. To remove gloves after use: 1. Grasp outside of glove with opposite gloved hand; peel off; 2. Hold removed glove in gloved hand; 3. Slide ungloved fingers under the remaining glove at the wrist; peel off and discard. 4. Drop gloves into plastic-lined trash container.	Do not touch skin with contaminated gloves. 
E. Repeat hand washing.	Refer to Hand Washing procedure in this handout.
F. Cleaning and Disposing of Body Fluids	Items soiled with blood, body fluids, secretions, or excretions should be handled, transported, and processed in a manner that prevents skin and mucous membrane exposure and contamination of clothing.

Essential Steps	Key Points-Precautions
A. Wash hands.	Refer to Hand Washing procedure in this handout.
B. Put on gloves when handling or touching body fluids, mucous membranes or non-intact skin of others in the school setting, or handling items or surfaces soiled with body fluids.	<ul style="list-style-type: none"> <li>Refer to Gloves - Use and Removal procedure in this handout.</li> <li>Individuals with open skin lesions should cover lesions with a waterproof bandage prior to applying the gloves.</li> </ul>
C. Sharp items (e.g., needles, lancets) must be handled with extreme care to avoid puncturing the skin.	Sharp items are regulated waste and should be disposed of in a sharps container labeled BIOHAZARD. Regulated waste should then be disposed of according to school district policy.
D. Blood and other body fluids can be flushed down the toilet or carefully poured down a drain connected to a sanitary sewer.	
E. Other items for disposal that are contaminated with blood or other body fluids that cannot be flushed down the toilet should be placed in a lined waste receptacle. <ul style="list-style-type: none"> <li>If saturated to the point of releasing blood or other body fluids if compressed (regulated waste), place in closable plastic container that is: <ul style="list-style-type: none"> <li>Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping</li> <li>Labeled with the standard fluorescent orange or orange-red BIOHAZARD label or color-coded in red bags or red containers</li> </ul> </li> </ul> <p>Immediately tie off the bag from the trash receptacle and dispose of it in appropriate general waste away from students.</p>	<p>Immediately tie off the bag from the trash receptacle and dispose of it in appropriate general waste away from students.</p> <p>Bandages that are not saturated to the point of releasing blood or other potentially infectious materials if compressed would not be considered regulated waste. Regulated waste should then be disposed of according to school district policy.</p>
<ul style="list-style-type: none"> <li>Closed before removal to prevent spillage or protrusion during handling, storage, transport or shipping.</li> <li>Placed in a secondary container if leakage is possible.</li> </ul>	
F. Body fluid spills should be cleaned up promptly, removing all visible debris first.	Wipe up as much of the visible matter as possible with disposable paper towels and carefully place them in a leak-proof plastic bag that has been securely tied or sealed. This prevents multiplying of microorganisms.
G. For hard surfaces, immediately use a detergent to clean the spill area and follow with a disinfectant.	
H. For soft, non-washable surfaces, such as rugs and upholstery, apply sanitary absorbing agent, let dry, and vacuum.	<p>Cover spills with absorbent material, leave for a few minutes to absorb, gently sweep up and discard in a plastic bag or vacuum.</p> <p>Blot to remove body fluids from the fabric or carpet as quickly as possible; then disinfect by spot-cleaning with a combination detergent/ disinfectant, and shampooing, or steam-cleaning the contaminated surface.</p>
I. Handle soiled, washable material (i.e., clothing and towels) as little as possible, at the location where it was used.	<p>Send soiled clothing home with the student in a sealed, plastic bag.</p> <p>Wash and dry contaminated school-owned towels separately from non-contaminated laundry. Wash in soap and hot water (140-160 degrees F) AND either liquid sodium hypochlorite bleach or dry bleach (which will not affect fabric colors). Dry on warm temperature setting.</p>
J. Rinse non-disposable cleaning equipment (dustpans, buckets), clean with detergent followed by the disinfectant.	Non-disposable rags or mops should be treated as contaminated laundry.
K. Remove and discard gloves into covered, plastic-lined waste container.	Refer to Gloves - Use and Removal procedure in this handout.
L. Wash hands.	Refer to Hand Washing procedure in this handout.

# Appendix K

## Confidentiality Handout

- I. Overview: Student confidentiality is maintained in all written and verbal communications, in accordance with the Family Educational Rights and Privacy Act (FERPA) regulations. Confidentiality is the obligation not to disclose willingly any information obtained in confidence. Basic principles include: respect for an individual's right to privacy; respect for human relationships in which personal information is shared; appreciation of the importance of confidentiality to both individuals and society; and expectations that those who pledge to safeguard confidential information will do so. Confidential information may include, but is not restricted to, disclosures of health information including the student's identity, medical condition(s), physical, mental or emotional abuse; family problems; substance abuse; criminal behavior; sexual activity; or suicidal thinking. As trained unlicensed school staff, the confidential nature of information concerning students must be respected. Confidential information may be exchanged only to authorized personnel or agencies directly concerned with the students' welfare (school nurse, nurse sub or school principal/ administrator).
- II. Supplies – FERPA regulations
- III. Procedures – Trained unlicensed school staff should:
  - a. Consult and collaborate with the school nurse and/or school administrator for purposes of more effectively helping the student. Staff should share only such information that will serve the student's best interests, and divulge the student's name only when necessary.
  - b. Consult with the school nurse or school administrator before making a decision if in doubt to the reasonableness of a course of action regarding the sharing of confidential information.
  - c. Share information verbally with other professional colleagues rather than giving them copies of notes and ensure that colleagues respect the confidential nature of the information being shared.
  - d. Take care, when sharing information about students that the information is accurate and unbiased.
  - e. Guard against sharing confidential information in halls, staff rooms or other public places where persons who do not need to know can overhear it.
  - f. Not leave reports, student service records, computer files or log books where unauthorized people can have access to them.
  - g. Keep accurate and objective records to facilitate the provision of services to students. Failure to keep records is negligence. Notes should be made as immediately as possible to the time of the event(s), and the original notes should never be changed. Any additions should be initialed, signed and dated.
  - h. Make the student aware that confidential information is being recorded, share such information with the student and clarify the information with student, school nurse, or administrator, if needed.
  - i. Take care that individual student records are kept in a secure location.

# Appendix L

## SAMPLE Medication Administration Delegation Plan

Student

Trained staff person	Medication	Route 1 (injectables, PRN controlled substances are non-delegable by RN)	Time
Nurse	Storage instructions	<input type="checkbox"/> Oral <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Otic <input type="checkbox"/> Intranasal <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled	<input type="checkbox"/> Scheduled <input type="checkbox"/> As needed Time frame 2

Predicted outcomes:	Unexpected outcomes (i.e., potential side effects, contraindications, medication, interactions):	Plan for unexpected outcomes 3:
---------------------	--	---------------------------------

Documentation plan 4:	Change mediation plan:
-----------------------	------------------------

Date delegated:	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no
-----------------	--	--	--

Improvement plan:

- |  |  |
|--|--|
| 1 Provide trained staff with general steps for medication administration and route administration procedures | 4 Indicate where documentation should occur  |
| 2 Indicate time frame for administration, not to exceed 45 minutes   | 5 Indicate how any change in medication (e.g., dose, time, provider orders) will be communicated |
| 3 Indicate observing for and responding to unexpected outcomes and procedure for reporting                   |  |

Trained staff person	Medication	Route 1 (injectables, PRN controlled substances are non-delegable by RN)	Time
Nurse	Storage instructions	<input type="checkbox"/> Oral <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Otic <input type="checkbox"/> Intranasal <input type="checkbox"/> Topical <input type="checkbox"/> Inhaled	<input type="checkbox"/> Scheduled <input type="checkbox"/> As needed Time frame 2

Predicted outcomes:	Unexpected outcomes (i.e., potential side effects, contraindications, medication, interactions):	Plan for unexpected outcomes 3:
---------------------	--	---------------------------------

Documentation plan 4:	Change mediation plan:
-----------------------	------------------------

Date delegated:	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no	90 day evaluation date: Continue delegation: <input type="checkbox"/> yes <input type="checkbox"/> no
-----------------	--	--	--

Improvement plan:

- |  |  |
|--|--|
| 1 Provide trained staff with general steps for medication administration and route administration procedures | 4 Indicate where documentation should occur  |
| 2 Indicate time frame for administration, not to exceed 45 minutes   | 5 Indicate how any change in medication (e.g., dose, time, provider orders) will be communicated |
| 3 Indicate observing for and responding to unexpected outcomes and procedure for reporting                   |  |

# Appendix M

## Sample Herbal & Non-Herbal Nutritional Supplement Authorization

It is the policy of the NAME OF SCHOOL District that Herbal and Non-Herbal Nutritional Supplements may be dispensed in school only when the student's health requires that the herbal and non-herbal nutritional supplement be given during school hours. Herbal and non-herbal supplements to be dispensed at school must be in an original, unopened package with the manufacturer's seal intact, and administered before the expiration date. This form must be signed by the prescribing health care provider AND a pharmacist and is required for all herbal and non-herbal supplement administration. This form must be updated annually. All herbal and non-herbal supplements will be destroyed unless picked up by the end of the last student school day of this year.

School Nurse: \_\_\_\_\_ School \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of student \_\_\_\_\_

Herbal or Non-Herbal Supplementation name \_\_\_\_\_

Dosage, route of administration \_\_\_\_\_ Time to be given at school \_\_\_\_\_

For treatment of \_\_\_\_\_ Other medications \_\_\_\_\_

Possible adverse effects or interactions with food, medications, or other substances \_\_\_\_\_

Special instructions \_\_\_\_\_

Date prescribed \_\_\_\_\_ Date of discontinuance \_\_\_\_\_

Date \_\_\_\_\_ Phone and Fax Numbers \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

TO BE COMPLETED BY THE PARENT/GUARDIAN & PHARMACIST, THEN RETURNED TO THE SCHOOL NURSE BEFORE HERBAL OR NON-HERBAL NUTRITIONAL SUPPLEMENTS MAY BE ADMINISTERED

The above identified medications and herbs or non-herbal supplements have been reviewed for adverse effects or interactions with food, medications, or other substances. There are no adverse interactions to report.

Pharmacy \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

I hereby give permission for my child to receive the above listed herbal or non-herbal supplement at school and/or during school sponsored activities, as prescribed by my child's health care provider and reviewed by a pharmacist. Permission is also given for the school nurse to contact the health care provider or pharmacist regarding this treatment. I understand all herbal and non-herbal supplements will be administered by the school nurse or designated school employee in the absence of the school nurse. The school nurse will train the following staff. I delegate the staff members listed below the task of administering prescribed herbal or non-herbal supplement in the absence of a registered nurse.

Staff Members Trained	Title	Location/Room #	Trained By

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Appendix N

## SAMPLE Field Trip Coordinator Checklist

### Pre-planning

- Submit a list of planned field trips to the healthcare personnel/medication designee at the beginning of the school year and throughout the year as new field trips are planned.
- Meet with the healthcare personnel/medication designee regarding student medical needs.
- Determine if medication/procedure can be delegated to school staff.
- If medication/procedure cannot be delegated to school staff, an inquiry may be made to the parent/guardian to see if they would like to attend. The parent/guardian are not required to attend for their child to participate in the field trip.
- It is the responsibility of the school to arrange for nursing services if parent/guardian is unable to attend.
- Check with the healthcare personnel to obtain a list of school staff trained in daily and emergency medication administration.
- When planning for lunch/snacks, determine if there are any students with food allergies and if there are any emergency healthcare plans in place for those students.
- If there is a medical concern checked off by parent/guardian on the permission slip, share this information with the healthcare personnel or medication designee in the school health room.

### On Day of Trip

- Meet with the healthcare personnel/medication designee and sign out all necessary student medications. Collect copies of Authorizations for Medication/Treatments, Emergency Care Plans, First Aid supplies, and any other supplies needed to provide for the medical needs of each student participating on the field trip.
- The nurse/health assistant assigned to attend the field trip to administer medications is not permitted to chaperone other students. The nurse/health assistant must be available to care for the more complex needs of student(s) requiring health services.
- Document any medications/treatments on the Student Medication Log or Diabetes Log as soon as the medication is administered.

### Post Field Trip

- Return all medications, care plans, first aid kits and all confidential information to the healthcare personnel or medication designee for health room immediately after the field trip or on the following day, if the field trip extends past normal school hours.
- Sign medication back in on the Field Trip Medication Sign In/Out Record.

# Appendix O

## SAMPLE Field Trip Roster

Teacher \_\_\_\_\_ Grade: \_\_\_\_\_ Date/time of field trip: \_\_\_\_\_

Student's Name	Condition	Medication
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Please submit this form to healthcare personnel or medication designee for health room.



# Appendix P

## SAMPLE Field Trip Medication Sign In/Out Record

Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Field Trip Location \_\_\_\_\_

Departure date/time \_\_\_\_\_ Return date/time \_\_\_\_\_

School Nurse or Medication Designee

I have identified that the following students may require medication during the field trip described below. I have prepared a copy of the medication log and Authorization for Medication/Treatment form and verified it with each original medication container.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Medication/s	Dosage	Time to be administered
1.		
2.		
3.		
4.		
5.		

Medication Trained Designee Signature	Sign Out date/time

Medication Trained Designee Signature	Sign Out date/time

Medication Trained Designee Signature	Sign Out date/time

## Resources

Online information can be incorrect unless the source is reputable. Drug companies and health care institutions provide accurate information. General reputable online options for information on drug dosing, contraindications, interactions, adverse reactions, safety and pill identification include:

- Epocrates Rx Online
- [Drugs.com](http://Drugs.com)
- Medscape Drugs, OTCs & Herbals
- WebMD Drugs & Medications
- [MedicineNet.com](http://MedicineNet.com)
- National Center for Biotechnology Information
- National Center for Complementary and Alternative Medicine

### Reference handbooks

- Physicians' Desk Reference 2012
- PDR Pocket Guide to Prescription Drugs, 9th Edition

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# Alaska Board of Nursing

## Agenda Item #11



PDMP Update

# ALASKA PDMP

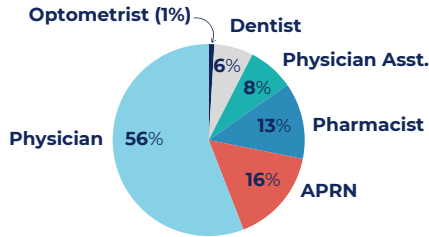
## PRESCRIPTION DRUG MONITORING PROGRAM Q3 2024

### 78,338 PATIENTS

Alaskan patients receiving at least one controlled substance prescription.

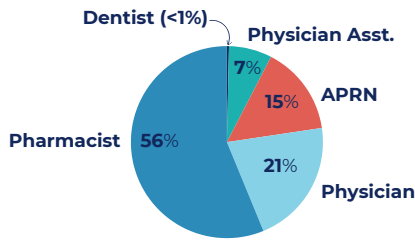
### 9,279 REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



### 258,261 SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



### 83% EHR ACCESS

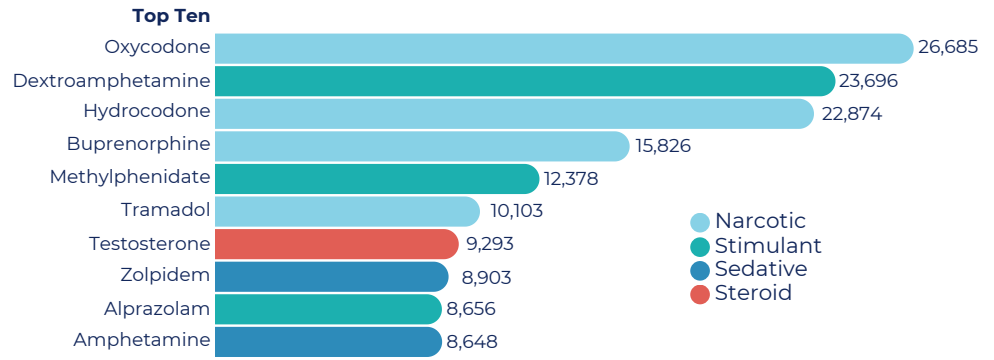
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

### 258 DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

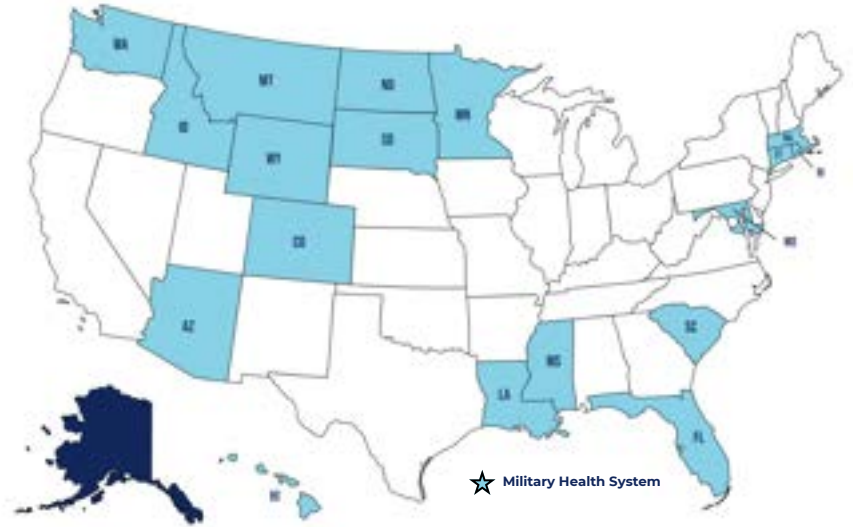
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from July 01, 2024 to September 30, 2024. For more information, visit [pdmp.alaska.gov](http://pdmp.alaska.gov).

# 192,846 CONTROLLED SUBSTANCE DISPENSATIONS

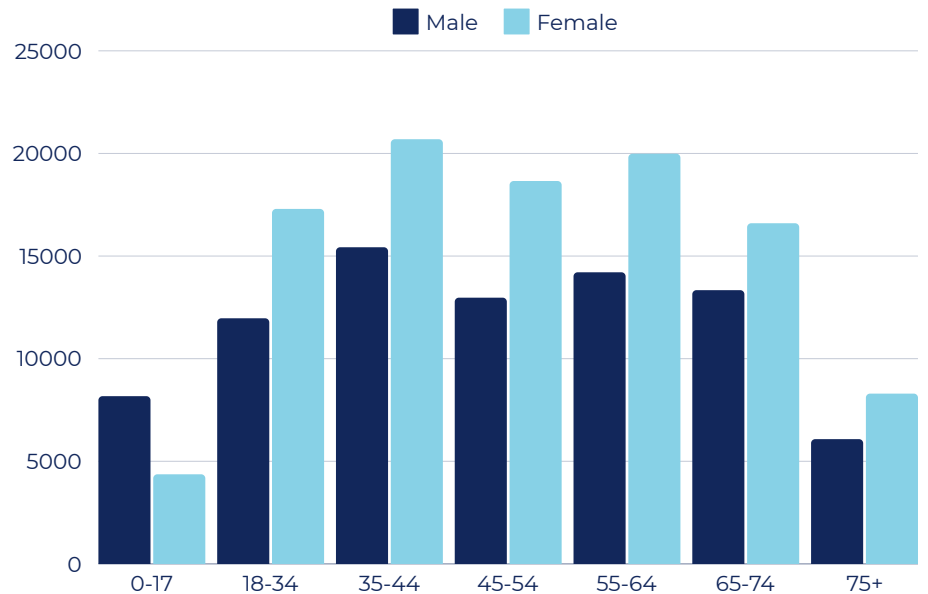


### 19 PARTNER STATES

Interstate data sharing including military health system.



## PRESCRIPTION COUNT BY PATIENT AGE & GENDER



Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing



# Board of Nursing

On Break for Lunch

# Alaska Board of Nursing

## Agenda Item #12



Regulations Projects, update

# Alaska Board of Nursing

## Agenda Item #13



## Advisory Opinions

This agenda item.

The Board is working to update all advisory opinions:

1. Review proposed updates to what was the Botox advisory opinion
2. Review and develop updated versions of the following:
  - a. RN. Nitrous Oxide Minimal Sedation Adults (1)
  - b. RN Role Self-admin Nitrous Oxide
  - c. Nitrous- Ped population

\*\* Draft- Will be placed into appropriate template after approval.

## **Alaska Board of Nursing Advisory Opinion**

### **Medical Aesthetic, Cosmetic, and Dermatologic Procedures Registered Nurses & Licensed Practical Nurses**

#### **POSITION STATEMENT:**

The Board acknowledges the following Medical Aesthetic, Cosmetic, and Dermatologic procedures are within the scope of nursing for a Registered Nurse and Licensed Practical Nurse provided the following guidelines are followed:

1. The nurse may perform the procedure who has the documented and demonstrated knowledge, skill, and competency to perform the procedure pursuant to the Nursing Scope of Practice.
2. There are agency policies and procedures and any required protocols in place for the nurse to perform the procedure.
3. The nurse is in compliance with licensure or certification by any other regulatory body (other than the ABON) and has met all requirements established by any other regulatory agency which has authority over the procedure.
4. The nurse maintains accountability and responsibility for nursing care related to the procedure and follows the accepted standard of care which would be provided by a reasonable and prudent nurse.
5. Clients have granted informed consent. In obtaining informed consent for a nursing intervention, the nurse shall provide the patient/client/family with the nature and consequences of any procedure, the reasonable risks (if any), possible side effects, benefits, and purposes of the procedure and any alternative procedures available.
6. The use of any of these procedures does not authorize the licensed nurse to diagnose or prescribe.

\*\* Draft- Will be placed into appropriate template after approval.

7. Procedures are not performed independently. Procedures are authorized pursuant to Nursing Standards and Practice and is performed under the supervision of a physician/APRN/PA who has the knowledge, skill, and competence to perform the procedure, and has performed an initial, documented history and physical assessment/evaluation and developed a client-specific medical treatment plan. This includes ongoing involvement of the provider, verifies an established client-provider relationship, and prevents the nurse from medically diagnosing, determining the need for medical treatment, and prescribing/dispensing. It is within the scope of practice for a registered nurse to execute the medical orders from a licensed physician/APRN/PA. The physician/APRN/PA must be properly trained in the particular aesthetic, cosmetic or dermatologic procedure.
  - A change to the treatment plan or initial order requires that the provider perform and document additional history and physical assessment/evaluation prior to the implementation.
8. Telehealth is acceptable for the physical assessment/evaluation by a provider to ensure an established and ongoing relationship between the client and prescribing provider. Providers should review telehealth regulations.
9. It is the responsibility of the physician/APRN/PA to be aware of the extent of training and the ability of the nurse to competently perform the procedures and meet the standard of care for the procedures.
10. The nurse may administer the treatment only after the physician/APRN/PA has assessed the patient and a plan of treatment has been determined. This plan shall include, but not be limited to the location for injections; dosage, post procedure care and possible follow up.
11. Nurses performing this procedure shall be working under supervision of a licensed physician/APRN/PA, who is available to the nurse in person or through electronic communications during a procedure for any further consultation and management of any potential adverse events.
12. The RN/LPN is excluded from administering any aesthetic or cosmetic procedures to pediatric patients/clients (defined as under the age of 18).

## **Competence Acquisition**

The nurse must acquire education that includes a supervised practicum resulting in a competency evaluation commensurate with the procedure. Components of the education include, as appropriate to the specific procedure, but are not limited to:

- Anatomy and physiology;
- Pathophysiology of the integumentary system and supporting structures;
- Cosmological and dermatologic conditions;
- Wound healing principles;
- Safe use of product/device/equipment ;
- Side effects and management;

\*\* Draft- Will be placed into appropriate template after approval.

- Management of emergencies;
- Patient and environmental safety.

### Training program for healthcare professionals **Practice**

Nurses licensed by the Board practice within their scope, are responsible and accountable for their nursing judgments, actions, and competency and do not perform activities outside their scope of practice.

The patient assessment must be performed and documented by a registered nurse and duly authorized prescriber. The performance of the procedure is pursuant to the orders of a duly authorized prescriber. The nurse must verify the orders from a duly authorized prescriber to include the patient's name, valid order date, medication or substance name, dosage, route, anatomical site for administration, specific administration directions and prescriber signature.

It is not within the scope of practice for a nurse who is not authorized to practice as an advanced practice registered nurse (APRN) to medically diagnose, or to prescribe medications or treatments.

It is not within the scope of the RN/LPN who is without APRN licensure and prescriptive authority to:

- select the medication/solution, dosage, device or device setting to be used in the performance of a cosmetic or dermatological procedure;
- purchase or obtain a drug, substance, controlled substance analogue or immediate precursor in any schedule or class to be used in the performance of a cosmetic or dermatological procedure independently or as an agent of the prescriber.

It is the Board's position that nurses whose practice includes aesthetic or cosmetic procedures may not practice in an organization that does not have policies and procedures that include:

- A requirement for informed consent;
- No patients under the age of 18 years old are to be administered a aesthetics or cosmetic procedure by a nurse
- A requirement for a comprehensive, documented evaluation;
- Recommendations for self-care;
- Follow-up recommendations;
- Situations that require referral;
- Management of side effects; and
- Provisions for emergent care.

\*\* Draft- Will be placed into appropriate template after approval.

## Documentation

Documentation criteria must include:

- Review and verification of informed consent that clearly informs the patient of the operator's qualifications, licensure, and expected outcomes of the procedure;
- Assessment data inclusive of past medical, surgical, allergy and medication histories;
- Skin typing/classification;
- Sun exposure history;
- Current cosmetic/dermatologic product usage;
- Exclusion from treatment criteria;
- Identification of and evaluation of test site as indicated;
- Specifics of procedure performed and patient response to procedure; and
- Directions for referral back to or consultation with the duly authorized prescriber of procedure.

The nurse must document and provide the patient with written pre and post procedure education which includes, but is not limited to, self-care instructions and follow-up recommendations inclusive of continued and emergent care needs.

This advisory opinion was adopted by the board on this date and may be amended and updated from time to time by vote of the board.

Original adoption: 11/7/17  
Revised 2/7/18



**Alaska Board of Nursing Advisory**  
**Neuro Modulator Injections for Cosmetic Purposes**  
**Registered Nurses & Licensed Practical Nurses**

**POSITION STATEMENT:**

Botulinum Toxin Type A is a protein produced by the bacterium *Clostridium botulinum*. When used in medical settings as an injectable form of sterile, purified botulinum toxin, small doses of the toxin is injected into the affected muscles and block the release of the chemical acetylcholine that would otherwise signal the muscle to contract. The toxin thus paralyzes or weakens the injected muscle. This statement refers only to the use of neuro-modulators for cosmetic purposes and is not to be construed for any other medical uses or medical setting. A neuro-modulator is administered as an intramuscular injection into specific muscle groups in the forehead, glabellar area and around the eyes to smooth outlines and wrinkles.

Neuro-modulator injection procedures are within the scope of nursing for a Registered Nurse and Licensed Practical Nurse provided the following guidelines are followed:

1. The nurse is competent to perform the procedure and has the documented and demonstrated knowledge, skill, and ability to perform the procedure pursuant to the Nursing Scope of Practice.
2. There are agency policies and procedures and any required protocols in place for the nurse to perform the procedure.
3. The nurse is in compliance with licensure or certification by any other regulatory body (other than the ABON) and has met all requirements established by any other regulatory agency which has authority over the procedure.
4. The nurse maintains accountability and responsibility for nursing care related to the procedure and follows the accepted standard of care which would be provided by a reasonable and prudent nurse.
5. Clients have granted informed consent. In obtaining informed consent for a nursing intervention, the nurse shall provide the patient/client/family with the nature and consequences of any procedure, the reasonable risks (if any), possible side effects, benefits, and purposes of the procedure and any alternative procedures available.
6. The use of any of these procedures does not authorize the licensed nurse to diagnose or prescribe.

7. The procedure is not performed independently. It is authorized pursuant to Nursing Standards and Practice and is performed under the direct supervision of a physician/APRN/PA who is present at the site where the procedure is performed and has the knowledge, skill, and ability to perform the procedure.
8. It is within the scope of practice for a registered nurse to execute the medical orders from a licensed physician/APRN/PA. The physician/APRN/PA must be properly trained in cutaneous medicine and surgery and in the administration of neuro modulators for cosmetic purposes.
9. Nurses accepting these orders shall show appropriate training in anatomy of the facial musculature, proper administration, possible side effects, and post procedure care for the safety and well-being of the patient. It is the responsibility of the physician/APRN/PA to be aware of the extent of training and the ability of the nurse to competently perform the injections and meet the standard of care for the procedure.
10. The nurse may administer the treatment only after the physician/APRN/PA has assessed the patient and a plan of treatment has been determined. This plan shall include, but not be limited to the location for injections; dosage, post procedure care and possible follow up.
11. Nurses performing this procedure shall be working under direct supervision of a licensed physician/APRN/PA, who is immediately available on-site, at the time of the procedure for any further consultation and management of any potential adverse events.
12. The RN/LPN is excluded from administering neuro-modulator injections to pediatric patients/client (defined as under the age of 18).

### **Competence Acquisition**

The nurse must acquire education that includes a supervised practicum resulting in a competency evaluation commensurate with the procedure. Components of the education include, as appropriate to the specific procedure, but are not limited to:

- Anatomy and physiology;
- Pathophysiology of the integumentary system and supporting structures;
- Cosmological and dermatologic conditions;
- Wound healing principles;
- Safe use of product/device/equipment ;
- Side effects and management;
- Management of emergencies;
- Patient and environmental safety.
- Training program for healthcare professionals

## **Practice**

Nurses licensed by the Board practice within their scope, are responsible and accountable for their nursing judgments, actions, and competency and do not perform activities outside their scope of practice.

The patient assessment must be performed and documented by a registered nurse and duly authorized prescriber., The performance of the procedure is pursuant to the orders of a duly authorized prescriber. The nurse must verify the orders from a duly authorized prescriber to include the patient's name, valid order date, medication or substance name, dosage, route, anatomical site for administration, specific administration directions and prescriber signature.

It is not within the scope of practice for a nurse who is not authorized to practice as an advanced practice registered nurse (APRN) to medically diagnose, or to prescribe medications or treatments.

It is not within the scope of the RN/LPN who is without APRN licensure and prescriptive authority to:

- select the medication/solution, dosage, device or device setting to be used in the performance of a cosmetic or dermatological procedure;
- purchase or obtain a drug, substance, controlled substance analogue or immediate precursor in any schedule or class to be used in the performance of a cosmetic or dermatological procedure independently or as an agent of the prescriber.

It is the Board's position that nurses whose practice includes neuro-modulators procedures may not practice in an organization that does not have policies and procedures that include:

- A requirement for informed consent;
- No patients under the age of 18 years old are to be administered a neuro-modulator by a nurse
- A requirement for a comprehensive, documented evaluation;
- Recommendations for self-care;
- Follow-up recommendations;
- Situations that require referral;
- Management of side effects; and
- Provisions for emergent care.

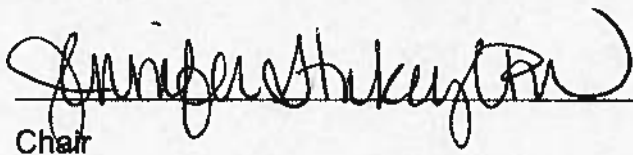
## Documentation

Documentation criteria must include:

- Review and verification of informed consent that clearly informs the patient of the operator's qualifications, licensure, and expected outcomes of the procedure;
- Assessment data inclusive of past medical, surgical, allergy and medication histories;
- Skin typing/classification;
- Sun exposure history;
- Current cosmetic/dermatologic product usage;
- Exclusion from treatment criteria;
- Identification of and evaluation of test site as indicated;
- Specifics of procedure performed and patient response to procedure; and
- Directions for referral back to or consultation with the duly authorized prescriber of procedure.

The nurse must document and provide the patient with written pre and post procedure education which includes, but is not limited to, self-care instructions and follow-up recommendations inclusive of continued and emergent care needs.

This advisory opinion was adopted by the board on this date and may be amended and updated from time to time by vote of the board.

  
\_\_\_\_\_  
Chair

2/7/18

\_\_\_\_\_  
Date

**Alaska Board of Nursing  
Advisory Opinion**

**Registered Nurse Administration of Nitrous Oxide for Minimal Sedation  
and/or Pain Management for Adult Patients**

An advisory opinion adopted by the Alaska Board of Nursing is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of the Alaska Board of Nursing regarding the practice of nursing as it relates to the health and safety of the Alaska healthcare consumer. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure safety of their patient population and/or decrease risk.

The Alaska Board of Nursing publishes Advisory Opinions regarding safe nursing practice, in accordance with AS 08.68.100(a)(9).

It is within the Scope of Practice of a Registered Nurse (RN) to administer nitrous oxide as a single agent, not to be administered concurrently with any other sedative or depressant.

**I. RATIONALE**

The intent of administering nitrous oxide is to achieve minimal sedation (anxiolysis). Less common indications may include use during painful procedures or for chronic pain from terminal illness or pain associated with some cancer treatments as ordered by the Licensed Independent Provider. This procedure is performed by Registered Nurses (RNs) with additional education, skills, and demonstrated competency. This advisory opinion **CAN NOT** be construed as approval for the RN to administer an anesthetic agent for the purposes of anesthesia.

**II. GENERAL REQUIREMENTS**

- A. A Licensed Independent Provider must be readily available in the facility.
- B. Candidates for nitrous oxide administration must be evaluated by Anesthesiology or a Licensed Independent Provider and assessed for appropriateness before initiation of therapy. Nitrous Oxide will not be used to achieve moderate or deep sedation.
- C. A written policy and procedure is maintained by the employer/facility.
- D. Policies, procedures, and protocols (order sets) have been approved by the facility prior to implementation.
- E. Policies, procedures, and order sets will include use of nitrous oxide for purposes of Minimal Sedation (anxiolysis), describe the role of the RN during nitrous administration, specify frequency of assessment, and ensure a qualified prescriber availability.
- F. Policy and procedure will specify the required emergency equipment and medications which must be immediately available to the patient receiving any medication classified as sedation agents. This includes all emergency equipment and medication required to regain and/or maintain the patient's cardiac and respiratory state.
- G. The Facility must provide an instructional program that includes nitrous oxide administration/airway management with a minimum six (6) hours instruction including theory and didactic management of nitrous oxide administration.

- H. Only RNs who have satisfactorily completed an instructional program and have documented initial and ongoing clinical competency on file with the employer may administer nitrous oxide.
- I. Current certification in Basic Cardiac Life Support (BCLS) on file with the employer.
- J. Advanced Cardiac Life Support (ACLS) is on file with the employer.
- K. Continuous pulse oximetry will be monitored during nitrous oxide administration on all patients receiving nitrous oxide.
- L. The RN responsible for administering nitrous oxide may not leave the patient unattended or engage in other tasks that could compromise continuous monitoring of patient, airway, and/or level of consciousness.
- M. The RN has the right and responsibility to refuse to administer any medication that may induce procedural sedation when in the professional judgment of the RN the medication or combination of medications, the dosages prescribed, or frequency of administration may produce a state of moderate/deep sedation or place the patient at risk for complications.
- N. The specific dosage parameters are established through a written order or signed order set by the Licensed Independent Provider prior to the RN administering nitrous oxide.
- O. The RN may administer and discontinue the nitrous oxide as ordered by the Licensed Independent Provider.

### III. COURSE OF INSTRUCTION (to include, but not limited to):

- A. Anatomy and Physiology specific to developmental levels.
- B. Pre-sedation assessment specific to developmental levels.
- C. Pharmacologic properties of nitrous oxide / oxygen.
- D. Indication / Contraindications of nitrous oxide.
- E. Techniques of administration, titration, and termination of nitrous oxide use.
- F. Level of consciousness assessment and physiological response to the drug.
- G. Airway management.
- H. Complication management.
- I. Emergency situation management and appropriate interventions.
- J. Abuse potential.
- K. Occupational exposure to nitrous oxide.
- L. Legal implication, responsibility, and documentation.
- M. Nursing role.

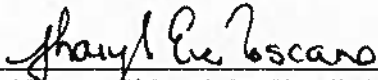
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Advisory opinion on Adult Nitrous Oxide Administration was adopted by the Alaska Board of Nursing on November 2, 2017.

On a motion made by Wendy Thon APRN and seconded by Joe Lefleur TN and carried with 5 ayes it was Resolved that the Board of Nursing for the State of Alaska accept advisory opinion for Registered Nurse Administration of Nitrous Oxide for Minimal Sedation and / or Pain Management for adult patients written as amended.



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Sharyl Toscano PhD, MS, RN-CPN Chairperson for Alaska Board of Nursing



An Advisory Opinion adopted by the Alaska Board of Nursing (AKBON) is an interpretation of Alaska law. While an advisory opinion is not law, it is the AKBON's official opinion on whether certain nursing procedures, policies, and other practices comply with the standards of nursing practice in Alaska. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk. National evidence based standard references are included. The Alaska Board of Nursing publishes Advisory Opinions regarding safe nursing practice, in accordance with AS 08.68.100(a)(9).

**OPINION:** Registered Nurse Role in Self-administered Nitrous Oxide Analgesia in the Intrapartum and Immediate Postpartum Period

**APPROVED DATE:** 11/2/2017

**REVIEWED DATE:** 8/9/2019

**REVISED DATE:** 8/15/2019

**Within the Scope of Practice/Role of**     APRN     RN     LPN     CNA

### **ADVISORY OPINION**

Alaska State Board of Nursing (AKBON) receives frequent questions regarding administration of Nitrous Oxide Analgesia. The purpose of this opinion is to provide guidance for Registered Nurses working in Intrapartum settings where self-administered nitrous Oxide (N<sub>2</sub>O) analgesia (in a mixed 50:50 O<sub>2</sub>/N<sub>2</sub>O concentration) is used by women in labor and in the immediate postpartum period.

### **Conclusion Statement**

Self-administered nitrous oxide analgesia may also be used for certain antepartum procedures such as external cephalic version when AKBON recommendations are met.

### **Background and Analysis**

Nitrous oxide is a gaseous mixture of 50% nitrous oxide and 50% oxygen. Nitrous oxide has been used for labor pain management since the 1930s, primarily outside the United States. Much of the literature on this topic is no longer new with nearly half of the studies in this review published prior to 1990 and one-quarter before 1980. Over the past decade, there has been growing interest in the use of nitrous oxide for laboring women in the United States.

Synthesis of efficacy and approval studies is challenging because of heterogeneous interventions, comparators, and outcome measures. Further randomized controlled trials should be adequately conducted and include pertinent clinical outcomes expressly for three primary outcomes: 1) sense of control in labor and 2) satisfaction with childbirth and 3) breastfeeding experience of women. Principally studies without the confounding factor of co-administration of other analgesia, would be very helpful. Additionally, there is a need for improving the quality and relevant, uniform reporting of future trials to make these trials valuable to include in a systematic review.



## Recommendations

*The Licensed Independent Practitioner managing the labor and delivery must be readily available and is responsible for:*

- Maternal-fetal assessment for suitability and absence of contraindications
- Patient and family education about the nature of "self-administration" including the safety feature that when a woman has physiologically reached her limit, she will no longer be able to hold the mask to her face, thus self-regulating her intake.

*The Registered Nurse is responsible for:*

- Reinforcing patient and family education about the nature of "self-administration"
- Setting up the 50:50 O<sub>2</sub>/N<sub>2</sub>O delivery system
- Monitoring the 50:50 O<sub>2</sub>/N<sub>2</sub>O delivery system for accuracy and safety

Ongoing patient assessment for response to and effectiveness of O<sub>2</sub>/N<sub>2</sub>O self-administered analgesia including continuous pulse oximetry

Discontinuing the 50:50 O<sub>2</sub>/N<sub>2</sub>O delivery system when

- o There is evidence of maternal or fetal compromise
- o The patient chooses to discontinue
- o The patient is non-compliant with self-administration instructions

In the event the patient is receiving inadequate analgesia with N<sub>2</sub>O alone, the Licensed Independent Practitioner managing the labor and delivery of the patient may order the addition of Intravenous opioid pain medications and/or regional anesthesia. When these modalities are used in conjunction with N<sub>2</sub>O, the following criteria must be met:

- o Licensed Independent Practitioner managing the labor and delivery of the patient must document physical assessment of the patient's neuro status to include being awake and alert with intact motor and sensory function
- o Continue continuous pulse oximetry monitoring
- o RN will monitor and document patient neurological status with a validated sedation scale such as the Pasero Opioid Scale with the addition of intravenous opioids (not necessary with regional anesthesia)

## REFERENCE:

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## **Advisory on Nitrous Oxide Use in the Pediatric population**

An advisory opinion adopted by the Alaska Board of Nursing is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of the Alaska Board of Nursing regarding the practice of nursing as it relates to the health and safety of the Alaska healthcare consumer. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure safety of their patient population and/or decrease risk.

The Alaska Board of Nursing publishes Advisory Opinions regarding safe nursing practice, in accordance with AS 08.68.100(a)(9).

### **RATIONALE**

Minimal sedation is a drug-induced state during which patients respond normally to verbal commands. It is within the Scope of Practice of a Registered Nurse (RN) to administer nitrous oxide as a single agent for the purpose of minimal sedation (analgesia or anxiolytic use) in children over the age of one.

### **GENERAL REQUIREMENTS**

1. Use of failsafe equipment with a scavenger system must be used.
2. The Registered Nurse has successfully completed 6 hours training that includes didactic, skills, and competency demonstration. See course requirements below.
3. The nitrous percent does not exceed 70% and pulse oximetry is continuously monitored.
4. Once additional medications are used in concert with Nitrous Oxide the RN must also meet the additional requirements of sedation under the Board of Nursing Conscious Sedation Advisory Opinion.
5. A Licensed Independent Provider dedicated specifically to sedation must be at the bedside if any additional medications that may cause sedation, relaxation, or paralytics are used. See advisory on RN administered conscious sedation.
6. Patient is assessed by Licensed Independent Provider prior to the administration of nitrous oxide.
7. The RN is responsible for obtaining verbal consent. The Licensed Independent Provider is responsible for providing written orders or an order set. The specific dosage parameters are established by the Licensed Independent Provider in writing prior to RN administration of nitrous oxide. The RN may titrate the nitrous oxide with the parameters determined by written orders.
8. There are facility policies and procedure approved in place.
9. Dosimetry is available in accordance with the facilities policies and procedures.
10. Signage for nitrous oxide use must be in use during administration.
11. The RN must hold current BLS and PALS certification on file at the facility.

12. An RN is dedicated for nitrous administration and must remain with the patient. She may not engage in other tasks that could compromise continuous monitoring of the patient airway and/or level of consciousness.

The RN has the right and responsibility to refuse to administer any medication that may induce procedural sedation when in the professional judgment of the RN, the medication or combination of medications, the dosages prescribed, or frequency of administration may produce a state of moderate or deep sedation or place the patient at risk for complications

Due to occupational exposure risk, RNs may refuse participation.

### **COURSE OF INSTRUCTION**

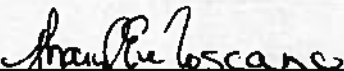
Required: Six hours of didactic instruction, a written exam, and a minimum of three observed cases. A plan for continued competency must be included in the training.

Course content must include:

- Age specific Anatomy and physiology
- Age specific pre-sedation assessment
- Pharmacologic properties of nitrous oxide/ oxygen
- Indications / contraindications of nitrous oxide
- Techniques of administration, titration and termination of nitrous oxide use
- Level of consciousness assessment and physiological response to the drug
- Airway management
- Emergency situation management and appropriate interventions
- Abuse potential
- Occupational exposure to nitrous
- Legal implications, responsibility, documentation
- Nursing role

On November 2, 2017, with a motion made by Wendy Thon APRN and seconded by Julie Gillette and carried with 5 ayes it was

Resolved that the Board of Nursing for the State of Alaska accept the pediatric nitrous oxide advisory opinion written as amended.

  
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Sheryl Toscano PhD, MSN, RN-CPN Chairperson

# Alaska Board of Nursing

## Agenda Item #14



## Medication Course Process and Regulation Review

Alaska Board of Nursing  
MEDICATION ADMINISTRATION COURSE REQUIREMENTS

Note: The delegation by nurses of nursing duties to other persons including unlicensed assistive personnel is governed by AS 08.68 and 12 AAC 44.950 through 970. These statutes and regulations may be accessed through the Board of Nursing website ([www.nursing.alaska.gov](http://www.nursing.alaska.gov)). The course must be taught by a RN. A 90% is required on the post-test to pass.

OUTLINE OF REQUIREMENTS

Course objective

Content of course

Pretest & Post-test

Content to include:

1. Responsibilities of the caregiver
2. Types of medications/classifications
  - a. Prescription vs. over the counter
  - b. Controlled substances
  - c. Time sensitive
  - d. Medications for chronic conditions
  - e. Psychotropic
  - f. PRN
3. Effects of medications
  - a. Expected or desired effects
  - b. Known side effects
  - c. Anaphylaxis
  - d. Extra-pyramidal
  - e. Drug to drug interactions
  - f. Toxicity
4. Response to adverse effects
  - a. What should the person do?
  - b. Who should the person contact?
  - c. What documentation is required?
5. Six rights of medication administration
  - a. Right person
  - b. Right medication
  - c. Right dose
  - d. Right route
  - e. Right documentation
  - f. Right time

- g. What you need to know and how to find it.
- 6. Measurement and metrics
- 7. Medical abbreviations
- 8. Storage of medications
- 9. Patient Bill of Rights
- 10. Confidentiality
- 11. Universal precautions
- 12. Second review of responsibilities
- 13. Medication errors
  - a. When you are unsure of one of the six (6) rights
  - b. What to do when an error is made
  - c. Incident reports
- 14. Limitations
  - a. Crushed medications can be prepared by the pharmacy only
  - b. Each delegation is patient specific as per the regulations
  - c. Delegation requires patient specific guidelines for documentation of delegated task
  - d. PRN medications management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration is non-delegatable.
- 15. Review of 12 AAC 44.950 and 965
- 16. Resources for additional information

Post test - not computer based because you need to assess the reading and writing ability of the person being delegated to.

Post test must be passed with a score of 90%.

# Medication Administration

December 2022 Update



# Course Objectives

- ✓ To provide caregivers without a nursing or medical license, the knowledge to be able to safely and competently give medications to a person they are caring for
- ✓ To provide caregivers a basic understanding about medications including classifications, names, storage and proper handling of medications
- ✓ To provide caregivers an understanding of how to protect the privacy of the people they are caring for
- ✓ The help caregivers understand when to ask for help and when to report problems

# What to know, Part 1

- ❖ Why is a medication being used?
- ❖ What is the intended effect?
- ❖ What are the likely unintended side effects?
- ❖ Is the medication compatible with other medications being taken (medication interactions)?
- ❖ Categories of medications
- ❖ Families of medications
- ❖ Names of medications
- ❖ Proper medication storage

# What to know, Part 2

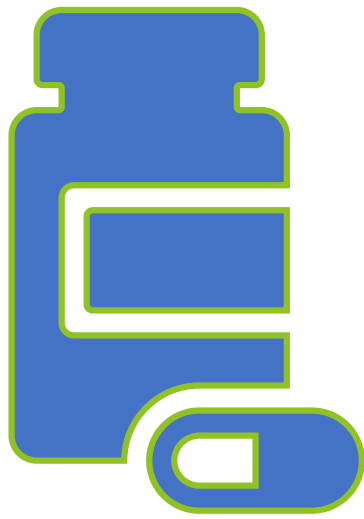
- ❖ How to give (administer) medications
- ❖ How to record the medications given (documentation)
- ❖ Alaska Assisted Living Homes Resident Bill of Rights
- ❖ What to do when mistakes are made (medication errors)
- ❖ How to protect privacy (confidentiality)

# Competency Required

- ▶ To ensure safety in administering medicines, all caregivers should be competent in the following areas:
  - ✓ Medication Administration
  - ✓ Maintaining accurate medication records
  - ✓ The safe storage of all medications
  - ✓ Knowing who to call if there are questions or concerns

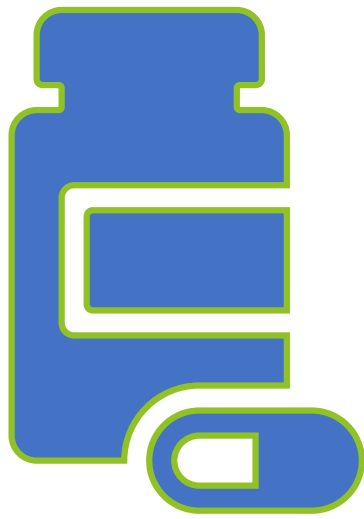
- Why medications are given
- How medications work
- Categories of medications
- Names of medications
- Proper storage of medications
- How to give medications (administration)
- Recording given medications (documentation)
- What to do when mistakes are made (medication errors)
- How to protect privacy (confidentiality)

**Topics you  
will know  
(content)**



# Why medications are given

- ▶ The human body does not always function perfectly
- ▶ Medications are given in hopes of improving function



# How medications work

- ▶ Expected or desired effects
- ▶ Correct medication levels
- ▶ Factors that affect medication levels
- ▶ Taking medications with or without food
- ▶ Side effects of medications
  - ▶ Minor
  - ▶ Severe
  - ▶ How to respond
- ▶ Interactions with other medications
- ▶ Toxicity

# Expected or desired effects:

## Prevent, Eliminate, Reduce, or Replace

### ▶ Preventing illness

- ▶ Polio and Tetanus vaccines PREVENT illness

### ▶ Eliminate a disease

- ▶ Antibiotics such as penicillin, ELIMINATE infections

### ▶ Reduce symptoms related to illness or injuries

- ▶ Cold remedies REDUCE symptoms

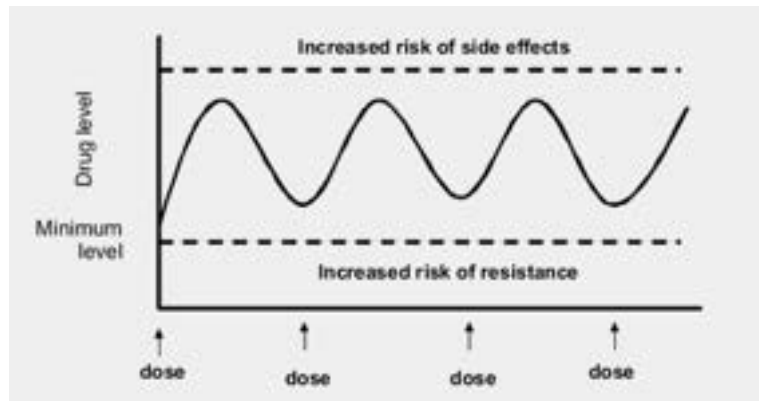
### ▶ Replace something the body is lacking

- ▶ Insulin provides fuel (glucose) control
- ▶ Thyroid controls temperature, growth, etc.



# Correct (therapeutic) levels

- ▶ Medications provide the desired effect only at certain levels in the blood
- ▶ If the medication level is too high, harm can occur
- ▶ If the level is too low, the medication is not effective



# Medications need to be given as ordered

- ▶ Studies have shown the timing for when a medication should be given to obtain/maintain a helpful (therapeutic) level in the body.
- ▶ If medication is not given on time, the level may be too low or too high and can be dangerous
- ▶ Examples:
  - ▶ people with seizure disorders may have seizures if their medications are not given on time
  - ▶ People with diabetes can have blood sugar levels too high or low if insulin is given at the wrong time

# How do medications give the desired effects?

- ▶ Most medications need to be absorbed in the body to take effect
- ▶ Medications are absorbed by many parts of the body:
  - ▶ Skin (topical)
  - ▶ Lungs (inhaled)
  - ▶ Digestive system (swallowed, under tongue, rectum)

# Factors that affect medication levels

- ▶ Many factors change how well a medication is absorbed for a particular person:
  - ▶ Age
  - ▶ Sex
  - ▶ Genetic factors
  - ▶ Illnesses
  - ▶ Body weight / size
  - ▶ Pregnancy & breastfeeding
  - ▶ Psychological factors
  - ▶ Allergies
- ▶ Always be aware of the person's response to a medication and always report **ANY** changes in their condition.

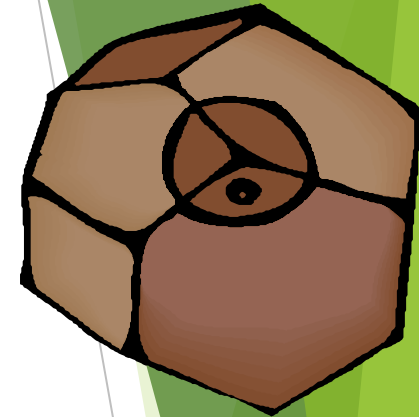
# Factors: younger people

- ▶ Children differ from adults in how they take in and process drugs in several ways:
  - ▶ In infants, many systems are not fully developed to handle medications
  - ▶ Blood-brain barrier isn't fully developed
  - ▶ The liver isn't fully developed, so they cannot break down medications as effectively
  - ▶ Kidneys are immature so medications are excreted slowly
  - ▶ Children typically have higher concentrations of body water and lower concentrations of body fat

# Factors: older people

- ▶ Age: as a person ages...
  - ▶ Absorption:
    - ▶ Decreased acid in the stomach
    - ▶ Decreased absorption in intestines
  - ▶ Distribution in the Body:
    - ▶ Decreased circulation
    - ▶ Decreased water in cells
    - ▶ Decreased protein in the blood
    - ▶ Increased body fat

# Factors: older people (*cont*)



Liver Cell

## Additional Factors for older adults

- ▶ Metabolism (breaking down):
  - ▶ Decreased blood flow & fewer liver cells
  - ▶ Decreased ability of liver to break down medications
  - ▶ A dose a person has taken for many years may become harmful when it builds up
- ▶ Excretion (removing) by liver and kidneys:
  - ▶ Kidney cells do not function as well
  - ▶ Decreased blood flow
  - ▶ So...medications are removed from the body at a slower rate

# Factors: Genetics and Illness

- ▶ Because of genetics, diseases, or injuries a person who is one age may have a body that responds like someone older or younger
- ▶ Diseases of the stomach, intestines, kidneys, liver & circulatory system will affect medication levels in the body due to changes in absorption, metabolism, and excretion
- ▶ A person with heart, kidney, or liver disease may respond like someone older. *For example, a 35-year-old with kidney disease may process medications as if they were 70 years old.*



# Factors: physical abilities, size, sex

- ▶ Is the patient able to swallow the medication as prescribed?
- ▶ Is the patient vomiting so they cannot keep meds in their system long enough for absorption?
- ▶ The larger the person, the more body tissue there is and may affect how much medication they need.
- ▶ Sex differences between men & women (hormones, body fat, muscle mass, fluids) affect how meds are absorbed and used in the body.

# Factors: Pregnancy & Breastfeeding

- ▶ Pregnancy & Breastfeeding
  - ▶ Medications taken by a pregnant woman can cross the placenta and affect the developing fetus. Some medications are harmful to a baby before it is born.
  - ▶ Medications taken by a breastfeeding mother can be in the breast milk and absorbed by a baby.
  
- ▶ Make sure the patient's healthcare provider knows the patient is pregnant or breastfeeding.

# Factors: genetics and psychological

## ▶ Genetic Factors

- ▶ People who have Down syndrome age prematurely. A 40-year-old has a body that acts like a 60-year-old.
- ▶ Some genetic factors cannot be seen on the outside because they determine how cells on the inside process medications.

## ▶ Psychological Factors

- ▶ Emotional factors, such as stress, affect how the body responds to medications.

# Taking Medication with or without food

- ▶ Absorption of medications can be affected by food
- ▶ Some medicines **must be given with food (ibuprofen)**
- ▶ Some medicines **must NOT be given with food (thyroid)**
- ▶ **Most medications are not affected by food**
  
- ▶ Read ALL labels and handouts for each medication
- ▶ A printout from the pharmacy or other source on each medication is needed. If one is lost or unreadable, get a new one
- ▶ Call the pharmacy to get new handouts, if needed

# Side (unintended) effects of medications

- ▶ headache
- ▶ nausea
- ▶ diarrhea
- ▶ constipation
- ▶ weight loss or gain
- ▶ sleepiness
- ▶ dizziness
- ▶ rash
- ▶ and many others

# Side Effects

- ❖ Watch for side effects when starting a new medication or an increased dose, especially during the first few days
- ❖ Report any physical or behavioral changes to the healthcare provider
- ❖ Document: 1) the changes seen 2) who you reported the changes to 3) when you reported the changes
- ❖ Some medications (e.g. anti-depressants) might take days or weeks before side effects occur

# Side effects

- ▶ Most side effects are due to medications changing the way our bodies work. These changes improve the function that was deficient but often negatively affects other functions as well. Those unintended effects are not necessarily allergies.
- ▶ Medication allergies are one kind of side effect. The immune system mistakenly recognizes a medication as if it were a bacteria or other harmful organism and tries to destroy it.
- ▶ Medication allergies usually involve the skin (rash, itching, hives) or digestive system (nausea, diarrhea).

# Allergies

- ▶ Check for medication allergies before giving medications
- ▶ Individuals can develop allergies to medications at any time
- ▶ Rarely, allergies can be severe and life-threatening





# Anaphylaxis - severe allergic reaction

## ❖ Points to Remember:

1. Anaphylaxis can be caused by medications, insect stings, or food.
2. These reactions can be life-threatening without immediate medical attention.
3. Some people with allergies like bee stings or peanuts, have a device (**Epipen**) prescribed by their health care provider.
  - If the person you support uses one of these devices, you will need to receive additional training to help them use it!

# Know the symptoms of Anaphylaxis! It could save a life

## ▶ Skin

- ▶ itching
- ▶ hives
- ▶ redness
- ▶ sweaty
- ▶ pale

## ▶ Respiratory

- ▶ runny or itchy nose
- ▶ coughing
- ▶ sneezing
- ▶ wheezing
- ▶ shallow or fast breathing
- ▶ swelling of throat
- ▶ hoarse voice

## ▶ Cardiovascular

- ▶ swelling of lips, tongue, or throat
- ▶ feeling dizzy or lightheaded
- ▶ passing out
- ▶ fast heart rate

## ▶ Neurologic

- ▶ confusion
- ▶ anxiety
- ▶ feeling impending doom

## ▶ Digestive

- ▶ nausea
- ▶ vomiting
- ▶ diarrhea
- ▶ abdominal pain

# Responding to Anaphylaxis

- ▶ If you suspect anaphylaxis:
  - ▶ Do NOT wait to see if symptoms improve
  - ▶ **Call 911 or other emergency number**
  - ▶ If in doubt, CALL!

# Toxicity

- ▶ A high dose of medication can be poisonous or harmful to the patient
- ▶ Serious signs (observable) and symptoms (reported) can include:
  - Blurred or double vision
  - Convulsions/seizures
  - Muscle weakness
  - Confusion
  - Shortness of breath
  - Unusually sleepy or groggy
  - Vomiting
- ▶ If you notice any symptoms of the above symptoms, contact a nurse or other healthcare professional!
- ▶ If the reaction seems to be **life-threatening, call 9-1-1**

# Extrapyramidal symptoms (EPS)

- ▶ EPS are involuntary or uncontrolled movements, tremors, or muscle contractions of the face, mouth, neck, or limbs
- ▶ These can be caused by **long-term use of antipsychotic** and certain other medications
- ▶ If you notice any of these movements, contact the healthcare provider who prescribes the medications for that person

# Medication (drug-drug) Interactions

- ✓ Medication Interactions are desired or an undesired effects due to combination of medications; most effects are undesired.
- ✓ The chances of drug interactions increases as the number of medications a person is taking increases
- ✓ Primary care providers (PCPs) should always be aware of all medications someone takes including OTC's such as vitamins, cold meds, laxatives, or pain relievers
- ✓ Always obtain a specific order from the PCP for each medication
- ✓ If a PCP *discontinues* a medication, make sure they write it down
- ✓ If a PCP *adds* a new medication, this may affect the levels of other medications
- ✓ Interactions may **increase or decrease the effects** of one or more meds. For example, antacids taken with an antibiotic may prevent the antibiotic from being absorbed in stomach. So, there would be less or no effect on the bacteria.

# Neuroleptic Malignant Syndrome

❖ Another possible life-threatening emergency is associated with the use of antipsychotic medications such as haloperidol.

❖ Symptoms include:

sudden fever

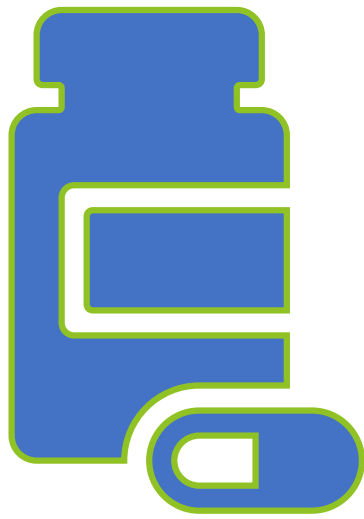
rigidity or  
stiffness

shaking

rapid pulse

red sweaty skin

❖ Call **9-1-1** immediately if you suspect this



# Categories of Medications

- ▶ Prescription (Rx)
- ▶ Controlled Substances
- ▶ Over-the-counter (OTC)
- ▶ Nutritional supplements
- ▶ Herbal remedies



# Prescription (Rx) medications

- ▶ **Require an order from a healthcare provider**
  - ▶ Physician (MD, DO)
  - ▶ Physician assistant
  - ▶ Nurse practitioner/Advanced Practice Registered Nurse
  - ▶ Optometrist/Ophthalmologist
  - ▶ Podiatrist
  - ▶ Dentist
- ▶ **Must be obtained from a pharmacy**

# Controlled Substances

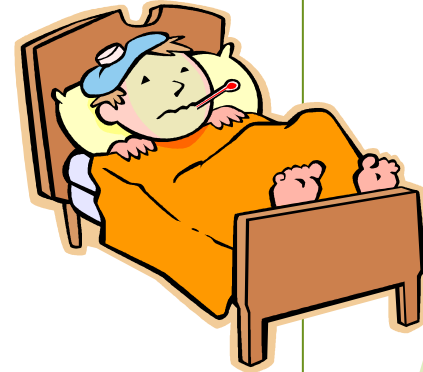
- ▶ **Special category of prescription medications**
  - ▶ Due to the higher risk for harm and abuse
  - ▶ Controlled by the DEA (Drug Enforcement Agency, federal level)
  - ▶ Includes:
    - ▶ Opioid pain medications like oxycodone
    - ▶ Benzodiazepines like lorazepam
    - ▶ ADHD Medications including amphetamines
  - ▶ Have special policies for handling (counting, disposing, etc.)
  - ▶ PRN Controlled substances **CANNOT** be delegated to non-licensed staff. Only licensed nurses can give them.

# OTC's: Over the Counter

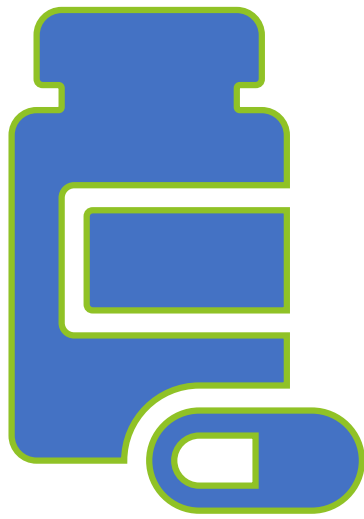
- ▶ Can buy without a prescription
- ▶ Unlicensed caregivers must have an order from parent or guardian on file BEFORE giving the medication to children
- ▶ OTC medications can be **dangerous**. Examples include:
  - ▶ Iron, aspirin, and Tylenol (acetaminophen) can be toxic in large doses
  - ▶ Cold medicines can change the way blood pressure medications work
  - ▶ Benadryl (diphenhydramine) can cause confusion and falls in elders

# Nutritional & Herbal

- ▶ Additional types of Over-the-Counter products:
  - ▶ Nutritional supplements (FDA approved)
  - ▶ Herbal remedies (not regulated)



- ▶ Must be pre-approved by the healthcare provider (MD, DO, NP, PA, etc.)
- ▶ Must be documented each time administered



# Families of Medications

- ▶ Anti-infectives
- ▶ Analgesics/anti-inflammatories
- ▶ Cardiovascular
- ▶ Endocrine
- ▶ Gastrointestinal
- ▶ Genitourinary
- ▶ Hematologic
- ▶ Otic
- ▶ Psychotropic
- ▶ Respiratory

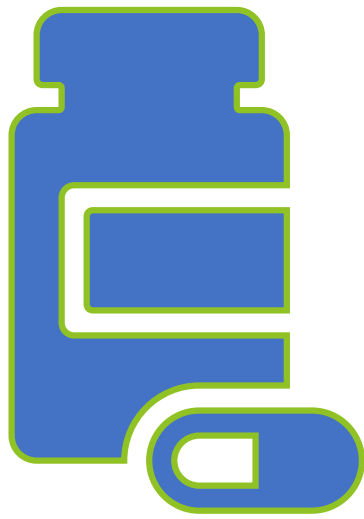
# Families of medications

- ▶ Medications are grouped in categories based on the type of illness or problem that it addresses
  - **Antibiotics** - bacteria inhibitors or killers
  - **Anti-Virals** - virus inhibitors or killers
  - **Anti-Fungal** - yeast/fungi inhibitors or killers
  - **Cardiovascular Drugs** - heart rhythm or high blood pressure
- ▶ **Central nervous system medications:**
  - **Antiepileptic/anticonvulsants** - prevents seizures, can regulate mood
  - **Sedatives** - calms people
  - **Antipsychotics** - prevents or reduces hallucinations and/or delusions
  - **Antidepressants** - improves or eliminates depression
  - **Stimulants** - decreases weight, improves concentration for ADD/ADHD

Laughter is the best medicine...  
except for  
treating diarrhea..



your  cards  
someecards.com



# Names of Medications

- ▶ Brand vs generic
- ▶ MANY different prescription medications in the US

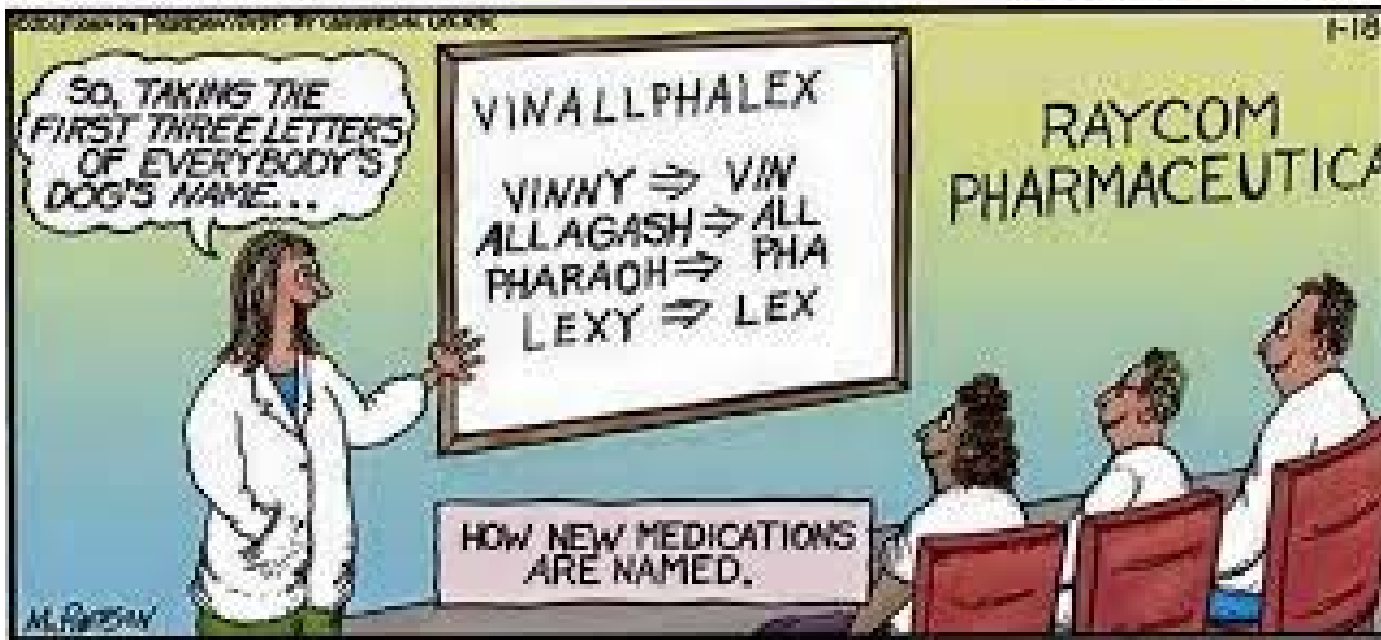


# Names of medications

- ▶ How are medications named?
  - ▶ All medications have two names
    - ▶ brand (trade) name: chosen by the drug manufacturer & picked to be simple or memorable. Brand names are Capitalized
    - ▶ generic name: generally derived from the chemical structure of the drug. The generic name is lower case
    - ▶ Two VERY different medications can have very similar generic names (fluoxetine & fluvoxamine is one example) -
    - ▶ Read carefully!

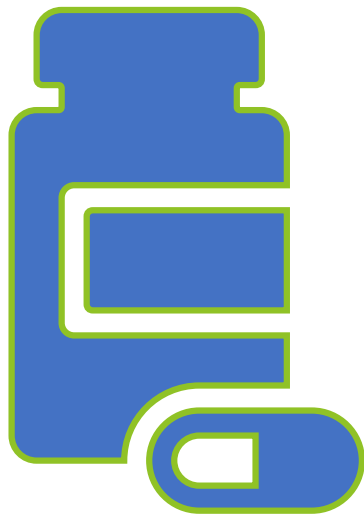
CLOSE TO HOME

BY JOHN McPHERSON



# Names of medications

- ▶ **There are over 20,000 prescription medications approved by the Food and Drug Administration (FDA) in the US**
- ▶ There can be more than one brand name of a given medication
- ▶ It is beyond the scope of this course to teach more than the very basics about medications you may encounter
- ▶ **Read or ask about medications that are new to you to learn why they are given, what side effects are common, and more**

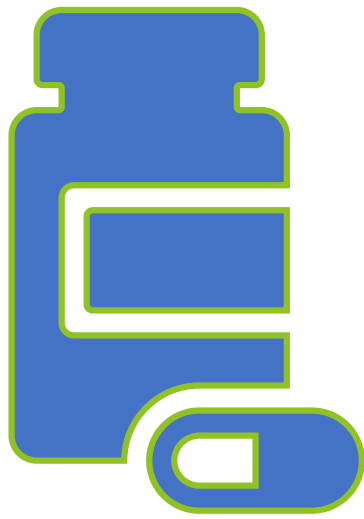


# Proper medication storage

- ▶ Securely
- ▶ Safely

# Medication Storage

- ✓ Medications should be secured so they cannot be tampered with or accidentally eaten
- ✓ Refrigerated medications should have safeguards, such as locked boxes or drawers
- ✓ Medications should be kept in the original container (or med pack) with original labeling
- ✓ Topical medications should be stored separately from other medications
- ✓ Each person should have his/her own compartment, bin, or area for their own medications
- ✓ Are to be used ONLY by the person for whom they are prescribed
- ✓ Are not be used after the expiration date
- ✓ Dispose of medications according to your agency's policy



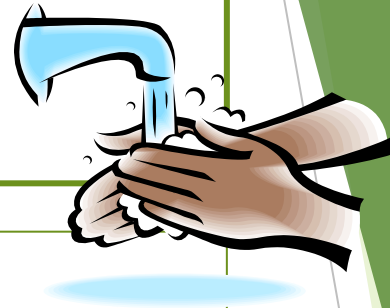
# How to give medications (administration)

- ▶ Universal Precautions
- ▶ Medical abbreviations
- ▶ Measurements
- ▶ 6 Rights of Administration

"We combined all your medications  
into ONE convenient dose."



# Universal precautions



- ▶ Wash hands with soap and water or use hand sanitizer before and after giving patient medications
- ▶ Wear gloves when handling medications
- ▶ Wipe down the area you use to prepare medications with a cleaner or disinfectant before use
- ▶ Cough into your elbow
- ▶ Throw away medications that fall on the floor or other unclean surface and ask a nurse or supervisor how to get a replacement



# Abbreviations

- ▶ Commonly used abbreviations for prescriptions:
  - AM = morning
  - cc = cubic centimeter = ml
  - ml = milliliter
  - h or hr = hour
  - Hs or HS = at bedtime
  - PM = afternoon; evening
  - po = by mouth
  - PRN = when needed
  - sup or supp = suppository
  - tab = tablet
  - Tbsp = tablespoonful
  - tsp = teaspoonful
  - mg = milligram
  - ▶ BID = two times a day
  - ▶ TID = three times a day
  - ▶ QID = four times a day

# Measurement

- ▶ Common metric measurements you should know:
  - Most capsules and tablets are in milligrams (mg)
  - 1000 mg = 1 gram
  - 500 mg = 0.5 grams
  - 250 mg = 0.25 grams
  - 100 mg = 0.1 grams

# Measurement, *cont...*

## ► Quantities given

1. You have Dilantin 100 mg capsules. John needs 400mg to be taken at bedtime.

**Give John four 100 mg capsules = 400 mg**

2. You need a dose of 1 gram of Tylenol. You only have 500 mg (0.5 gram) tablets

**Give two 500 mg tables = 1000 mg = 1 gram**

# Liquid Medication

- ▶ When preparing an oral liquid dose of medication, caregiver holds the measure at eye level, with thumbnail resting on the line that marks the level to which liquid should be poured.
- ▶ Note: injected medications (e.g. insulin) are ONLY allowed to be given by licensed nurses and CANNOT be delegated.
- ▶ Liquid Measurement (volume)
  - ▶ 1 ml = 1 cc
  - ▶ 2 ½ ml = ½ teaspoon (tsp)
  - ▶ 5 ml = 1 teaspoon (tsp)
  - ▶ 15 ml = 3 teaspoons (tsp)
  - ▶ 15 ml = 1 Tablespoon (Tbsp)
  - ▶ 30 ml = 1 fluid ounce (oz)



# Liquid Measures

- ▶ Most liquids are measured in milliliters (ml) or liters (L)
- ▶ 5ml = 5cc = 1 teaspoonful (tsp)
- ▶ 15ml = 15cc = 1 tablespoon (Tbsp)
- ▶ 30ml = 30cc = 1 ounce (oz)
- ▶ 240ml = 240cc = 8 ounces (oz) = 1 cup (c)
  
- ▶ One ml is  $1/1000^{\text{th}}$  of a liter, and a cc is one cubic centimeter. Both are equivalent measures of volume

# Strength of Liquid Meds

- ▶ The strength of liquid medicine is measured in mg/ml
- ▶ Medications often are available in multiple strengths. For example, amoxicillin comes in 125 mg, 200 mg, 250 mg, or 400mg per 5 ml of liquid suspension
- ▶ Sometimes medications are the same strength but different numbers.
- ▶ For example, both orders below are the same strength.
  - ▶ Order #1 - amoxicillin 500 mg per 10 ml of suspension
  - ▶ Order #2 - give 10ml of amoxicillin 250 mg per 5 ml
- ▶ Read carefully and double check!

# Strength of Liquid Meds, cont..

- ▶ **Example:**
- ▶ Your directions say to give 1 Tablespoon of cough syrup, every 4 hours, as needed for cough
- ▶ Do NOT use an eating utensil like a soup spoon to measure medications. They are not accurate
- ▶ Use a metric measuring device
- ▶ You would give 15 ml because this equals 1 tablespoonful



# Using Drops or Ointments

1. Wash hands thoroughly with soap & water
2. Put on clean, new, non-latex gloves
3. Check dropper top to make sure it is not chipped or cracked
4. Avoid touching the dropper on the eyelid or eye lashes or anything else—eye droppers and tubes must be kept clean
5. While tilting head back, pull down lower lid of eye with an index finger to form a pocket
6. If possible, have the client pull down their eyelid



# Using Drops or Ointments, *cont...*

7. With the other hand, hold dropper tip as close to the eye as possible without touching it
8. Brace the remaining fingers of the hand against the face
9. Gently squeeze the dropper so that the correct number of drops fall into the pocket made by the lower eyelid
10. Close the eye for 2 minutes. Wipe away any excess with tissue
11. Replace and tighten the cap right away. Do not wipe or rinse the dropper tip
12. Remove gloves and wash hands

# 6 Rights of Administration

Important: 6 Rights of Medication Administration

1. **The Right Person**
2. **The Right Medication**
3. **The Right Dose**
4. **The Right Route**
5. **The Right Time**
6. **The Right Documentation**

# The Rights...

## ➤ The Right **Person**:

- ✓ Always look on the medication label & Medication Administration Record (MAR) to make sure the name matches the person
- ✓ Medications are to be used **ONLY** for the person whose name is on the label

## ➤ The Right **Medication**:

- ✓ The medication must be the one prescribed by the person's healthcare provider
- ✓ Many medication names sound alike but are **VERY** different
- ✓ There can be several names for the same medication; generic, trade

## ➤ The Right **Dose**:

- ✓ The correct dose will be documented on the prescription label
- ✓ Multiple tablets or measuring liquids may need to happen to give the correct dose
- ✓ Abbreviations & measurements may be used & will be discussed later

Careful when taking medications early in the morning. I almost took an allergy pill...



# The Rights...

## ➤ The Right **Route**:

- ✓ This is the method with which it is given: oral (swallowed), ophthalmic (eye), otic (ear), inhaled, rectal, vaginal, or topical (patches, cream, ointment)

## ➤ The Right **Time**:

- ✓ Medications & Treatments must be given within 1 hour before, or 1 hour after the scheduled time
- ✓ Some medications are given at multiple times during the day
- ✓ Some medications are ordered for once a day or on different days of the week
- ✓ Most medications are ordered on a specific time schedule
- ✓ Some medications are ordered to be given “as needed” or “PRN”
- ✓ Before giving a “PRN” medication you must:

Have written instructions which includes the **dosage**, **how often**, and **how long (or how many times)** and when to contact the Nurse

# The Rights...

## ➤ The Right **Documentation:**

- ✓ The Medication Administration Record (MAR) is used to document the administration of all medications
- ✓ After the medication is given, your initials are written in the correct box to note the time it was given. You might enter that information in the software on your computer, tablet, or phone
- ✓ If the medication is NOT given, circle your initials and document in the record why it was not given
- ✓ Whatever system is used, the purpose of documentation is to accurately and completely record the care given to individuals
- ✓ **Documentation is CRUCIAL.** It is a permanent record and a legal one.
- ✓ A familiar phrase in healthcare is “If it wasn’t documented, it wasn’t done.”
- ✓ Documentation must be complete and legible
- ✓ Draw a single line through an erroneous entry to identify it as an error

# The Rights...

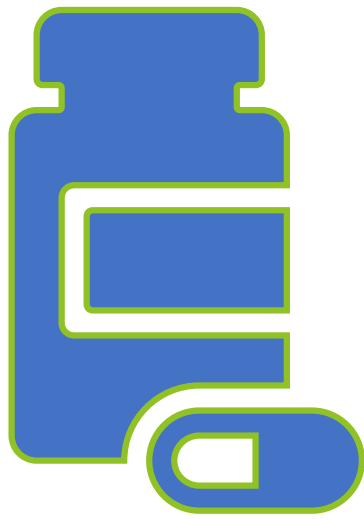
***Note: when a medication comes into the home, make sure it is the SAME strength as the order! If it is different, contact the pharmacy***

# Medication Don'ts

## ▶ The “Don'ts” of Medication Administration

- ▶ Don't administer medications that aren't filled by a pharmacy or a healthcare provider with an original label
- ▶ Don't administer one person's medication to another person
- ▶ Don't double up on a missed dose unless instructed to by the primary care provider
- ▶ Don't cut or crush an un-scored pill without orders from a pharmacist or healthcare provider
- ▶ Don't document until you give the medication
- ▶ Don't try to hide your mistakes
- ▶ Don't ask another person to perform the task you are responsible for doing
- ▶ Medication administration is a serious responsibility and may not be transferred





# Recording given medications (documentation)

# Documentation

- ▶ ALL prescription and non-prescription (over-the-counter) medications, including vitamins or herbs, must be approved by the healthcare provider
- ▶ Each medication must be on the Medication Administration Record (MAR) with complete instructions for how to give them. If information is missing, contact the healthcare provider for clarification
- ▶ This includes:
  - ▶ name of the medication (or supplement)
  - ▶ strength of the medication
  - ▶ quantity of the medication
  - ▶ how to give the medication (by mouth, rub on skin, etc.)
  - ▶ when to give the medication

# Packaging & Delivery

## ► Med packs or sets

- May come in blister packs, rolls, or sachets
- Contain medications for an entire week or month
- Clear plastic on the front of the package to allow for inspection of the medications by the caregiver without opening first



# Packaging & Delivery

## ► Med packs or sets labeling:

- Name of person getting medication
- Name of medication(s)
- Quantity of each medication
- Time of day to give
- Day and date to give
- Might include pill pictures or descriptions



# Packaging, *cont...*

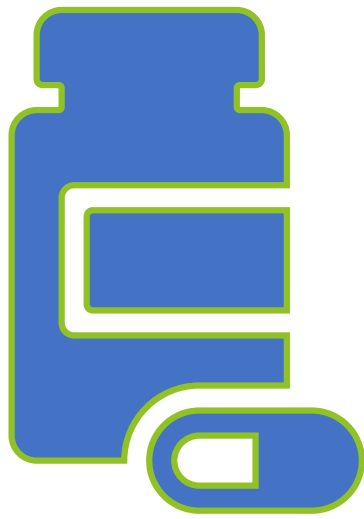
- ▶ **Pharmacy bottles**
  - ▶ Contains one type of medication
  - ▶ Enough for 1 to 3 months
  - ▶ May be liquid, tablet, capsule
- ▶ **Pharmacy bottle labels**
  - ▶ Individual's name
  - ▶ Name and strength of medication
  - ▶ Directions
  - ▶ Number of capsules/tablets
  - ▶ Number of refills
  - ▶ Prescription number
  - ▶ Name of prescriber

# Where Can I Get More Information?

## Attention

- ❖ Medication manufacturer's medication insert
- ❖ The agency nurse or nurse practitioner
- ❖ The pharmacist
- ❖ The healthcare provider prescribing the med

***Warning: this is a general medication administration training module. Each caregiver must be trained by the nurse who is delegating you to administer medications on each individual's medications before administering medications.***



# Alaska Assisted Living Homes Resident Bill of Rights

<http://dhss.alaska.gov/dhcs/Documents/Residential-Licensing-Background/Sample-Forms/Notice-of-Resident%27s-Rights.pdf>

# Residents of Alaska Assisted Living Homes Rights

- ▶ a. live in a safe and sanitary environment;
- ▶ b. be treated with consideration and respect for personal dignity, individuality, and the need for privacy, including privacy in
  - ▶ 1. medical examination or health-related consultation;
  - ▶ 2. the resident's room or portion of a room;
  - ▶ 3. bathing and toileting, except for any assistance in those activities that are specified in the resident's assisted living plan; and
  - ▶ 4. the maintenance of personal possessions and the right to keep at least one cabinet or drawer locked;
- ▶ c. possess and use personal clothing and other personal property, unless the home can demonstrate that the possession or use of certain personal property would be unsafe or an infringement of the rights of other residents;



# Residents of Alaska Assisted Living Homes Rights...

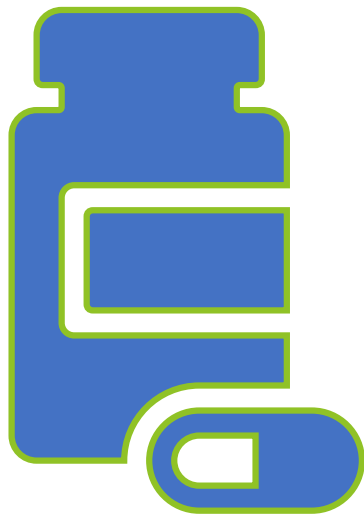
- ▶ d. engage in private communications, including
  - ▶ 1. receiving and sending unopened correspondence;
  - ▶ 2. having access to a telephone, or having a private telephone at the resident's own expense; and
  - ▶ 3. visiting with persons of the resident's choice, subject to the visiting hours established by the home;
  
- ▶ e. close the door of the resident's room at any time, including during visits in the room guests or other residents;
  
- ▶ f. at the resident's own expense unless otherwise provided in the residential services, participate in and benefit from community services and activities to achieve the highest possible level of independence, autonomy, and interaction with the community;
  
- ▶ g. manage the resident's own money;
  
- ▶ h. participate in the development of the resident's assisted living plan;

# Residents of Alaska Assisted Living Homes Rights...

- ▶ i. share a room with a spouse if both are residents of the home;
- ▶ j. have a reasonable opportunity to exercise and to go outdoors at regular and frequent intervals when weather permits;
- ▶ k. exercise civil and religious beliefs;
- ▶ l. have access to adequate and appropriate health care and health care providers of the residents own choosing, consistent with established and recognized standards within the community;
- ▶ m. self-administer the resident's own medications, unless specifically provided otherwise in the resident's assisted living plan;
- ▶ n. receive meals that are consistent with religious or health-related restrictions;
- ▶ o. receive the prior notice of the home or the home's intent to terminate the services contract of the
- ▶ p. present to the home grievances and recommendations for change in the policies, procedures, or services of the home;

# Residents of Alaska Assisted Living Homes Rights...

- ▶ q. at the resident's own expense unless otherwise provided in the residential services contract, have access to and participate in advocacy or special interest groups;
- ▶ r. at the resident's own expense unless otherwise provided in the residential services contract, intervene or participate in, or refrain from participating in, adjudicatory proceedings held under this chapter, unless provided otherwise by other law;
- ▶ s. reasonable access to home files relating to the resident, subject to the constitutional right of privacy of other residents of the home;
- ▶ t. visits from advocates and representatives of community legal services programs, subject to the resident's consent for the purpose of
  - ▶ 1. making personal, social, and legal services available;
  - ▶ 2. distributing educational and informational materials to advise a resident or resident's representative of applicable rights; and
  - ▶ 3. assisting a resident or resident's representative in asserting legal rights or claims;
- ▶ u. immunity from civil liability for the filing a complaint concerning a violation under AS 47.33 or 7 AAC 75 or testifying in an administrative or judicial proceeding arising from a complaint concerning a suspected violation, unless the person acted in bad faith or with malicious purpose.



# What to do when mistakes are made (medication errors)

# Medication errors

► **A medication error is any time that:**

1. The right medication is not administered
2. Or to the right person
3. Or at the right time
4. Or in the right amount
5. Or by the right route
6. Or if it is not documented correctly

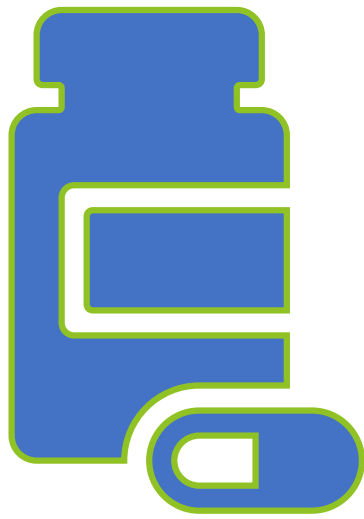
# Medication errors...

- ▶ Remember - you are human and humans make mistakes
- ▶ Don't make it worse by hiding your mistake
- ▶ Do what you would want someone to do if you or your family member was the one who took the wrong medication

# Medication errors...

## ► Steps to take if a medication error occurs:

1. Check the level of consciousness & breathing of the person first
2. If there are breathing problems, seizures, or difficulty arousing the person, **Call 9-1-1**
3. Call the nurse on duty or your supervisor
4. Call the healthcare provider who prescribed the medication
5. If the provider does not respond within 1 hour, call the emergency room for guidance
6. Document the error and steps you took after



# How to protect privacy (confidentiality)



# Confidentiality

- ✓ A person's illnesses & medications are private matters
- ✓ Under HIPAA, you may talk to healthcare professionals (RNs, LPNs) where you work about a person's medications, but only to perform your job.
- ✓ A caregiver must be aware of this responsibility and never discuss any matter pertaining to health or medications with any person not involved in the care of the patient, unless you have the specific written consent of the person or his/her guardian.

© Mike Baldwin / Cartoonist



“Your medical records are safe with us.  
We take patient privacy very seriously.”

# What if I am not sure what to do??

As a person caring for or providing support for an individual, YOU are responsible for that person

If you have ANY concern about the person you are supporting or their medication, contact: the nurse, your supervisor, their pharmacist, or their PCP.  
Call **911** for a serious emergency

# Sources for Medication Information

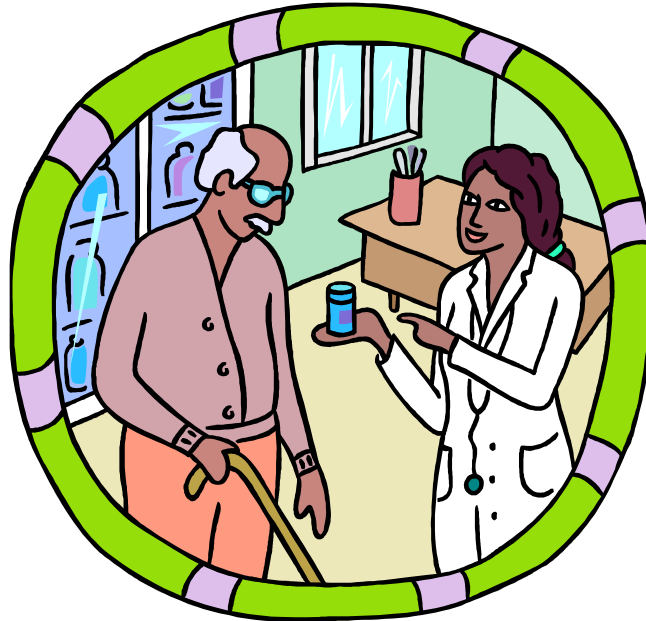
- ✓ PDR: Physicians Desk Reference
- ✓ Nursing drug references
- ✓ [www.drugs.com](http://www.drugs.com)
- ✓ Pharmacy where the prescriptions were filled
- ✓ Patient's primary care provider

# The Internet...

- ❖ Anyone can post information on the Internet
- ❖ This information is NOT always correct!
- ❖ Some people will post inaccurate information about medications and treatments
- ❖ Read information from the drug manufacturer or reputable online source
- ❖ [www.drugs.com](http://www.drugs.com)
- ❖ [www.everydayhealth.com/drugs/](http://www.everydayhealth.com/drugs/)
- ❖ [www.mayoclinic.org/drugs-supplements](http://www.mayoclinic.org/drugs-supplements)
- ❖ [www.webmd.com/drugs/2/index](http://www.webmd.com/drugs/2/index)

# In Summary

- ✓ To ensure quality care and the safety and well-being of every individual, each caregiver must be competent and knowledgeable
- ✓ The caregiver must know about the individual and their ordered medications
- ✓ The caregiver should be knowledgeable about how to safely administer medications and the policies of their organization
- ✓ The caregiver is expected to know when to ask for help and when to report problems



This PowerPoint was edited and recreated from the Alaska Board of Nursing website document by Nancy Edtl, MBA, RN, BSN, NCSN; director of Nursing & Health Services, Anchorage School District. November 2012. Updated January 2022 by Ivan Wang, MS, PA-C, Alaska Pioneer Homes.

## Medication Administration Pre-Test

---

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

1. A person's weight does not concern the physician when prescribing medication.
  - a. True
  - b. False
2. Topical medications are administered to the \_\_\_\_\_.
  - a. Mouth
  - b. Skin or Nail areas
  - c. Eyes
  - d. Ears
3. A good place to store medications is in the medicine cabinet in the bathroom.
  - a. True
  - b. False
4. Children and teenagers with the flu should be given aspirin for fever.
  - a. True
  - b. False
5. All tablets can be crushed for easier administration.
  - a. True
  - b. False
6. You read that one teaspoonful of medication should be given. You would give
  - a. 5ml
  - b. 5cc
  - c. 15ml
  - d. Either a or b
7. An individual gives you a mediset filled by their family. What should you do?
  - a. Go ahead and use it
  - b. Notify the nurse before using
  - c. Inform the family you can't use unlabeled medisets
8. All liquid medications should be stored in the refrigerator.
  - a. True
  - b. False
9. John was given Penicillin for his Strep Throat and after two doses he gets a rash.
  - a. Go ahead and give next dose
  - b. Stop the medication and call the healthcare provider
  - c. Stop the medication and call no one
10. Suppositories can be used in the
  - a. Vagina
  - b. Rectum



## Medication Administration Pre-Test

---

- c. Ear
  - d. Both a and b
11. You see BID written on a prescription. You know this means:
- a. Before meals
  - b. Two times a day
  - c. Take by mouth
  - d. Four times a day
12. You are caring for a person with a G-Tube. This is:
- a. A Gastrostomy tube for feeding and medications
  - b. A type of enema
  - c. A piece of chemical apparatus
  - d. None of the above
13. A family member asks you to give a client their insulin injection. You should:
- a. Inform the family member you are not allowed to provide the injection
  - b. Do as the family asks and give the insulin
14. You have 250mg capsules of Keflex. You need a dose of 500mg, therefore, you would give:
- a. 3 capsules
  - b. Only 1 capsule, 500mg must be wrong
  - c. 2 capsules
  - d. 4 capsules
15. Lisa has an eye infection. The doctor prescribes gentamicin eye drops. Larry gets the same eye infection and the doctor prescribes the same medication for him. You cannot get to the pharmacy immediately.
- a. You decide to use Lisa's eye drops since Larry will get the same medication.
  - b. You will somehow get the medication from the pharmacy since you know that it is never appropriate to use another's medicine.
  - c. You will let it go until you can get to the pharmacy, it's no big deal.
16. You now have both Lisa's and Larry's eye medications. You must administer to both of them. You:
- a. Will wash your hands before each person and after each person. You know you can spread infections to yourself and others.
  - b. Know there is no need to wash your hands because you aren't going to touch their eyes that much.
  - c. Wash your hands before starting and after finishing but you don't wash between doing Lisa's eyes and Larry's eyes.
17. All medications should be given with food so a person's stomach is not upset.
- a. True
  - b. False
18. Vitamins are great! Take all that you want.
- a. True
  - b. False

# Medication Administration Post-Test

---

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

1. The best way to give a “once a day” medication is:
  - a. When you think about it
  - b. At the same time every day
  - c. In the evening one day and the morning the next
2. List four of the Six Rights of medication administration. **(Six Rights)**  
  
\_\_\_\_\_                      \_\_\_\_\_  
\_\_\_\_\_                      \_\_\_\_\_
3. If you don’t give a medication as prescribed, you need to talk it over immediately with the healthcare provider. **(Medication Errors)**
  - a. True
  - b. False
4. You should have complete information about a medication including what it is for and possible side effects and adverse reactions. If you don’t received the printout from the pharmacy, call the pharmacist or healthcare provider to get information and request a printout. **(Responsibilities of the Caregiver and Six Rights)**
  - a. True
  - b. False
5. Anti-seizure medications are just one of several specialized medications that need to be given on time or within an hour of when due. Call the healthcare provider if not given within that timeframe for further instructions. **(Types of Medications-Time Sensitive)**
  - a. True
  - b. False
6. Notify the healthcare provider as soon as possible if you think you have made a medication error including time, route, dose, individual, medication or any other discrepancy causing concern. **(Medication Errors)**
  - a. True
  - b. False
7. The symbol “po” or “p.o.” on a prescription means:
  - a. Place in the eye
  - b. Three times a day
  - c. Two times a day
  - d. Take by mouth

## Medication Administration Post-Test

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8. Lab work is not important in determining if a medication level is within its therapeutic range or if there are toxic levels present. **(Effects of Medications)**
- True
  - False
9. You find that the medication sheet and the label on the medication do not match. You know that it is not safe to give the medication for this reason. List people whom you might ask for help when you notice this discrepancy. **(Effects of Medications)**
- \_\_\_\_\_
- \_\_\_\_\_
10. A client's family has filled a mediset with medications and asked you to give the meds to the client. The mediset is not labeled. What should you do?
- Do as the family has requested and give the patient medications from the mediset
  - Tell the family you can only use medisets filled by the pharmacy or healthcare provider
  - Call the nurse or healthcare provider's office and inform them that you need to have medisets filled by the pharmacy before you can give the client their medication.
  - b and c
11. Because of the possibility of adverse drug interactions when more than one medication is given, you must take a current list of all medications and dosages to all medical and pharmacy visits. **(Response to Adverse Effects)**
- True
  - False
12. Two teaspoonful's is the same as: **(Measurement and Abbreviations)**
- 10ml or 10cc
  - 15ml or 15cc
  - 30ml or 30cc
  - 45ml or 45cc
13. You have a new prescription for your individual that reads "Give 400mg of Dilantin at bedtime". You have 100mg Dilantin capsules. How many capsules to you give? **(Measurement)**
- 1
  - 2
  - 4
  - 8
14. When giving medications to an elderly person, what should you keep in mind?
- That all people of the same age process medications the same
  - That older clients absorb and eliminate medications differently than younger persons
  - That older clients are often on many medications so one needs to be alert to medication interactions
  - b and c

## Medication Administration Post-Test

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15. A family member ignores your recommendation to stop the antibiotic until the healthcare provider's office calls back and gives the patient another dose. The patient is now having difficulty breathing and is very red. What should you do?
- Wait and see if the reaction passes
  - Call 911 immediately and call the nurse and healthcare provider's office
16. A client returns from a visit to their healthcare provider's office and they have samples of a medication. The family says that the healthcare provider told them to give the med twice a day. The sample is unlabeled. What should you do?
- Call the healthcare provider's office and tell them you cannot give an unlabeled medication
  - Give the medication as the family has instructed you
17. It is very important that you notify all doctors, dentists, and pharmacists of any allergies that the individual has as well as double check that you are not about to give a medications for which the person has an allergy.
- True
  - False
18. It is okay to discuss personal medical information with anyone. **(Confidentiality)**
- True
  - False
19. \_\_\_\_\_ is the best method of preventing the spread of infection, colds, flu and gastrointestinal illness. **(Universal Precautions)**
- Hand washing and/or the use of gloves
  - Antibiotic use
  - Face mask
  - Isolation
20. Vitamins are great! Take all you want!
- True
  - False

---

### Fill out the medication sheet/s for the following:

- Tegretol (100mg/5ml) Give 10cc orally three times daily (3x daily) at 9am, 3pm, and 9pm.
- Apply a thin layer of Triamcinolone cream 0.5% to affected area BID for 10 days.
- Seroquel 50mg once daily at bedtime. Increase to 100mg on day 2 and day 3 take 200mg. on day 4 increase to 300mg maintenance dose.

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Each agency will develop additional questions for the post test specific to their agencies needs and issues.

**Practical Evaluation of Mastery - Administration of Medication**

**Trainee Name** \_\_\_\_\_ **Evaluation Date:**, \_\_\_\_\_

**General Administration**

Skill:	Initials:
A. States name and purpose of task & location of supplies	
B. Identifies supplies needed	
C. Preparation	
1. Reviews Universal Precautions	
2. Locates supplies in secured storage area. Locates client's medication administration record. Verifies authorization.	
3. Reviews "six rights" of medication when removing medication from secured storage area, when preparing medication and returning medication to secured storage area.	
4. Checks expiration date and reads label and medication record for instructions.	
5. Prepares medication without contamination.	
D. Procedure:	
1. Demonstrates proper hand washing. Puts on disposable gloves. Oversees client washing hands if also handling medication.	
2. Demonstrates proper identification of client. Asks for Client's first and last name and what medication he/she is to receive.	
3. Explains procedure to client and positions him/her properly for procedure.	
4. Administers the medication to the correct client.	
5. Administers the correct medication.	
6. Administers the correct dose.	
7. Administers at the correct time.	
8. Administers by the correct route.	
9. Verifies client received the medication and observes the client for unusual reactions.	
10. Disposes of used equipment. Appropriately removes and discards gloves, if worn. Washes hands.	
11. Documents immediately and appropriately per policy and procedure	
12. States reporting measures if unusual reactions were to occur	

**Administering Oral Medication**

Skill:	Initials:
1. Demonstrates putting correct dose in the medication cup.	
a. If individually wrapped, tears off number needed, removes from package at time client takes the medication. Provides glass of water unless directed not to do so.	
b. If liquid, pours from the side of the bottle opposite the label into graduated medicine cup at eye level, measuring at bottom of meniscus. Wipes any medication from the outside of container	

**Administering Topical Skin Medication**

Skill:	Initials:
1. Cleanses the affected area with soap and warm water, unless other instructed. Rinses and allows area to dry or pats dry with paper towel.	
2. Applies prescribed amount of topical medication to affected area with gloved hand, gauze, cotton tipped applicator or tongue depressor.	
3. Covers the affected area with a bandage or dressing as directed.	

Practical Evaluation of Mastery -Administration of Medication

**Administering Ophthalmic (Eye) Medication**

Skill:	Initials:
1. Cleanses eye with clean cotton ball or tissue wiping once from the inside to the outside. Uses new cotton ball or tissue for each eye.	
2. Positions the client lying down or sitting with head tilted back and eyes looking up.	
3. Approaches eye from outside field of vision.	
4. Uses index finger to gently pull lower eyelid down to expose conjunctiva sac (pocket).	
5. For eye drops:	
a. Gently squeezes the dropper or eye drop bottle to instill the correct number of drops into the conjunctiva sac.	
b. Does not touch the eye with the dropper or tip of bottle.	
c. Slowly releases the lower lid and instructs the client to keep blink a few times or keep eye closed for a couple of minutes.	
6. For eye ointment:	
a. Gently squeezes 1-2 cm thin strip of ointment along conjunctiva sac from inner to outer eye.	
b. Slowly releases lower lid and instructs the client to close the eyelid and move the eye around to distribute the ointment.	
c. Removes excess ointment from inner to outer eye with a new cotton ball or tissue for each eye treated.	
d. Informs the client that their vision may be blurred temporarily.	

**Administering Inhaled Medication (MDI)**

Skill:	Initials:
1. Position client standing or sitting up straight.	
2. Removes the cap and shakes the inhaler gently back and forth.	
3. Primes the inhaler to release one dose of medication into the air if the MDI is new or has not been used for several days to ensure adequate dosing.	
4. Instructs the client to exhale fully.	
5. If using a spacer or chamber, inserts the MDI mouthpiece into the device and has the client place the chamber mouthpiece into their mouth.	
6. Instructs the client to place the MDI mouthpiece into his/her mouth between the teeth and close their lips around it.	
7. Instructs the client to begin to inhale slowly and then activate the inhaler.	
8. Instructs the client to continue to inhale slowly for 3-5 seconds, filling their lungs.	
9. Instructs the client to hold their breath for 10 seconds, as able, and then slowly breathe out.	
10. Repeats the previous steps until the prescribed number of puffs has been administered.	
12. Replaces the cap, and monitors the client for changes in breathing.	

Practical Evaluation of Mastery -Administration of Medication

**Administering Otic (Ear) Medication**

Skill:	Initials:
1. Warms medication to room temperature (if refrigerated) by holding bottle in hands for a few minutes.	
2. Positions client lying down with the affected ear up.	
3. Cleanses entry to ear canal with clean cotton ball as needed.	
4. If a dropper is supplied, squeezes to fill the dropper to the desired amount.	
5. Straightens the ear canal by pulling outer ear gently down and back (ages 3 and under) or up and back (older children and adults).	
6. Administers the correct number of drops aimed toward the wall of the canal without touching the ear with the dropper.	
7. Asks the client to maintain the position for a few minutes. If treating both ears, waits at least one minute between ears.	

**Administering Intranasal (Nose) Medication**

Skill:	Initials:
1. Instructs the client to gently blow their nose into a tissue and discard it.	
2. For drops, position the client lying down or sitting up with head tilted back. Inserts the dropper just inside the nostril to administer the correct number of drops. Asks the client to maintain position for a few minutes to assure medication reaches upper nasal passages.	
3. For nasal spray, positions the client with head upright and inserts the nozzle part way into the nostril. Sprays as directed while closing off other nostril by pressing on it with a finger.	
4. Does not touch the dropper or tip of bottle to the nostril.	
5. Asks the client if they wish to expectorate any solution that has drained into their mouth.	

MASTERY IS 100% ACCURACY ON RETURN DEMONSTRATION. Initials in the space(s) above indicate: I have been trained to and accept responsibility for performing tasks initialed above in accordance with each client's Individualized Plan of Care. I understand I need to maintain my skills and that the nurse will regularly assess my performance to identify any needs for review or repetition of the training I have received to perform this/these skills. I have had the opportunity to ask questions and received satisfactory answers. I am currently certified in First Aid and CPR. I have received advanced training in Bloodborne Pathogens.

Trainee Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ DATE: \_\_\_\_\_

I have assessed the Trainee's skills to determine the success of the training I provided. Based on this assessment, it is reasonable and prudent for the Trainee to perform medication administration with written consent and delegation by the consumer/parent/guardian. This is in effect for the next twelve months with reassessments annually.

Registered Nurse Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ DATE: \_\_\_\_\_

## Practical Evaluation of Mastery -Administration of Medication



**MEDICATION ADMINISTRATION RECORD**

Month/Year: May 2021 Name: John Patient

D. O.B: 8/22/1994

Allergies: Codeine

Enter time medication is given and initials. Circle time and initials if medication is not given.

Medication Name, Dosage, Route, Frequency, Special Instructions, Physician	Start	End	Time	May 1	May 2	May 3	May 4	May 5	May 6	May 7
Name: Keppra 100mg/mL Dosage: 5 mL Route: by mouth Frequency: twice daily Physician: Dr. Smith	5/1/2021	N/A	9:00 am  9:00 pm							
Name: Nasacort Allergy 24 H Spray Dosage: 1 spray in each nostril Route: Nasal inhalation Frequency: once daily Physician: parent direction	5/1/2021	N/A	9:00 am							
Name: Hydrocortisone 1% cream Dosage: small amount Route: topically to eczema on arm Frequency: twice daily Physician: Dr. Tappel	5/1/2021	N/A	9:00 am  9:00 pm							
Name: Loratadine tablet Dosage: 10 mg Route: by mouth Frequency: every morning Physician: Dr. Tappel	5/1/2021	N/A	9:00 am							
Name: Pataday ophthalmic soln 0.2% Dosage: 1 drop Route: in each eye Frequency: every morning Physician: Dr. Tappel	5/1/2021	N/A	9:00 am							
Name: ofloxacin otic solution 0.3% Dosage: Instill ten drops Route: in the right ear Frequency: once daily for 7 days Physician: Dr. Tappel	5/1/2021	5/8/2021	9:00 pm							
Name: albuterol 90 mcg/inh Dosage: 2 puffs Route: aerosol inhalation Frequency: every 6 h as needed for wheezing Physician: Dr. Roberts	5/1/2021	N/A								

Initials	Signature/Title

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

Patty,

Thoughts on medication administration.

1. Develop an outline like you suggested where people can plug in their facility-specific information
2. I agree with posting the approved courses with date of approval and expiration online (digging through old minutes is not a good use of time)
3. Specific to slide suggestions on medication administration from a previous presentation by RN.
  - a. Pre and post tests
    - i. Pretest establishes a baseline and what needs to be learned
    - ii. Post test shows what was learned
    - iii. This is an established way to track and measure knowledge growth
    - iv. The data obtained can improve curriculums, identify gaps
  - b. Patient bill of Rights
    - i. Located in title 47, Chapter 47.30, Article 10 of Alaska Statutes
      1. To include those dealing with medication administration
  - c. Universal Precautions
    - i. Update to current terminology-standard precautions
  - d. Computer-based testing
    - i. Update to current that computer-based testing is allowed
    - ii. Trainer and trainee can sign a statement that they have proficiency reading and writing English if necessary although the delegating nurse per 12 AAC 44.950(a)(5) is responsible for assessing competence of the person they are delegating to, so it seems unnecessary
  - e. Medication Administration/Residents Rights
    - i. Below are a couple documents and patients have a right to their medications. What I keep seeing is the patient's "assisted living plan"
    - ii. Instead of changing nursing regulations to allow RNs that are not present to delegate medications why not allow medication delegation and administration to be spelled out in the patient's plan per the home they are living in? Would need to check with legal on this, but it appears to be a better alternative than making RN's responsible for medication delegation of certain medications
    - iii. Physician Delegation
      1. The following section is from cosmetic injectables, and the wording was similar for IV solutions and other injectables. The ordering physician or APRN could delegate if allowable by law, but they are also liable. This is probably why we don't see delegation without the presence of someone who can do an immediate assessment.
        - a. Licensees may delegate the administration of cosmetic injectables to registered nurses and practical nurses under AS 08.68.265. A licensee may delegate to an "agent" of the

licensee, the administration of an injectable medication if it is a single intramuscular, intradermal, or subcutaneous injection, not otherwise prohibited under 12 AAC 40.967 (33); in accordance with 12 AAC 40.920 (f) (14) (A)(B)(C)

- iv. AS 47.33.300. RESIDENTS RIGHTS
  - 1. (14)self-administer the resident's own medications, unless specifically provided otherwise in the resident's assisted living plan;
- v. Assisted Living
  - 1. <https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=109979>
- f. Complex nursing skills
  - i. This term is poorly defined and could be changed to clinical judgement
  - ii. Clinical Judgement as defined by AACN-*“one of the key attributes of professional nursing, clinical judgement refers to the process by which nurses make decisions based on nursing knowledge (evidence, theories, ways/patterns of knowing), other disciplinary knowledge, critical thinking and clinical reasoning. This process is used to understand and interpret information based on the delivery of care. Clinical decision-making based on clinical judgment is directly related to care outcomes.”*
- g. Settings where medications are administered
  - i. Updated and edited to describe most settings where medications are administered examples, schools, correctional facilities, but not limited to these
- h. Delegation of PRN controlled substances
  - i. I could see the possibility of delegation of non-emergent PRN controlled substances to patients that are in stable condition and have other safety criteria for things like level of consciousness assessments with scales in place.
  - ii. An example would be delegation of PO opioids, or opioid patches in patients who have chronic pain.
  - iii. Baseline condition does not equal stable condition
- i. Administration of injectables
  - i. Examples
    - 1. Insulin (high risk)
      - a. Many times in hospitals 2 RNs must verify a dosage to be given
    - 2. GLP1 medications (lower risk)
      - a. Can be self-injected by patients at home with training
  - ii. Again, certain injectables deemed low risk could be reviewed for delegation
  - iii. For public safety I could not see adding opioids, hypnotics, or any other high-risk medications to this list that have the potential to alter consciousness, decrease respiratory drive or cause other cardiovascular instability.

CDC. (2024, April 11). *Standard Precautions for All Patient Care*. Infection Control.

<https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>

*Clinical Judgement Concept*. (n.d.). Retrieved October 17, 2024, from

<https://www.aacnnursing.org/essentials/tool-kit/domains-concepts/clinical-judgement>

*Why Pretests and Posttests in Education Matter* | YouScience. (n.d.). Retrieved October 17, 2024, from

<https://www.youscience.com/resources/blog/pretest-and-posttest-in-education/>

**State of Alaska  
Department of Health  
Division of Health Care Services  
Residential Licensing**

**NOTICE OF RESIDENT’S RIGHTS  
and  
PROHIBITED ACTIONS BY THE ASSISTED LIVING HOME  
AS 47.33.300, AS 47 47.33.320, & AS 47.33.330**

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**AS 47.33.300. RESIDENT’S RIGHTS:**

- (a) A resident of an Assisted Living Homes has the right to:
- (1) live in a safe and sanitary environment free from abuse and discrimination;
  - (2) be treated with consideration and respect for personal dignity, individuality, and the need for privacy, including privacy in
    - (A) medical examination or health-related consultation;
    - (B) the resident’s room or portion of a room;
    - (C) bathing and toileting, except for any assistance in those activities that are specified in the resident’s assisted living plan;
    - (D) the maintenance of personal possessions and the right to keep at least one cabinet or drawer locked;
  - (3) possess and use personal clothing and other personal property, unless the home can demonstrate that the possession or use of certain personal property would be unsafe or an infringement of the rights of other residents;
  - (4) engage in private communications, including
    - (A) receiving and sending unopened correspondence;
    - (B) having access to a telephone, or having a private telephone at the resident’s own expense; and
    - (C) visiting with persons of the resident’s choice, subject to the visiting hours established by the home and consistent with AS 47.33.060; and

- (5) having access to the Internet provided by the home, subject to availability to the home in the community, and having a private device to access the Internet at the resident's own expense;
- (6) close the door of the resident's room at any time, including during visits in the room guests or other residents;
- (7) at the resident's own expense unless otherwise provided in the residential services, participate in and benefit from community services and activities to achieve the highest possible level of independence, autonomy, and interaction with the community;
- (8) manage the resident's own money;
- (9) participate in the development of the resident's assisted living plan;
- (10) share a room with a spouse if both are residents of the home;
- (11) have a reasonable opportunity to exercise and to go outdoors at regular and frequent intervals when weather permits;
- (12) exercise civil and religious beliefs;
- (13) have access to adequate and appropriate health care and health care providers of the residents own choosing, consistent with established and recognized standards within the community;
- (14) self-administer the resident's own medications, unless specifically provided otherwise in the resident's assisted living plan;
- (15) receive meals that are consistent with cultural preferences and religious or health-related restrictions;
- (16) receive the prior notice of the home or the home's intent to terminate the services contract of the resident required by AS 47.33.090 and AS 47.33.360;
- (17) present to the home grievances and recommendations for change in the policies, procedures, or services of the home without fear of reprisal or retaliation;
- (18) at the resident's own expense unless otherwise provided in the residential services contract, have access to and participate in advocacy or special interest groups;
- (19) at the resident's own expense unless otherwise provided in the residential services contract, intervene or participate in, or refrain from participating in, adjudicatory proceedings held under this chapter, unless provided otherwise by other law;

- (20) reasonable access to home files relating to the resident, subject to the constitutional right of privacy of other residents of the home;
- (21) receive information in a language the resident understands;
- (22) receive quality care; in this paragraph, “quality care” means care of a resident in accordance with the resident’s assisted living plan, plan of care, personal preferences, and health care providers’ recommendation;

**AS 47.33.320. ACCESS TO ASSISTED LIVING HOME:**

An assisted living home shall allow advocates and the representatives of community legal services programs access to the home at reasonable times to, subject to the resident's consent:

- (1) visit with a resident of the home and make personal, social, and legal services available to the resident;
- (2) distribute educational and informational materials to advise a resident or resident's representative of applicable rights; and
- (3) assist a resident or a resident's representative in asserting legal rights or claims.

**AS 47.33.330 PROHIBITIONS:**

- (a) An Assisted Living Home, including staff of the home, may not;
  - (1) deprive a resident of the home of the rights, benefit, or privileges guaranteed to the resident by law;
  - (2) enter a resident’s room without first obtaining permission, except
    - (A) during regular, previously announce, fire, sanitation, or other licensing inspections;
    - (B) when a condition or situation presents an imminent danger;
    - (C) as required by the resident’s assisted living plan to provide services specified in the residential services contract; or
    - (D) for other vital health or safety reasons;
  - (3) impose religious beliefs or practices upon a resident or require a resident to attend religious services;
  - (4) place a resident under physical restraint unless the resident's own actions present an imminent danger to the resident or others;

(5) place a resident under chemical restraint; this paragraph does not prevent a resident from voluntarily taking tranquilizers, or other medication, prescribed by a licensed physician;

(6) compel a resident to perform services for the home, except as contracted for by the resident and the home or as provided for in the resident's assisted living plan; or

(7) restrain, interfere with, coerce, discriminate against, or retaliate against a resident for asserting a right specified by this chapter or by other law;

(b) An assisted living home may not physically restrain a resident unless the home has a written physical restraint procedure that has been approved by the licensing agency. The home shall terminate the physical restraint as soon as the resident no longer presents an imminent danger.

(c) An owner, administrator, employee, or agent of an assisted living home may not act as a representative of a resident.

- 
- I have read these rights and prohibitions or had them read to me in a language that I can understand.
  - I understand these rights and prohibitions and have had my questions answered regarding them.
  - I have also received a copy of this form complete with my signature.

Resident Name Printed: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Name Printed: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Representative Name Printed: \_\_\_\_\_

Home Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Alaska Board of Nursing

## Agenda Item #15



Education Site Visit Information Review



# NURSING EDUCATION **Approval Guidelines**



**NCSBN**  
Leading Regulatory Excellence





# Guidelines for Prelicensure Nursing Program Approval

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## NCSBN Approval Guidelines for BONs

**Scope and Purpose:** The following guidelines are meant to guide:

1. BONs and other nursing regulatory bodies (NRBs) in their approval of prelicensure nursing education programs in meeting regulatory standards.
2. The collection of annual report data from prelicensure nursing education programs.
3. Site visits to nursing education programs when warning signs have been identified.

### Level of Nursing Education Programs:

Prelicensure RN and PN/VN nursing education programs.

### Guideline Development

An Expert Panel consisting of representatives from the BONs, the College of Nurses of Ontario, the National League for Nursing, the American Association of Colleges of Nursing, the Organization of Associate Degree Nursing and NCSBN staff developed the guidelines from a literature review and three landmark national studies of nursing education outcomes and metrics that were conducted and analyzed by NCSBN.

## Expert Panel

<p><b>Maryann Alexander, PhD, FAAN</b> Chief Officer, Nursing Regulation, NCSBN</p>	<p><b>Donna Meyer, MSN, ANEF, FAADN, FAAN</b> CEO, Organization of Associate Degree Nursing</p>
<p><b>Janice Brewington, PhD, RN, FAAN</b> Director, Center for Transformational Leadership, Chief Program Officer, National League for Nursing</p>	<p><b>Bibi Schultz, MSN, RN, CNE</b> Director of Education Missouri State Board of Nursing</p>
<p><b>Rebecca Fotsch, JD</b> Director, State Advocacy and Legislative Affairs, NCSBN</p>	<p><b>Anne Marie Shin RN, MN, MSc (QIPS)</b> Manager, Education Program, College of Nurses of Ontario</p>
<p><b>Janice I. Hooper, PhD, RN, FRE, CNE, FAAN, ANEF</b> Nursing Consultant for Education, Texas Board of Nursing</p>	<p><b>Josephine H. Silvestre, MSN, RN</b> Senior Associate, Regulatory Innovations, NCSBN</p>
<p><b>Nicole Livanos, JD</b> Senior Associate, State Advocacy and Legislative Affairs, NCSBN</p>	<p><b>Nancy Spector, PhD, RN, FAAN</b> Director, Regulatory Innovations, NCSBN</p>
<p><b>Elizabeth Lund, MSN, RN</b> Executive Director, NCSBN Board of Directors, Tennessee Board of Nursing</p>	<p><b>Joan Stanley, CRNP, FAAN, FAANP</b> Chief Academic Officer, American Association of Colleges of Nursing</p>
<p><b>Brendan Martin, PhD</b> Associate Director, Research, NCSBN</p>	<p><b>Crystal Tillman, DNP, RN, CPNP, PMHNP-BC, FRE</b> Director of Education and Practice, North Carolina Board of Nursing</p>

# The Guidelines

These guidelines have been developed at the request of nursing regulatory bodies (NRBs) who requested evidence-based criteria for the prelicensure nursing education program approval process. The guidelines are based on both quantitative and qualitative data that emerged from three groundbreaking national studies<sup>1</sup> and a literature review conducted by NCSBN to learn about quality indicators of nursing education programs, as well as warning signs. These guidelines are meant to help both NRBs as well as nursing education programs. It is hoped that these will increase collaboration between regulators and educators, allow for transparency in the approval process, help NRBs avoid antitrust issues, and provide criteria which allow the NRB to intervene prior to a program falling below standards.

## Definitions

- 1. Approval of nursing education programs** – Official recognition of nursing education programs that go through a systematic approval process implemented by U.S. BONs, thus meeting regulatory standards and being able to make their students eligible to take the nursing licensure exam. In most states, the approval process will be designated as full approval when all requirements are met; conditional or probationary or other designations when some, but not all of the requirements are met; or approval removal when programs fail to correct cited deficiencies. (adapted from Spector et al., 2018)
- 2. Graduation rates** – Number and percentage of degree-seeking students who graduate within the normal program time. (Reyna, 2010, p. 10)
- 3. Metrics** – For the purposes of this report, those measures that are used when evaluating the outcomes, quality and warning signs of nursing programs.
- 4. Outcomes** – The behaviors, characteristics, qualities, or attributes that learners display at the end of an educational program (Gaberson et al., 2015, p. 18).
- 5. Quality clinical experiences** – Either in face-to-face clinical experiences or in simulation, under the oversight of an experienced clinical instructor, the intentional integration of knowledge, clinical reasoning, skilled know-how and ethical comportment across the lifespan (adapted from Benner et al., 2010).
- 6. Warning signs** – Negative indicators when a program is beginning to fall below the standards of graduating safe and competent students.

## Warning Signs

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1. Complaints to BONs or other NRBs from students, faculty, clinical sites or the public.
2. Turnover of program directors; More than three directors in a five-year period.
3. Frequent faculty turnover/cuts in numbers of faculty.
4. Trend of decreasing NCLEX® pass rates.

## High-Risk Programs That May Need Additional Oversight<sup>2</sup>

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Prelicensure programs younger than seven years.

## Quality Indicators

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### Administrative Requirements

1. The program has criteria for admission, progression and student performance.
2. Written policies and procedures are in place and have been vetted by faculty and students.

### Program Director

1. The program director of an RN program is doctorally prepared and has a degree in nursing.
2. The program director of a PN/VN program has a graduate degree and a degree in nursing.

### Faculty

1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time, or other faculty) are employed at the institution as full-time faculty.
2. In RN programs, faculty hold a graduate degree.
3. In PN programs, faculty hold a BSN degree.
4. Faculty can demonstrate they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:
  - a. Methods of instruction;
  - b. Teaching in clinical practice settings;
  - c. Teaching in simulation settings;
  - d. How to conduct assessments, including test item writing; and
  - e. Managing “difficult” students.
5. Faculty can demonstrate participation in continuing education related to nursing education and adult learning pedagogies.

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<sup>2</sup> Additional oversight may include progress reports every six months related to the number of students, faculty qualifications, stability of the program director, NCLEX® pass rates, in addition to the regularly collected annual reports. If there is concern, the BON may make a focused visit to the program to make recommendations.

6. The school provides substantive and periodic workshops and presentations devoted to faculty development.
7. Formal mentoring of new full-time and part-time faculty takes place by established peers.
8. Formal orientation of adjunct clinical faculty.
9. Clinical faculty have up-to-date clinical skills and have had experience in direct patient care in the past 5 years.
10. Simulation faculty are certified.

### **Students**

1. The nursing program should ensure the following are in place to assist students:
  - a. English as a second language assistance is provided.
  - b. Assistance is available for students with learning disabilities.
  - c. All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.
  - d. Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.

### **Curriculum and Clinical Experiences**

1. 50% or more of clinical experience in each clinical course is direct care with patients.
2. Variety of clinical settings with diverse patients.
3. Opportunities for quality and safety education integrated into the curriculum, including delegating effectively, emergency procedures, interprofessional communication and time management.
4. Systematic evaluation plan of the curriculum is in place.

### **Teaching and Learning Resources**

1. The simulation lab is accredited.
2. Students have access to a library, technology and other resources.
3. Programs are able to assess students with learning disabilities and tailor the curriculum to meet their needs.



# Evidence Table

Warning Signs	Evidence
<ol style="list-style-type: none"> <li>Complaints to BONs or other NRBs from students, faculty, clinical sites or public.</li> <li>Turnover of program directors; More than three directors in a five-year period.</li> <li>Frequent faculty turnover/cuts in numbers of faculty.</li> <li>Trend of decreasing NCLEX® pass rates.</li> </ol>	<ol style="list-style-type: none"> <li>Literature, Delphi, Qualitative 5-Year Site Visit Study.</li> <li>Literature, Delphi, Qualitative 5-Year Site Visit Study; Quantitative 5-Year Annual Report Study.</li> <li>Literature, Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.</li> <li>Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.</li> </ol>
High-Risk Programs That May Need Additional Oversight <sup>3</sup>	Evidence
<p>Prelicensure programs younger than seven years.</p>	<p>Literature, Qualitative 5-Year Site Visit Study; Quantitative 5-Year Annual Report Study.</p>
Quality Indicators.	Evidence
<p><i>Administrative Requirements</i></p>	
<ol style="list-style-type: none"> <li>The program can provide evidence that their admission, progression and student performance standards are based on data.</li> <li>Policies and procedures are in place, based on data that have been vetted by faculty and students.</li> </ol>	<ol style="list-style-type: none"> <li>Literature, Qualitative 5-Year Site Visit Study</li> <li>Literature, Qualitative 5-Year Site Visit Study</li> </ol>

<sup>3</sup> Additional oversight may include progress reports every six months related to the number of students, faculty qualifications, stability of the director, NCLEX® pass rates, in addition to the regularly collected annual reports. If there is concern, the BON may make a focused visit to the program to make recommendations.

## Evidence Table (continued)

### *Program Director*

- |  |  |
|--|--|
| 1. The program director of an RN program is doctorally prepared and has a degree in nursing. | 1. Literature, Qualitative 5- Year Site Visit Study, Quantitative 5-Year Annual Report Study |
| 2. The program director of a PN/VN program has a graduate degree and a degree in nursing.    | 2. Literature, Quantitative 5-Year Annual Report Study                                       |

### *Faculty*

- |  |  |
|--|--|
| 1. At a minimum, 35% of the total faculty (including all clinical adjunct, part-time, or other faculty) are employed at the institution as full-time faculty.  | 1. Literature, Delphi, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study. |
| 2. In RN programs, faculty hold a graduate degree.   | 2. Literature, Qualitative 5-Year Site Visit Study, Quantitative 5-Year Annual Report Study.         |
| 3. In PN programs, faculty hold a BSN degree.  | 3. Literature, Quantitative 5-Year Annual Report Study.  |
| 4. Faculty can demonstrate they have been educated in basic instruction of teaching and adult learning principles and curriculum development. This may include the following:<br>a. Methods of instruction;<br>b. Teaching in clinical practice settings;<br>c. Teaching in simulation settings;<br>d. How to conduct assessments, including test item writing; and<br>e. Managing “difficult” students. | 4. Literature, Qualitative 5-Year Site Visit Study.  |

## Evidence Table (continued)

- |  |  |
|--|--|
| 5. Faculty can demonstrate participation in continuing education related to nursing education and adult learning pedagogies. | 5. Literature, Qualitative 5-year Site Visit Study         |
| 6. The school provides substantive and periodic workshops and presentations devoted to faculty development.                  | 6. Literature, Delphi, Qualitative 5-Year Site Visit Study |
| 7. Formal mentoring of new full-time and part-time faculty takes place by established peers.                                 | 7. Literature, Delphi, Qualitative 5-Year Site Visit Study |
| 8. Formal orientation of adjunct clinical faculty.   | 8. Literature, Delphi, Qualitative 5-Year Site Visit Study |
| 9. Clinical faculty have up-to-date clinical skills and have had experience in direct patient care in the past 5 years.      | 9. Literature, Delphi, Qualitative 5-Year Site Visit Study |
| 10. Simulation faculty are certified.  | 10. Literature, Qualitative 5-Year Site Visit Study        |

### *Students*

- |  |   |
|--|---|
| 1. The nursing program should ensure the following are in place to assist students: <ol style="list-style-type: none"><li>English as a second language assistance is provided.</li><li>Assistance is available for students with learning disabilities</li><li>All students have books and resources necessary throughout the program and strategies to help students who can't afford books and resources.</li><li>Remediation strategies are in place at the beginning of each course and students are aware of how to seek help. This should include processes to remediate errors and near misses in the clinical setting.</li></ol> | 1. Literature, Delphi, Qualitative 5-Year Site Visit Study. |
|--|---|

## Evidence Table (continued)

### *Curriculum and Clinical Experiences*

- |  |   |
|--|---|
| 1. 50% or more of clinical experience in each clinical course is direct care with patients.  | 1. Literature, Delphi.                                      |
| 2. Variety of clinical settings with diverse patients.   | 2. Literature, Delphi, Qualitative 5-Year Site Visit Study. |
| 3. Opportunities for quality and safety education integrated into the curriculum, including delegating effectively, emergency procedures, interprofessional communication and time management. | 3. Literature, Delphi.                                      |
| 4. Systematic evaluation plan of the curriculum is in place.   | 4. Literature, Delphi, Qualitative 5-Year Site Visit Study. |

### *Teaching and Learning Resources*

- |   |   |
|---|---|
| 1. The simulation lab is accredited.  | 1. Literature, Qualitative 5-Year Site Visit Study. |
| 2. Students have access to a library, technology and other resources.   | 2. Literature, Qualitative 5-Year Site Visit Study. |
| 3. Programs are able to assess students with learning disabilities and tailor the curriculum to meet their needs. | 3. Literature, Qualitative 5-Year Site Visit Study. |

## References

- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. Jossey-Bass.
- Gaberson, K.B., Oermann, M.H., & Shellenbarger, T. (2015). *Clinical teaching strategies in nursing* (4th ed.). Springer Publishing Company.
- Reyna, R. (2010). Complete to compete: Common college completion metrics. *National Governors Association Chair's Initiative* (June 2010).
- Spector, N., Hooper, J. I., Silvestre, J., & Qian, H. (2018). Board of nursing approval of registered nursing education programs. *Journal of Nursing Regulation*, 8(4), 22-29.

## Additional Resources

### Site Visit Template

**Use of the Site Visit Template:** This template was developed based on the qualitative five-year site visit study that NCSBN conducted, looking at programs that were not fully approved by BONs. Each of the items below were found to be lacking in those programs not meeting regulatory standards. Nursing regulatory bodies (NRBs) could use this template as a guide when making a focused site visit. NRBs may choose to adapt this template to customize it to their particular needs.

Date of Site Visit \_\_\_\_\_

Name of Education Consultant \_\_\_\_\_

Name of Program \_\_\_\_\_

Address of Program \_\_\_\_\_

Director of Program \_\_\_\_\_

Contact Information of Director \_\_\_\_\_

NCLEX® Program Code \_\_\_\_\_

### Program

1. Current approval status \_\_\_\_\_
2. Age of program \_\_\_\_\_
3. Ownership of program (for-profit; nonprofit; public) \_\_\_\_\_
4. Trend of Program's NCLEX® Pass rates for Three Years  
\_\_\_\_\_ Current Year  
\_\_\_\_\_ Year 2  
\_\_\_\_\_ Year 3

### Administration

5. Written policies and procedures are available to faculty and students. Yes/No/Comments
6. There is evident student and faculty input into policies and procedures. Yes/No/Comments
7. Record keeping is in place for faculty credentials, course evaluations, student records. Yes/No/Comments
8. Quality improvement strategies are in place, particularly related to student outcomes and course evaluations. Yes/No/Comments
9. Students have the educational materials (books, uniforms, software, internet access, syllabi, etc.) they need to be successful. Yes/No/Comments

10. Data is used to set admission, progression and student performance. Yes/No/Comments  
(Below are some key areas to check)
- Student socioeconomic status.
  - English as a second language.
  - Presence of children under 18 years of age in the home.
  - Need to work while attending program.
  - Program admission, such as GPA, SAT®/ACT®, secondary education.
  - Remediation programs, including remediation for clinical errors/near misses, are in place.
  - Program progression (GPA standards, minimum course grades, pass/fail, etc.).

### Program Director

11. How many directors has the program had in the past five years (including interim directors)? \_\_\_\_\_
12. Is the director in charge of other allied health and/or vocational programs? Yes/No
13. If the answer to #12 is yes, is there an assistant director for managing the day-to-day operations of the nursing program? Yes/No  
Explain \_\_\_\_\_
14. What is the highest academic degree of the program director? \_\_\_\_\_
15. Is the program director a nurse? Yes/No

### Faculty

16. Total number of faculty (including full-time, part-time, adjunct clinical faculty each academic cycle, etc.)  
is \_\_\_\_\_
17. Number of full-time faculty \_\_\_\_\_
18. Credentials of faculty (provide separately)
19. Faculty have a basic knowledge of pedagogical methods Yes/No Comments
20. Workload for faculty is reasonable (average number of courses taught in an academic year) \_\_\_\_\_  
Yes/No Comments
21. All faculty teaching in clinical experiences have performed direct patient care in the last 5 years.  
Yes/No Comments
22. Formal orientation plan for new full-time/part-time faculty is in place. Yes/No  
Explain \_\_\_\_\_
23. Formal orientation plan for adjunct faculty is in place. Yes/No  
Explain \_\_\_\_\_
24. There is administrative support for ongoing faculty development. Yes/No  
Explain \_\_\_\_\_
25. All faculty who teach simulation are certified. Yes/No
26. Faculty have control over the curriculum. Yes/No  
Explain \_\_\_\_\_

27. Full-time faculty turnover during the past academic year was \_\_\_\_\_

## Students

28. English as a second language assistance is provided on an ongoing basis, when appropriate. Yes/No  
Comments

29. Resources are available for student learning disabilities. Yes/No Comments

30. Throughout the program books and resources are provided. Yes/No Comments

a. When students can't afford books and other required resources, strategies are in place to help them.

31. Remediation strategies are in place so that students are aware of how to seek help. Yes/No Comments

a. Remediation strategies include errors/near misses made in clinical experiences.

## Curriculum and Clinical Experiences

32. 50% or more of clinical experiences in each course are with direct care with patients. Yes/No

33. Variety of clinical settings with diverse patients. Yes/No Comment

34. Opportunities in clinical experiences for promoting safety and quality. Yes/No Comment

Evidence-based examples include:

a. Delegation

b. Emergency procedures

c. Interprofessional communication

d. Time management

## Teaching and Learning Resources

35. The simulation lab is accredited. Yes/No

a. Simulation lab in working order with up-to-date equipment. Yes/No Comment

36. Syllabi are consistent in their design and with internal policies. Yes/No Comment

a. Course descriptions match the course content and expected outcomes. Yes/No Comment

37. Physical instructional resources are adequate. Yes/No

a. Full- and part-time faculty have private office space for student meetings. Yes/No Comment

b. Adjunct faculty have the ability to reserve conference rooms to meet with students. Yes/No. Comment



## Additional Resources

### Annual Report Core Data Template

Name of Program \_\_\_\_\_

Address of Program \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Phone # of Person Completing Form \_\_\_\_\_

NCLEX® Program Code \_\_\_\_\_

### Program

1. Is the program nationally nursing accredited?      Yes      No
2. What is the program's current approval status?
  - Full Approval
  - Conditional/Probationary Approval
  - Non-Approved
3. What best describes the program's geographic location?
  - Urban
  - Suburban
  - Rural
  - Not Applicable
4. What is the institutional ownership?
  - Public
  - Private Not for Profit
  - Private for Profit
5. What is the program type?
  - Licensed Practical Nurse/Licensed Vocational Nurse
  - Diploma
  - Registered Nurse – Associates
  - Registered Nurse – Bachelors
  - Master's Entry
6. In what year was the program founded? \_\_\_\_\_ [Numeric response field]
7. Does the program have any satellite sites?      Yes [Q8]      No [Skip to Q9]
8. [If yes to Q7] How many total sites, including the home site, does the program have?  
\_\_\_\_\_ [Numeric response field]

9. What types of learning modalities does the program offer?
- In-Person Only [Skip to Q11]
  - Online Only [Skip to Q11]
  - Hybrid
10. What proportion of your program is online? [Sliding scale proportion]
11. What best describes the program's academic schedule?
- Quarters
  - Trimesters
  - Semesters
  - Other
12. Does the program administer a formal student orientation process? Yes No
13. Does the program offer English as a second language services for non-native English speakers? Yes No
14. Does the program offer disability support services? Yes No
15. Does the program offer support services to help low socioeconomic students access available resources (e.g. peer mentoring services, tuition assistance, work study program, etc.)? Yes No
16. Does the program have a formal remediation process in place for students having trouble? Yes No
17. Does the program have a formal remediation process in place for students who commit errors/near misses in their clinical experiences? Yes No
18. Has the nursing program experienced major organizational changes over the past year (such as collapsing programs)? Yes [Q19] No [Skip to Q20]
19. What major organizational changes have the nursing program experienced in the past year?
- New Director
  - New Assistant/Associate Director
  - Staff Layoff
  - Faculty Layoff
  - Change in University Leadership (e.g. Provost or President)
  - Collapsing programs
  - Economic efficiencies
  - Other \_\_\_\_\_
20. What is the total number of clinical experience hours? \_\_\_\_\_ [Numeric response field]
21. How many hours do students spend in direct client care? \_\_\_\_\_ [Numeric response field]
22. How many hours do students spend in simulation? \_\_\_\_\_ [Numeric response field]
23. How many hours do students spend in skills lab? \_\_\_\_\_ [Numeric response field]

### Simulation Data

24. Does the program offer simulated clinical experience? Yes [Q25] No [Skip to Q27]
25. [If yes to Q24] Are simulation faculty certified? Yes No
26. [If yes to Q24] Is the simulation lab accredited? Yes No

## Program Director Data

27. Is the program director a nurse?

Yes [Q28]      No [Skip to Q29]

28. [If yes to Q27] What is the program director's highest nursing degree achieved?

- Diploma
- ADN
- BSN
- MSN
- MS
- DNP
- PhD
- Other \_\_\_\_\_

29. What is the program director's highest non-nursing degree achieved?

- Associates
- Bachelors
- MEd
- Other Master's
- EdD
- Other Doctoral
- Other \_\_\_\_\_

30. In the past year, how many directors, including interim directors, has the program had?

\_\_\_\_\_ [Numeric response field]

31. Does the program director hold a joint allied health appointment?      Yes      No

32. Does the program have an assistant/associate director?      Yes      No

33. Does the program director have administrative support?      Yes      No

## Faculty Data

34. How many full-time faculty are there? \_\_\_\_\_ [Numeric response field]

35. How many clinical adjunct faculty are there? \_\_\_\_\_ [Numeric response field]

36. How many part-time faculty are there? \_\_\_\_\_ [Numeric response field]

37. How many of the full-time faculty are graduate educated?

- MSN \_\_\_\_\_ [Numeric response field]
- MS \_\_\_\_\_ [Numeric response field]
- Other Masters \_\_\_\_\_ [Numeric response field]
- DNP \_\_\_\_\_ [Numeric response field]
- PhD \_\_\_\_\_ [Numeric response field]
- Other Doctoral \_\_\_\_\_ [Numeric response field]

38. What is the student to faculty ratio for didactic/theory courses? \_\_\_\_\_ [Numeric response field]

39. What is the student to clinical faculty ratio? \_\_\_\_\_ [Numeric response field]

- |   |     |    |
|---|-----|----|
| 40. Does the program offer formal orientation for new adjunct clinical faculty? | Yes | No |
| 41. Does the program offer formal orientation for new part-time faculty?        | Yes | No |
| 42. Does the program offer formal orientation for new full-time faculty?        | Yes | No |
| 43. Does the program offer formal mentoring for new full-time faculty?          | Yes | No |

## Student Data

44. How many students are enrolled in the nursing program as of the beginning of the current academic year?  
 \_\_\_\_\_ [Numeric response field]
45. What is the maximum nursing enrollment capacity? \_\_\_\_\_ [Numeric response field]
46. What is your attrition rate?
47. What is the average age of a student enrolled in the program as of the beginning of the current academic year? [Instructions: Round to the nearest integer]  
 \_\_\_\_\_ [Numeric sliding scale]
48. Please provide a detailed breakdown of the racial composition of the students currently enrolled in the program.
- American Indian or Alaska Native \_\_\_\_\_ [Proportion response field]
  - Asian \_\_\_\_\_ [Proportion response field]
  - Black or African American \_\_\_\_\_ [Proportion response field]
  - Native Hawaiian or Other Pacific Islander \_\_\_\_\_ [Proportion response field]
  - White \_\_\_\_\_ [Proportion response field]
  - Multi-Racial \_\_\_\_\_ [Proportion response field]
  - Other \_\_\_\_\_ [Proportion response field]
49. Please provide a detailed breakdown of the ethnic composition of the students currently enrolled in the program.
- Hispanic or Latino or Spanish Origin \_\_\_\_\_ [Proportion response field]
  - Non-Hispanic or Latino or Spanish Origin \_\_\_\_\_ [Proportion response field]
50. Please provide a detailed breakdown by student sex.
- Female \_\_\_\_\_ [Numeric response field]
  - Male \_\_\_\_\_ [Numeric response field]
  - Other \_\_\_\_\_ [Numeric response field]







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# Alaska Board of Nursing

## Agenda Item #16



Review/Assign Action items



# Alaska Board of Nursing



Chair Final Comments/Adjourn

# Alaska Board of Nursing

## Day 2



Call to Order/ Roll Call

# Alaska Board of Nursing Executive Session



The public attendees will wait in the waiting room.

# Alaska Board of Nursing

## Agenda Item #19



Investigative and Probation Reports



**MEMORANDUM**

DATE: October 08, 2024  
 TO: Board of Nursing  
 THRU: Erika Prieksat, Chief Investigator *EP*  
 FROM: Christina Bond, Investigator *CB*  
 RE: Investigative Report for the November 07, 2024 Meeting

The following information was compiled as an investigative report to the Board for the period of July 16, 2024 thru October 08, 2024; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

**OPEN - 109**

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
<b>ADVANCED NURSE PRACTITIONER</b>			
2022-000085	PDMP Violation	Intake	01/25/2022
2023-001053	PDMP Violation	Intake	10/06/2023
2024-000640	Prescriptive practice	Intake	07/15/2024
2024-000855	Unprofessional conduct	Intake	09/11/2024
2024-000903	Unprofessional conduct	Intake	09/25/2024
2024-000933	Standard of care	Intake	10/02/2024
2024-000940	Unprofessional conduct	Intake	10/02/2024
2019-000516	Standard of care	Complaint	07/02/2019
2020-000292	PDMP Violation	Complaint	11/03/2021
2020-000369	Prescriptive practice	Complaint	04/15/2020

2021-000969	Standard of care	Complaint	10/04/2022
2023-000066	Unprofessional conduct	Complaint	05/04/2023
2023-000956	PDMP Violation	Complaint	09/14/2023
2023-001035	PDMP Violation	Complaint	11/15/2023
2023-001079	PDMP Violation	Complaint	11/15/2023
2023-001170	PDMP Violation: Failure to Register	Complaint	02/14/2024
2023-001172	PDMP Violation	Complaint	02/14/2024
2024-000147	Unprofessional conduct	Complaint	03/20/2024
2024-000532	PDMP Violation: Failure to Register	Complaint	06/12/2024
2024-000632	Patient or client abuse	Complaint	07/29/2024
2024-000655	PDMP Violation: Failure to Register	Complaint	07/17/2024
2024-000656	PDMP Violation: Failure to Register	Complaint	07/17/2024
2024-000669	PDMP Violation: Failure to Register	Complaint	07/23/2024
2024-000703	Unprofessional conduct	Complaint	08/07/2024
2024-000776	Unprofessional conduct	Complaint	09/17/2024
2024-000949	PDMP Violation: Failure to Register	Complaint	10/07/2024
2018-000492	Standard of care	Investigation	07/08/2021
2020-001172	Patient or client abuse	Investigation	07/08/2021
2021-000478	Practice beyond scope	Investigation	04/19/2023
2021-001023	Standard of care	Investigation	06/02/2023
2019-000056	Falsified application	Litigation Initiated	11/05/2020
2019-000171	Prescriptive practice	Litigation Initiated	10/06/2020
2020-000302	Criminal action - no conviction	Litigation Initiated	11/05/2020
2021-000311	Unlicensed practice or activity	Litigation Initiated	

#### **CERTIFIED NURSE AIDE**

2024-000527	Unprofessional conduct	Complaint	07/03/2024
2024-000604	Unprofessional conduct	Complaint	07/16/2024
2024-000689	Falsified application	Complaint	07/26/2024
2024-000696	Probation violation	Complaint	08/05/2024
2024-000704	Substance abuse	Complaint	08/01/2024

2024-000732	Fraud or misrepresentation	Complaint	08/16/2024
2024-000772	Continuing education	Complaint	08/28/2024
2024-000773	Continuing education	Complaint	08/28/2024
2024-000780	Continuing education	Complaint	08/29/2024
2024-000781	Continuing education	Complaint	09/05/2024
2024-000782	Continuing education	Complaint	08/29/2024
2024-000783	Continuing education	Complaint	08/29/2024
2024-000784	Continuing education	Complaint	08/29/2024
2024-000785	Continuing education	Complaint	08/29/2024
2024-000786	Continuing education	Complaint	09/05/2024
2024-000787	Continuing education	Complaint	09/10/2024
2024-000788	Continuing education	Complaint	08/29/2024
2024-000790	Continuing education	Complaint	08/29/2024
2024-000791	Continuing education	Complaint	08/29/2024
2024-000792	Continuing education	Complaint	08/29/2024
2024-000793	Continuing education	Complaint	08/29/2024
2024-000794	Continuing education	Complaint	08/29/2024
2024-000819	Continuing education	Complaint	09/17/2024
2024-000820	Continuing education	Complaint	09/16/2024
2024-000843	Continuing education	Complaint	09/12/2024
2024-000844	Continuing education	Complaint	09/16/2024
2024-000845	Compliance	Complaint	09/16/2024
2024-000858	Continuing education	Complaint	09/20/2024
2024-000859	Continuing education	Complaint	09/20/2024
2024-000860	Continuing education	Complaint	09/20/2024
2023-000379	License Application Problem	Investigation	07/31/2024
2023-000866	Unprofessional conduct	Investigation	11/01/2023
2023-001003	License Application Problem	Investigation	12/05/2023
2024-000231	Substance abuse	Investigation	04/25/2024
2024-000421	Unprofessional conduct	Investigation	06/27/2024
2024-000658	Continuing education	Investigation	08/28/2024

2024-000659	Continuing education	Investigation	08/02/2024
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### **LICENSED PRACTICAL NURSE**

2023-000567	Unprofessional conduct	Complaint	06/23/2023
2024-000275	Unprofessional conduct	Complaint	04/04/2024
2024-000637	Criminal action - no conviction	Complaint	10/03/2024
2024-000838	PDMP Violation: Failure to Register	Complaint	09/10/2024
2024-000908	PDMP Violation: Failure to Register	Complaint	09/26/2024

### **PRACTICAL NURSE**

2024-000343	Unprofessional conduct	Complaint	08/06/2024
2024-000937	License Application Review/Referral	Complaint	10/02/2024
2023-001191	Unprofessional conduct	Investigation	03/07/2024

### **REGISTERED NURSE**

2024-000747	Substance abuse	Intake	08/21/2024
2024-000895	Unlicensed practice or activity	Intake	09/23/2024
2024-000896	Unlicensed practice or activity	Intake	09/23/2024
2021-000250	Unlicensed practice or activity	Complaint	04/06/2021
2021-001199	Unprofessional conduct	Complaint	01/07/2022
2022-000635	Unprofessional conduct	Complaint	07/06/2022
2022-000770	Unprofessional conduct	Complaint	04/17/2023
2023-000996	Unprofessional conduct	Complaint	09/25/2023
2023-001102	Unprofessional conduct	Complaint	12/26/2023
2024-000351	Falsified application	Complaint	04/16/2024
2024-000422	Substance abuse	Complaint	05/06/2024
2024-000542	Unprofessional conduct	Complaint	06/17/2024
2024-000600	Unprofessional conduct	Complaint	08/16/2024
2024-000601	Action in another state	Complaint	08/02/2024
2024-000676	Unprofessional conduct	Complaint	07/29/2024
2024-000687	Unprofessional conduct	Complaint	08/01/2024
2024-000711	Unprofessional conduct	Complaint	09/05/2024



2024-000767	Unprofessional conduct	Complaint	08/27/2024
2024-000799	Criminal action - conviction	Complaint	08/30/2024
2024-000864	Substance abuse	Complaint	09/13/2024
2024-000880	Unprofessional conduct	Complaint	09/23/2024
2023-000242	Unprofessional conduct	Monitor	
2021-000766	Fraud or misrepresentation	Investigation	06/21/2023
2022-001170	Unlicensed practice or activity	Investigation	08/21/2023
2024-000128	License Application Review/Referral	Investigation	08/14/2024
2024-000228	Substance abuse	Investigation	06/18/2024
2024-000269	License Application Review/Referral	Investigation	08/13/2024
2024-000318	Violation of agreement	Investigation	07/24/2024

**REGISTERED NURSE  
ANESTHETIST**

2019-001275	Unprofessional conduct	Complaint	02/04/2020
2024-000460	Standard of care	Complaint	07/30/2024

**Closed - 47**

<b><u>Case #</u></b>	<b><u>Violation Type</u></b>	<b><u>Case Status</u></b>	<b><u>Closed</u></b>	<b><u>Closure</u></b>
2024-000034		Closed-Intake	08/06/2024	Incomplete Complaint

**ADVANCED NURSE  
PRACTITIONER**

2024-000454	Unprofessional conduct	Closed-Intake	07/25/2024	Incomplete Complaint
2024-000492	Unprofessional conduct	Closed-Intake	07/26/2024	No Action - Lack of Jurisdiction
2024-000721	Unprofessional conduct	Closed-Intake	09/18/2024	Incomplete Complaint
2024-000741	Unprofessional conduct	Closed-Intake	08/28/2024	No Action - Lack of Jurisdiction
2023-000849	Substance abuse	Closed-Complaint	08/23/2024	No Action - No Violation
2023-001211	Unprofessional conduct	Closed-Complaint	07/26/2024	No Action - No Violation
2024-000605	Unprofessional conduct	Closed-Complaint	09/11/2024	No Action - Lack of Jurisdiction

2023-001171	PDMP Violation: Failure to Register	Closed-Investigation	09/09/2024	Advisement Letter
2024-000408	Substance abuse	Closed-Investigation	08/23/2024	Advisement Letter
2024-000431	PDMP Violation: Failure to Register	Closed-Investigation	07/26/2024	Advisement Letter
2024-000432	PDMP Violation: Failure to Register	Closed-Investigation	07/25/2024	Advisement Letter

**CERTIFIED NURSE AIDE**

2024-000610	Unlicensed practice or activity	Closed-Complaint	08/26/2024	No Action - No Violation
2024-000690	License Application Review/Referral	Closed-Complaint	08/28/2024	Application Withdrawn
2024-000702	Falsified application	Closed-Complaint	10/01/2024	No Action - No Violation
2024-000779	Continuing education	Closed-Complaint	09/23/2024	No Action - No Violation
2024-000837	Continuing education	Closed-Complaint	09/23/2024	No Action - No Violation
2024-000274	Substance abuse	Closed-Investigation	09/23/2024	Advisement Letter
2024-000363	Criminal action - conviction	Closed-Investigation	07/31/2024	Advisement Letter
2024-000778	Continuing education	Closed-Investigation	09/17/2024	Compliance

**LICENSED PRACTICAL NURSE**

2024-000706	Falsified application	Closed-Investigation	09/10/2024	Advisement Letter
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**REGISTERED NURSE**

2024-000332	Unprofessional conduct	Closed-Intake	07/26/2024	No Action - Lack of Jurisdiction
2024-000490	Unprofessional conduct	Closed-Intake	07/26/2024	No Action - Lack of Jurisdiction
2024-000558	Unprofessional conduct	Closed-Intake	07/31/2024	No Action - Lack of Jurisdiction
2024-000223	Unprofessional conduct	Closed-Complaint	08/26/2024	No Action - No Violation
2024-000505	Unlicensed practice or activity	Closed-Complaint	07/26/2024	No Action - No Violation
2024-000545	Substance abuse	Closed-Complaint	07/31/2024	Application Withdrawn
2024-000609	Unlicensed practice or activity	Closed-Complaint	07/26/2024	No Action - No Violation
2024-000671	Unlicensed practice or activity	Closed-Complaint	08/27/2024	No Action - No Violation
2024-000700	Unlicensed practice or activity	Closed-Complaint	08/23/2024	No Action - No Violation

2024-000705	Fraud or misrepresentation	Closed-Complaint	08/28/2024	No Action - No Violation
2024-000863	Falsified application	Closed-Complaint	10/01/2024	No Action - No Violation
2021-000570	Unprofessional conduct	Closed-Investigation	08/27/2024	Advisement Letter
2023-000522	Continuing education	Closed-Investigation	08/13/2024	License Action
2023-000611	Continuing education	Closed-Investigation	09/23/2024	License Action
2023-000615	Continuing education	Closed-Investigation	09/23/2024	License Action
2023-000820	Continuing education	Closed-Investigation	08/19/2024	License Action
2023-000965	Unprofessional conduct	Closed-Investigation	08/19/2024	License Action
2023-001161	Substance abuse	Closed-Investigation	08/19/2024	License Action
2024-000014	Substance abuse	Closed-Investigation	09/27/2024	Consent Order
2024-000292	Substance abuse	Closed-Investigation	08/19/2024	License Action
2024-000688	License Application Review/Referral	Closed-Investigation	09/18/2024	Advisement Letter
2024-000737	Falsified application	Closed-Investigation	10/01/2024	Advisement Letter
2024-000850	Falsified application	Closed-Investigation	10/01/2024	Advisement Letter
2024-000856	Falsified application	Closed-Investigation	09/23/2024	Advisement Letter
2024-000862	Falsified application	Closed-Investigation	10/01/2024	Advisement Letter
2024-000868	Falsified application	Closed-Investigation	10/01/2024	Advisement Letter

***END OF REPORT***



**PROBATION REPORT**

**DATE:** October 2, 2024  
**TO:** Alaska Board of Nursing  
**THROUGH:** Sonia Lipker, Senior Investigator *SL*  
**FROM:** Karina Medina, Investigator  
**SUBJECT:** Probation Report for the November 2024 Meeting

The following is a complete list of individuals on probation for this Board. All individuals are in compliance with their agreements except as noted with a (\*).

<u>NAME</u>	<u>START DATE</u>	<u>END DATE</u>	
Barbara Anderson	05/11/2023	05/11/2028	
Caressa Barth	01/06/2021	01/06/2026	
Samantha Bell	07/23/2021	07/23/2026	
Sue Boma	11/05/2020	11/05/2025	
Kenneth Browne	08/20/2020	08/20/2025	
Viva Esquibel	05/17/2022	05/17/2027	
John Hacker	08/11/2023	08/11/2028	
Roxanne Huzieff	05/11/2023	05/11/2026	
Franklin Jones	05/01/2022	05/01/2027	
*Kris Kile	03/28/2019	09/28/2020	SUSPENDED
Kelly Linebarger	08/06/2021	08/06/2026	
Lisa Murrell	08/20/2020	08/20/2025	
*Alice Nanuk	11/09/2023	11/09/2028	SUSPENDED
*Amy Neel	02/04/2021	02/04/2026	SUSPENDED
Joyce Nesby	05/11/2023	05/11/2026	
*Amber Pe'a	02/06/2020	02/06/2025	SUSPENDED
Danielle Regan	08/20/2020	08/20/2025	
*Tasha Rine	08/11/2023	08/11/2028	SUSPENDED
Alixandra Stewart	08/11/2023	08/11/2028	
*Quenna Szafran	05/11/2023	05/11/2028	SUSPENDED
Ciri Vail	08/11/2023	08/11/2028	
Samantha Weber	08/16/2021	08/16/2026	
Wendy Webster	11/09/2023	11/09/2025	
Jodi Wolcuff	03/15/2022	03/15/2027	
Erika Yeager	11/01/2022	11/01/2024	

**Alternative to Probation:**

<u>CASE NUMBER</u>	<u>START DATE</u>	<u>END DATE</u>
2024-000014-Prb	08/08/2024	08/08/2029

The following were released after probation completion:

<u>NAME</u>	<u>START DATE</u>	<u>END DATE</u>
Ronald Blury	08/11/2023	08/11/2024
Mary Ann Egbert	08/11/2023	08/11/2024
Shaylene Leinbach	08/08/2019	08/08/2024
Nicole Spinner	08/04/2022	08/04/2024
*Sheriene Wilson reported)	05/05/2022	05/05/2023 SUSPENDED (Probation closed and

**Board Requests:**

Kenneth Browne- Early Probation Release Request  
Samantha Bell- Modification Request

**License Actions:**

Alice Nanuk- Surrender

**END OF REPORT**

# Alaska Board of Nursing



Break

# Alaska Board of Nursing

## Agenda Item #20



## Delegation Regulations Review

# Board of Nursing

On Break for Lunch



# Alaska Board of Nursing

## Agenda Item # 21



## Licensing and Program Reports

# LICENSING SUMMARY



# FISCAL 1ST QUARTER 2025 (JULY 1, 2024 – SEPTEMBER 30, 2024)



License Type	Method	Ist Quarter Total	Running Total YTD
RN	Exam	82	82
	Endorsement	787	787
	Reinstate	40	40
	Total:	909	909
		TOTAL ACTIVE:	23,117

# FISCAL 1ST QUARTER 2025 (JULY 1, 2024 – SEPTEMBER 30, 2024)



License Type	Method	Ist Quarter Total	Running Total YTD
LPN	Exam	7	7
	Endorsement	27	27
	Reinstate	2	2
	Total:	36	36
		TOTAL ACTIVE	839

# FISCAL 1ST QUARTER 2025 (JULY 1, 2024 – SEPTEMBER 30, 2024)



License Type	Method	Ist Quarter Total	Running Total YTD
APRN	Reinstate	2	2
	Initial	136	136
	<b>Total:</b>	<b>138</b>	<b>138</b>
APRN Preceptorship		12	12
		TOTAL ACTIVE APRN:	2553
		TOTAL ACTIVE PRECEPTORSHIPS:	54

# PERMITS

## FISCAL 1ST QUARTER 2025 (JULY 1, 2024 – SEPTEMBER 30, 2024)



License Type	Ist Quarter Total	Running Total YTD
RN	217	217
LPN	9	9
APRN	4	4
TOTAL:	230	230

# FISCAL 1ST QUARTER 2025 (JULY 1, 2024 – SEPTEMBER 30, 2024)



License Type	Method	Ist Quarter Total	Running Total YTD
Retired		1	1
		TOTAL:	214
	Grand Total: All license types	1326	1326
		Grand Total Active Nurse Licenses:	25,731

## LICENSING STATISTICS BY FISCAL YEAR

Licensing Statistics	2023 Fiscal year	2024 Fiscal year	2025 YTD
RN Endorsement	3310	3100	787
RN Examination	327	364	82
LPN Endorsement	116	91	27
LPN Examination	6	18	7
APRN	381	436	136



# NCSBN EDUCATION PROGRAM SUMMARY

## EDUCATED IN ALASKA

### JULY 1, 2024-SEPTEMBER 30, 2024

\*NOTE: NCSBN does not provide data on “repeat testers” taken in other states. “First time tester” data shown here reflects testing information from all states, whereas “repeat tester” data reflects only our state. This means there may be a repeat testing candidate in another state not included in these totals.

NURSING PROGRAM	FIRST TIME TESTERS	PASS	PASS%	FAIL	FAIL%		REPEAT TESTERS	PASS	PASS%	FAIL	FAIL%
UAA A.A.S	25	21	84%	4	16%		3	2	66%	1	34%
UAA B.S.N.	22	15	68%	7	32%		7	6	85%	1	15%
CHARTER A.D.N	17	17	100%	0	0%		6	0	0%	6	100%
APU ADN	0	0	0%	0	0%		0	0	0.0%	0	0.0%
APU LPN	5	5	100%	0	0%		2	1	50%	1	50%

# NCLEX PASS RATE YEAR TO DATE SUMMARY

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# NCLEX YTD SUMMARY



NCLEX Pass Rate Year to Date Summary			
	2022	2023	2024 YTD Jan. 1- September 30
Nursing Program			
UAA AAS	90% (73/80)	83% (67/81)	90% (80/88)
UAA BSN	89% (59/66)	87% (102/117)	87% (105/120)
Charter ADN	91% (49/54)	80% (61/76)	80% (46/57)
APU ADN	73% (11/15)	60% (12/20)	96% (30/31)
APU LPN	--	78% (7/9)	95% (20/21)

# THANK YOU

■ Laura Souders and Madeleine Henderson

Licensing Examiner 2

■ [boardofnursing@alaska.gov](mailto:boardofnursing@alaska.gov)





# Nurse Aide Licensing & Training Program Report

November 2024

FY25 Q1 Quarterly Board Meeting

Alaska Board of Nursing

# Licensing Report



# Quarterly Nurse Aide Certification Statistics

## FY25 Quarter 1: July 1 – Sept. 30, 2024

DATE: October 15, 2024  
TO: Alaska Board of Nursing  
FROM: Michelle Griffin – CNA Licensing Examiner

SUBJECT: Nurse Aide Quarterly Report

Quarterly Nurse Aide Statistics **Fiscal 2025 - Quarter 1: July 1 – Sept. 30, 2024**

Permanent certificates issued: **124**

Reinstatements issued: **2**

Temporary certificates issued: **28**

Total permanent nurse aide certificates as of September 30, 2024: **2,404**

### CNA Certifications by Recent Fiscal Quarter (oldest first):

	<i>New Permanent certificates issued</i>	<i>Reinstatements</i>	<i>Temporary certificates issued</i>	<i>Emergency Courtesy Certificates issued</i>	<i>Total permanent certificates</i>
FY 24 Quarter 1 7/1/24 – 9/30/24	124	2	28	0	2,404
FY 24 Quarter 2 10/1/24 – 12/31/24					
FY 24 Quarter 3 1/1/25 – 3/31/25					
FY 24 Quarter 4 4/1/25 – 6/30/25					



# Fiscal 2024

## CNA Certifications by Recent Fiscal Quarter (oldest first):

	<i>New Permanent certificates issued</i>	<i>Reinstatements</i>	<i>Temporary certificates issued</i>	<i>Emergency Courtesy Certificates issued</i>	<i>Total permanent certificates</i>
FY 24 Quarter 1 7/1/23 – 9/30/23	144	3	13	0	2,983
FY 24 Quarter 2 10/1/23 – 12/31/23	48	2	12	0	3,027
FY 24 Quarter 3 1/1/24 – 3/31/24	133	0	15	0	2,046
FY 24 Quarter 4 4/1/24 – 6/30/24	162	7	27	0	2,279





The background features a light gray gradient with several stylized, semi-transparent white leaf motifs scattered across it. These leaves vary in shape and size, some showing detailed vein patterns. Additionally, there are two small, solid white circles, one in the upper left and one in the lower right, serving as decorative accents.

# Training Program Report



- **34 State Approved Nurse Aide Training Programs**

\*Complete list is available on the Alaska Board of Nursing website- “Nurse Aide Registry” page under Certification information.



The screenshot shows a navigation menu with the following items:

- License Search
- Disciplinary Action Reports
- Public Records Requests
- License Expiration Dates
- Meetings & Regulation Notices
- Examination Notices
- Centralized Licensing Statutes
- Centralized Licensing Regulations
- Board Member Resources
- Division Reports
- DIVISION SECTIONS**
- Corporations

The 'Certification Information' section is highlighted with a blue arrow and contains the following sub-items:

- Certification Information**
  - [New Certificate Holder Information](#)  
#08-4227, Revised 08/01/2018
  - [State Approved Nurse Aide Programs](#)  
Revised 02/2024
  - [Credentia](#)  
Nurse Aide Testing Services
  - [Nurse Aide Exam Process Timeline](#)
- Applications for Certification**

*Applications may be held in pending status for up to a year (after a year, a new form, fingerprint card and fees may be required). Applications inactive for more than a year are considered abandoned.*

  - [Certified Nurse Aide by Endorsement, Online Application](#)  
Filed through MyAlaska account. [Online Application Instructions & Forms](#)
  - [Application for Certified Nurse Aide by Endorsement, Paper Application](#)  
#08-1176, Revised 11/18/2024

# Newly Approved Instructors

12 AAC 44.840

FY25 Q1 ( July 2024 – September 2024)

- **South Peninsula Hospital: 1 New Instructor**
- **Alaska Native Medical Center: 1 New Instructor**
- **Providence Seward Mountain Haven: 1 New Instructor**
- **Denali Center: 1 New Instructor**
- **University of Alaska (Anchorage): 1 New Instructor**
- **Don Young Alaska Job Corps: 1 New Instructor**
- **Bethel CNA: 1 New Instructor**
- **UAF CTC Fairbanks: 2 New Instructor**
- **Providence Alaska Medical Center: 4 New Instructors**
- **Petersburg Medical Center: 1 New Instructor**

(2 Instructor Resignations: South Peninsula Hospital (1) & Providence Seward Mountain Haven (1))





## 12 AAC 44.840 Program Instructors



- 12 AAC 44.840. PROGRAM INSTRUCTORS.** (a) In a non facility-based program,
- (1) an instructor must be either a registered nurse or practical nurse licensed under AS 08.68 and have
    - (A) completed a course in teaching adults; or
    - (B) obtained experience in teaching adults or supervising nurse aides; and
  - (2) the program instructor or program director must have at least one year of experience in the provision of long-term care facility services.
- (b) In a facility-based program,
- (1) the training of nurse aides may be performed under the general supervision of
    - (A) a registered nurse who has at least two years of nursing experience; or
    - (B) the director of nursing for the facility who has at least one year of experience in a long-term care facility, but who may be prohibited from performing the actual training; and
  - (2) other persons may assist the instructor to meet program objectives for specific topics in training nurse aides, including physical and mental health care providers who have at least one year of experience in their fields.

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**92 Active Nurse Aide Instructors throughout the  
State of Alaska**



# Training Program Pass Rate

12 AAC 44.858

FY25 Q1 ( July 2024 - September 2024)

- **13 programs had test takers**
- **8 Programs had a program pass rate above 80%**
- **4 Programs had a 100% pass rate**
- **5 Programs fell below 80% pass rate**





## 12 AAC 44.858 Training Program Pass Rate



**12 AAC 44.858. TRAINING PROGRAM PASS RATE.** (a) An approved certified nurse aide training program must achieve at least an 80 percent cumulative annual pass rate.

(b) If an approved certified nurse aide training program fails to achieve at least an 80 percent cumulative annual pass rate, the board will issue a letter of concern by certified mail, with return receipt requested, to the program. Within 90 days after receipt of a letter of concern from the board, the approved certified nurse aide training program must submit to the board a report that

(1) analyzes the factors that are believed to be contributing to the low pass rate; and

(2) sets out the program's plan to achieve at least an 80 percent cumulative annual pass rate.

(c) The board will reevaluate the program one year after a letter of concern has been issued to an approved certified nurse aide training program.

(d) If an approved certified nurse aide training program reevaluated by the board under (c) of this section has failed to achieve at least an 80 percent cumulative annual pass rate, the board will issue a letter of warning to the program. Within 90 days after receipt of a letter of warning from the board, the approved certified nurse aide training program must submit to the board a report that

(1) analyzes the reasons the program's original plan to improve the low pass rate was unsuccessful; and

(2) sets out the program's additional plan to achieve at least an 80 percent cumulative annual pass rate.

(e) The board will reevaluate the program one year after a letter of warning has been issued to an approved certified nurse aide training program.

(f) If an approved certified nurse aide training program reevaluated by the board under (e) of this section has failed to achieve at least an 80 percent cumulative annual pass rate, the board will place the certified nurse aide training program on conditional approval. The certified nurse aide training program will continue on conditional approval until

(1) the certified nurse aide training program has achieved at least an 80 percent cumulative annual pass rate during two consecutive years; or

(2) approval of the certified nurse aide training program is withdrawn under 12 AAC 44.862.

(g) For purposes of this section, a certified nurse aide training program achieves at least an 80 percent cumulative annual pass rate if the year-end data shows that at least 80 percent of the graduates of the approved nurse aide training program, taking the National Nurse Aide Assessment Program competency evaluation for the first time, successfully passed that competency evaluation.

(h) If the training program does not respond to the letter of concern within 90 days, as required under (b) of this section, the board will withdraw approval for the nurse aide program as set out in 12 AAC 44.862.

**Authority:** AS 08.68.100 AS 08.68.331



# 12 AAC 44.858 Training Program Pass Rate



Alaska CNA Program (Anchorage)	02276	16	16	7	43.8%	16	100.0%	7	43.8%
Alaska Job Corps (Palmer)	02246	0	0	0	N/A	0	N/A	0	NO TESTS
Alaska Native Medical Center	02294	0	0	0	N/A	0	N/A	0	NO TESTS
Alaska Technical Center (Kotzebue)	02233	0	0	0	N/A	0	N/A	0	NO TESTS
Alaska Veterans & Pioneer Home	02292	0	0	0	N/A	0	N/A	0	NO TESTS
ASD - King Tech HS (Anchorage)	02268	0	0	0	N/A	0	N/A	0	NO TESTS
Bartlett Hospital (Juneau)	02286	10	10	10	100.0%	10	100.0%	10	100.0%
Bethel CNA Program	02271	9	9	9	100.0%	8	88.9%	8	88.9%
Central Peninsula Hospital	02289	0	0	0	N/A	0	N/A	0	NO TESTS
Denali Center (Fairbanks)	02287	4	4	2	50.0%	4	100.0%	2	50.0%
Heritage Place (Soldotna)	02016	0	0	0	N/A	0	N/A	0	NO TESTS
Kachemak Bay CC (Homer)	02020	0	0	0	N/A	0	N/A	0	NO TESTS
Kenai Peninsula College (Soldotna)	02226	1	1	1	100.0%	1	100.0%	1	100.0%
Kodiak College	02011	0	0	0	N/A	0	N/A	0	NO TESTS
Kodiak High School	02283	0	0	0	N/A	0	N/A	0	NO TESTS
Mat-Su Borough School District (Palmer)	02259	5	5	2	40.0%	4	80.0%	2	40.0%
Mat-Su CNA Program	02285	2	2	2	100.0%	2	100.0%	2	100.0%
Petersburg Medical Center	02019	0	0	0	N/A	0	N/A	0	NO TESTS
Prestige Care (Anchorage)	02284	12	12	11	91.6%	12	100.0%	11	91.6%
Providence Seward Mountain Haven	02282	0	0	0	N/A	0	N/A	0	NO TESTS
PWSCC (Cordova)	02008	0	0	0	N/A	0	N/A	0	NO TESTS
UAA CNA (Anchorage)	02280	9	9	7	77.7%	9	100.0%	7	77.7%
UAF CTC (Fairbanks)	02241	3	3	2	66.7%	3	100.0%	2	66.7%
UAF Nome	02241	1	1	1	100.0%	1	100.0%	1	100.0%
UAS Juneau	02229	0	0	0	N/A	0	N/A	0	NO TESTS
UAS Ketchikan	02236	1	1	1	100.0%	1	100.0%	1	100.0%
UAS Sitka	02223	0	0	0	N/A	0	N/A	0	NO TESTS
Valdez Combined	02275	0	0	0	N/A	0	N/A	0	NO TESTS
Wrangell Medical Center (SEARHC)	02009	0	0	0	N/A	0	N/A	0	NO TESTS
SEARHC Sitka	02288	0	0	0	N/A	0	N/A	0	NO TESTS
South Peninsula Hospital	02290	5	5	4	80.0%	5	100.0%	4	80.0%
<b>Q1 Totals</b>		<b>78</b>	<b>78</b>	<b>59</b>	<b>75.6%</b>	<b>76</b>	<b>97.4%</b>	<b>58</b>	<b>74.4%</b>



# New Program Requests

12 AAC 44.830 (Application for Training Program Approval)  
FY25 Q1 ( July 2024 – September 2024)

- **No New Training Program Requests**
- **Programs on Provisional requesting Full Approval:**

## **1. Alaska Native Medical Center**

*Provisional Approval November 2023*

First course offering site visit: August 6<sup>th</sup>, 2024

## **2. Providence Alaska Medical Center**

*Provisional Approval May 2024*

First course offering site visit: August 6<sup>th</sup>, 2024

\*All documentation reviewed prior to first site visit upon provisional approval. Program outline of curriculum meets requirements set forth in regulations. Clinical facility site meets requirements. No deficiencies found during the site visits. A tour of the classrooms, skills labs and clinical facilities were conducted.

Recommend Alaska Native Medical Center and Providence Alaska Medical Center be taken off provisional and granted full approval for two years.

(Motions Attached)



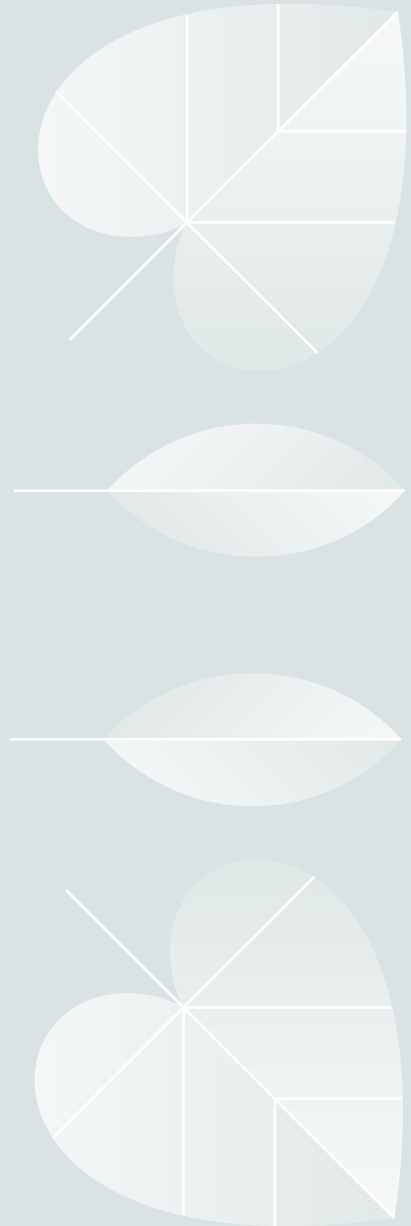
# August 2024 Board Meeting Follow Up

## 2024 Self Evaluations – Complete/Compliant

- Alaska Veterans & Pioneers Home
- Anchorage School District/King Tech High School
- Bartlett Regional Hospital
- Bethel CNA
- Central Peninsula Hospital
- Kodiak College
- Kodiak High School
- Mat-Su Career & Tech High School
- Petersburg Medical Center
- Prince William Sound College- Cordova
- SEARHC Wrangell
- South Peninsula Hospital
- University of Alaska (Anchorage)
- UAF Nome
- UAS Haines
- UAS Juneau
- UAS Ketchikan
- UAS Sitka

**\*NO ON SITE REVIEWS WERE DONE DURING FY25 Q1**

**\*Letters of Concerns/Letters of Warnings issued in FY24 on Training Program Pass rates/ Compliance action follow up plans due December 2024 (To be reported at February 2025 Board Meeting)**





# Upcoming Events

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# 14<sup>th</sup> Annual Nurse Aide Instructor Conference

## December 11<sup>th</sup> & 12<sup>th</sup>, 2024



### 14<sup>th</sup> Annual Nurse Aide Instructor Conference

Wednesday December 11<sup>th</sup> & Thursday December 12<sup>th</sup>, 2024

9:00 am – 4:00 pm

@

Atwood Conference Room (State Office Building)

550 West 7<sup>th</sup> Ave. Suite 1500

Anchorage, Alaska

& Presented Virtually

Presented by the Alaska Board of Nursing

*(CEUs will be provided)*

Alaska Board of Nursing

Department of Health- Infection Prevention

Department of Health- Public Health

Division of Health & Human Services

State of Alaska Investigations

State of Alaska Paralegal

Credentia

ACPE (Alaska Commission on Post Secondary Education)



# Questions?

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Thank you



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# Alaska Board of Nursing

## Agenda Item #22



## Division Updates

# Alaska Board of Nursing

## Agenda Item #23



Strategic Plan and Annual Report  
Review



# ALASKA BOARD OF NURSING

## STRATEGIC PLAN 2024-27

### 1 LICENSING

To license qualified persons for the practice of nursing and to certify qualified nurse aides

- 1A Actively work to to enact passage of the Nurse Licensure Compact (NLC)
- 1B Identify licensure barriers in regulations
- 1C Reduce license turnaround time
- 1D Complete the CNA Certifications Regulations Project
- 1E Review types of licenses offered
- 1F Review requirements for renewal and continuing education to identify efficiencies.

### 2 PRACTICE

To determine, communicate, and enforce nursing practice as established in statute and regulations.

- 2A Update LPN scope of practice
- 2B Review processes to address scope of practice questions
- 2C Review delegation regulations and develop guidelines for delegation
- 2D Review IV hydration clinics and related prescribing practices

### 3 EDUCATION

To approve, communicate, and enforce standards for the education of nurses and nurse aides for practice at all levels.

- 3A Update RN and LPN program site visit process
- 3B Review education regulations
- 3C Review the possibility of LPN and/or RN apprenticeship programs

### 4 GOVERNANCE

To assure the governance framework and culture supports the board's Values and Guiding Principles and accomplishment of its Mission, Vision, and Goals.

- 4A Create and implement a formal strategic plan
- 4B Formalize a system for board member education and onboarding

### 5 COMMUNICATION

To facilitate information exchange between the board and its colleagues, stakeholder groups, the public, and other agencies.

- 5A Engage with stakeholders (APRNA, AaNA, AHHA, etc.)
- 5B Increase communications with licensees

### 6 ORGANIZATION

To ensure the organizational infrastructure supports the board's Mission, Vision, and Goals.

- 6A Reconsider the board structure for numbers and types of licensed individuals. Support required legislation.

# Alaska Board of Nursing

## Agenda Item #24



Delegate 1-2 Board Members to attend  
Legislative Session when available.

Alaska Board of Nursing  
Agenda Item #25



BON Officer Elections

# Alaska Board of Nursing



Public Comment Period

# Alaska Board of Nursing



For the Good of the Order

# Alaska Board of Nursing



Chair Final Comments/Adjourn