

# School Employee Volunteer Competency Check List

## Emergency Seizure Rescue Medication

<b>VOLUNTEER TRAINING INFORMATION</b>								
Name of Volunteer Trainee:			Position:					
Volunteer Phone:			Email:					
School Year:			School:					
Student:		Grade / Teacher:		Medication / Route:				
School Nurse or Licensed Trainer:		Phone:		E-mail:				
<b>Volunteer Training</b>								
CPR (with rescue breathing) and First Aid Certification - not required if two or more other employees are trained as first responders at the school ( <b>but HIGHLY RECOMMENDED</b> )								
Seizure Recognition and First Aid Training Date:	Seizure Rescue Medication PPT Completion Date:	Seizure Rescue Medication Training Completion Date:	Seizure Rescue Medication Training Expiration Date:					
<b>Seizure recognition / First-Aid Skills-Seizure Rescue Medication Administration</b>			<b>Supervision Follow-up and Evaluation</b>					
			Date	Date	Date	Date	Date	Date
1. Review the student's IHP and Section 504 or IEP plan (if applicable. Not all students will have a 504/IEP.)								
2. View/review training PPT and videos								
3. View/review Utah Guide for Administration of Seizure Rescue Medication								
4. View/review district/school medication policy								
5. Verbalization and demonstration of administration of Medication								
6. Passed Skills Competency <input type="checkbox"/> Intranasal <input type="checkbox"/> Rectal <input type="checkbox"/> Other:								
7. Discussion of potential problems and expected outcomes								
8. Identify symptoms of a prolonged seizure described in the student's Individualized Healthcare Plan (IHP), the type of emergency seizure rescue medication, and the time it is ordered to be given in the IHP <ul style="list-style-type: none"> <li>▪ When to call EMS (911)</li> <li>▪ When to administer the medication</li> </ul>								
9. Note time of seizure onset								
10. Confirm that the medication is appropriately labeled with student name, dosage, time to be given, and that it matches the physician orders on the Medication Administration Form								
11. Ensure that the medication has not expired and verbalizes expired medication cannot be given								
12. Verbalizes the Six Rights in medication administration*								
13. Demonstrates asking another school staff person to call EMS, get the AED, seizure rescue medication and notify parent / guardian and school nurse								

Student Name:			DOB:			
	Date	Date	Date	Date	Date	Date
14. Demonstrates Gathering/Organizing Supplies						
15. Demonstrates Putting on Gloves						
16. Demonstrates/ Verbalize how to administer medication as detailed on attached individual medication instructions						
17. Note time of medication administration						
18. After seizure is over: <ul style="list-style-type: none"> <li>• Demonstrates how to place student in the rescue position</li> <li>• Explains how to, and why it is important to stay with student, closely monitor breathing until parent / guardian, EMS or school nurse arrives</li> </ul>						
19. If student stops breathing or is only gasping, CALL 911, begin CPR ** (with rescue breathing) and send for the AED, or call staff member certified in CPR.						
20. Once EMS arrives, inform them which medication was administered, including dose and time given.						
21. Dispose of all used equipment and medication containers safely out of the reach of children.						
22. Remove gloves and wash hands.						
23. Document the date, time, dose of medication given on Medication Administration Form.						
24. Document any and all observations on the seizure log.						
25. Follow up with the parent/ guardian and school nurse.						
26. Special Considerations:						
The Trained School Employee Volunteer has: <ul style="list-style-type: none"> <li>• Reviewed the Individualized Healthcare Plan (IHP) and 504/IEP (if applicable) for the student(s) listed above.</li> <li>• Completed the required training program.</li> <li>• Demonstrated competency in the described skills for the student(s) listed above.</li> <li>• Understands the need to maintain skills and will be observed on an ongoing basis by the trainer.</li> <li>• Is willing to complete required refresher training to remain a trained school employee volunteer.</li> <li>• Has had the opportunity to ask questions and received satisfactory answers.</li> </ul>			Medication Training has been completed for the following medication(s):  <input type="checkbox"/> Intranasal medication administration <input type="checkbox"/> Rectal medication administration <input type="checkbox"/> Other (specify):			
School Nurse/Licensed Trainer Name:			Signature:		Date:	
Volunteer Trainee Name/Position:			Signature/initials:		Date:	
<b>* Six Rights in Medication Administration</b>		<b>** CPR (with rescue breathing) / AED</b>				
<ul style="list-style-type: none"> <li>• Right Student</li> <li>• Right Medication</li> <li>• Right Dose</li> <li>• Right Time</li> <li>• Right Route</li> <li>• Right Documentation</li> </ul>		<ul style="list-style-type: none"> <li>• If student stops breathing or is only gasping, CALL 911, begin CPR and use the AED.</li> <li>• Demonstrates CPR (with rescue breathing) and using the AED</li> <li>• Turn student onto back and recheck for breathing/responsiveness for no longer than 10 seconds (breathing, moving, gasping)</li> <li>• Performs 30 effective compressions</li> <li>• Opens airway using Head-tilt/Chin-lift, and gives 2 breaths using a mask that makes chest rise</li> <li>• Appropriately used the AED when it arrives</li> </ul>				

Student Name:

DOB:

INTRANASAL	SKILLS-Intranasal Medication Administration	Supervision Follow-up and Evaluation						
		Date	Date	Date	Date	Date	Date	
	I.	Gather medication and put on gloves.						
	II.	Attach the atomizer tip to first syringe and twist into place.						
	III.	Using your free hand to hold the crown of the head stable, place the tip of the atomizer snugly against the nostril aiming slightly up and outward.						
	IV.	Quickly compress the syringe plunger to deliver all of the medication from the first syringe into the nostril.						
	V.	Move the atomizer to the second syringe and place into opposite nostril and administer. <b>Must administer both doses even if seizure resolves.</b> a. The child may grimace or appear more restless momentarily after the medication is given.						
	VI.	Remove gloves and wash hands						
VII.	Document medication administration on medication log.							

Student Name:	DOB:
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RECTAL	SKILLS – Rectal Medication Administration	Supervision Follow-up and Evaluation					
		Date	Date	Date	Date	Date	Date
	I. Gather medication and put on gloves						
	II. Make sure the delivery device is in the “Ready” mode.						
	III. Push up on the cap with your thumb and pull to remove the cap from the syringe.						
	IV. Open the package of lubricant. Lubricate the tip by inserting it in the lubricating jelly.						
	V. Move the student to a side-lying position (facing volunteer) with the upper leg forward so the rectum is exposed.						
	VI. Using non-dominant hand, reach over student’s body, separate the buttocks to expose the rectum.						
	VII. Using dominant hand, gently insert the syringe into the rectum until the rim is snug against the rectal opening.						
	• Push the plunger in slowly counting to three until the plunger stops.						
	• Hold the syringe in place after inserting the medication and count to three.						
	• Remove the syringe from rectum.						
	• Immediately hold the buttocks together and count to three again. This helps keep the medication from leaking out.						
	VIII. Keep the student on his or her side.						
	IX. Keep blanket, pillowcase, or other barrier in place to provide privacy for the student.						
	X. Remove gloves and wash hands.						
	XI. Document medication administration on medication log.						

Student Name:

DOB:

BUCCAL	SKILLS-Buccal Medication Administration	Supervision Follow-up and Evaluation					
		Date	Date	Date	Date	Date	Date
I.	Gather medication and put on gloves.						
II.	Move the student to a side lying position with the upper leg forward for stability.						
III.	If possible, dry the area between the cheek and gums using a tissue.						
IV.	Using your free hand to hold the crown of the head stable, place the tablet in the mouth between the cheek and gum.						
V.	Gently rub the outside of the cheek over the area where tablet was placed for about 30 seconds.						
VI.	Keep the student on his or her side						
VII.	Remove gloves and wash hands						
VIII.	Document medication administration on medication log.						