

# School Employee Volunteer Competency Check List

## Emergency Seizure Rescue Medication

(One form per volunteer listing ALL students volunteer is trained to administer medication)

VOLUNTEER TRAINING INFORMATION			
Name of Volunteer Trainee:		Position:	
Volunteer Phone:		Email:	
School Year:		School:	
Student:	Grade / Teacher:	Medication / Route:	
Student:	Grade / Teacher:	Medication / Route:	
Student:	Grade / Teacher:	Medication / Route:	
School Nurse or Licensed Trainer:	Phone: Fax:	E-mail:	
Volunteer Training Dates			
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:

Seizure recognition / First-Aid Skills-Seizure Rescue Medication Administration	Supervision Follow-up and Evaluation					
	Date	Date	Date	Date	Date	Date
1. Review Utah Guide for Administration of Seizure Rescue Medication						
2. 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>						
3. Note time of seizure onset						
4. Verbalize steps for seizure first aid (STARR)*						
5. 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						
6. Ensure that the medication has not expired and verbalizes expired medication cannot be given						
7. Verbalizes the Six Rights in medication administration**						
8. Demonstrates asking another school staff person to call EMS, get the AED, seizure rescue medication and notify parent / guardian and school nurse						
9. Demonstrates Gathering/Organizing Supplies						
10. Demonstrates Putting on Gloves						
<b>11. DEMONSTRATE/ VERBALIZE HOW TO ADMINISTER MEDICATION AS DETAILED ON ATTACHED INDIVIDUAL MEDICATION INSTRUCTIONS</b>						
12. Note time of medication administration						
13. 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>						
14. If student stops breathing or is only gasping, CALL 911, begin CPR and send for the AED, or call staff member certified in CPR. ***						
15. Once EMS arrives, inform them which medication was administered, including dose and time given.						

16. Dispose of all used equipment and medication containers safely out of the reach of children.						
17. Remove gloves and wash hands.						
18. <b>Document</b> the date, time and dose of medication given on Medication Administration Form.						
19. <b>Document</b> what was observed during the seizure on the seizure log.						
20. Follow up with the parent/ guardian and school nurse.						
21. Special Considerations:						
<p><b>The Trained School Employee Volunteer has:</b></p> <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>	<p><b>Medication Training has been completed for the following medication(s):</b></p> <p><input type="checkbox"/> Intranasal medication administration</p> <p><input type="checkbox"/> Rectal medication administration</p> <p><input type="checkbox"/> Other: _____</p>					
School Nurse/Licensed Trainers Name:	Signature:			Date:		
Volunteer Trainee Name/Position:	Signature / Initials:			Date:		

<b>*STARR</b>
<b>S - SAFETY</b> - clear the area of hazards, protect from injury, don't move student, minimize observers
<b>T - TIME</b> – time the seizure, or assign someone to do this (at 5 minutes administer seizure rescue medication)
<b>A - ACT CALMLY</b> – remain calm, set the tone.
<b>R - RECOVERY POSITION</b> – Once the seizure has stopped, place student in recovery position, stay with student until conscious, breathing and recovered.
<b>R – RECORD AND REPORT</b> – Record details on seizure log, and report observations to school nurse.
<b>** Six Rights in Medication Administration</b>
Right student
Right Medication
Right Dose
Right time
Right route <ul style="list-style-type: none"> <li>Rectal</li> <li>Nasal</li> <li>Other:</li> </ul>
Right documentation <ul style="list-style-type: none"> <li>Administration time</li> </ul>
<b>*** CPR/AED</b>
If student stops breathing or is only gasping, CALL 911, begin CPR and use the AED.
<b>Demonstrates CPR and using the AED:</b>
i. Turn student onto back and recheck for breathing/responsiveness for no longer than 10 seconds <ul style="list-style-type: none"> <li>Breathing</li> <li>Moving</li> <li>Gasping</li> </ul>
ii. Performs 30 effective compressions
iii. Open airway using Head-Tilt/ Chin- Lift, and gives 2 breaths using a mask that makes the chest rise
iv. Appropriately uses the AED when it arrives

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. 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.						

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 with the upper leg forward so the rectum is exposed.						
	VI. Using non-dominant hand, 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.						