

Volunteer training information						
Name of volunteer trainee:			Position:			
Volunteer phone:			Email:			
School year:			School:			
Student name:		Grade and teacher:		Medication and route:		
School nurse or other licensed trainer:		Phone:		E-mail:		
Volunteer Training						
CPR (with rescue breathing) and first aid certification - not required if two or more other employees are trained as first responders at the school.						
Minimum of annual refresher training required (remediate as necessary).						
Seizure recognition/first-aid skills/seizure rescue medication administration	Supervision follow-up and evaluation					
	Date	Date	Date	Date	Date	Date
1. Review the student's healthcare plan and Section 504 or IEP plan (if applicable. Not all students will have a 504/IEP.)						
2. View/review training PPT and applicable video(s)						
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 prescribed medication						
6. Passed applicable skills competency (attached) <input type="checkbox"/> non-medication rescue (VNS) <input type="checkbox"/> Rectal administration <input type="checkbox"/> Intranasal administration (syringe and atomizer) <input type="checkbox"/> Intranasal administration (manufactured nasal sprayer) <input type="checkbox"/> Buccal administration						
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 seizure rescue medication, and the time it is ordered to be given <ul style="list-style-type: none"> ▪ When to call EMS (911) ▪ When to administer the prescribed medication 						
9. Note time of seizure onset						
10. Confirm that the seizure rescue 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 seizure rescue medication has not expired and the employee verbalizes expired medication cannot be given						

Student name:		Date of birth:				
		Date	Date	Date	Date	Date
12. Verbalizes the six rights in medication administration: <ul style="list-style-type: none"> • Right student • Right medication • Right dose • Right time • Right route • Right documentation 						
13. Demonstrates asking another school staff person to call EMS, get the AED, seizure rescue medication and notify parent/guardian and school nurse						
14. Demonstrates gathering/organizing supplies						
15. Demonstrates putting on gloves						
16. Demonstrates/verbalizes how to administer seizure rescue medication as detailed on attached individual medication instructions						
17. Note time of seizure rescue medication administration						
18. After seizure is over: <ul style="list-style-type: none"> • Demonstrates how to place student in the rescue position Explains how to, and why it is important to stay with student, and closely monitor breathing until parent/guardian, EMS or school nurse arrives.						
19. If student stops breathing or is only gasping, CALL 911, and have staff member certified in CPR begin CPR and send for the AED.						
20. Once EMS arrives, inform them which medication was administered, including dose and time given.						
21. Safely dispose of all used equipment and medication containers out of the reach of children.						
22. Remove gloves and wash hands.						
23. Document the date, time, dose of seizure rescue medication given on medication administration form.						
24. Document all observations on the seizure log.						
25. Follow up with the parent/guardian and school nurse.						
26. Special Considerations:						
Signatures						
School nurse/licensed trainer name:		Signature:			Date:	
Volunteer trainee name/position:		Signature/initials:			Date:	
Insert appropriate skills checklist for route of administration.						

SKILLS CHECKLIST
Non-medication rescue (VNS)

Student name:				Date of birth:		
SKILLS – non-medication rescue (VNS)	Supervision follow-up and evaluation					
	Date	Date	Date	Date	Date	Date
1. Gather magnet and put on gloves.						
2. Swipe magnet across left side of chest over VNS battery, counting “one-one thousand, two-one thousand.”						
3. Wait one minute and repeat as needed for seizure activity.						
4. Remove gloves and wash hands.						
5. Document magnet use on medication log.						

SKILLS CHECKLIST
Rectal medication administration

Student name:				Date of birth:		
SKILLS – rectal medication administration	Supervision follow-up and evaluation					
	Date	Date	Date	Date	Date	Date
1. Gather seizure medication and put on gloves.						
2. Make sure the delivery device is in the “Ready” mode.						
3. Push up on the cap with your thumb and pull to remove the cap from the syringe.						
4. Open the package of lubricant. Lubricate the tip by inserting it in the lubricating jelly.						
5. Move the student to a side-lying position (facing volunteer) with the upper leg forward so the rectum is exposed.						
6. Use non-dominant hand, reach over student’s body, separate the buttocks to expose the rectum.						
7. Using dominant hand, gently insert the syringe into the rectum until the rim is snug against the rectal opening. <ul style="list-style-type: none"> ● 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. 						
8. Keep the student on his or her side.						
9. Keep blanket, pillowcase, or other barrier in place to provide privacy for the student.						
10. Remove gloves and wash hands.						
11. Document seizure medication administration on medication log.						

SKILLS CHECKLIST
Intranasal medication administration
Syringe and atomizer (filled by pharmacy)

Student name:		Date of birth:				
SKILLS-intranasal medication administration Syringe and atomizer (filled by pharmacy)	Supervision follow-up and evaluation					
	Date	Date	Date	Date	Date	Date
1. Gather seizure rescue medication and put on gloves.						
2. Attach the atomizer tip to the first syringe and twist into place.						
3. Use 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.						
4. Quickly compress the syringe plunger to deliver all of the medication from the first syringe into the nostril.						
5. Move the atomizer to the second syringe and place into opposite nostril and administer. <i>Must administer both doses even if seizure resolves.</i> NOTE: The child may grimace or appear more restless momentarily after the seizure medication is given.						
6. Remove gloves and wash hands.						
7. Document seizure rescue medication administration on medication log.						

SKILLS CHECKLIST
Intranasal medication administration
Manufactured nasal sprayer

Student name:				Date of birth:		
SKILLS-intranasal medication administration Manufactured nasal sprayer	Supervision follow-up and evaluation					
	Date	Date	Date	Date	Date	Date
1. Gather seizure rescue medication and put on gloves.						
2. Remove device from box.						
3. Using your free hand to hold the crown of the head stable, place the tip of the medication device snugly against the nostril, aiming slightly up and outward.						
4. Quickly compress the syringe plunger to deliver all of the medication from the device into the nostril. NOTE: depending on the student's specific medication order, the medication may need to be placed into both nostrils. Follow instructions on the medication label from the pharmacy.						
5. Remove gloves and wash hands.						
6. Document seizure rescue medication administration on medication log.						

SKILLS CHECKLIST
Buccal medication administration

Student name:			Date of birth:			
SKILLS-buccal medication administration	Supervision Follow-up and Evaluation					
	Date	Date	Date	Date	Date	Date
1. Gather seizure rescue medication and put on gloves.						
2. Verbalize to the student what you are doing.						
3. If excessive saliva, dry the area between the cheek and gums using a tissue.						
4. Use your free hand to hold the crown of the head stable, place the medication in the mouth between the cheek and gum.						
5. Gently rub the outside of the cheek over the area where the medication was placed for about 30 seconds.						
6. Keep the student on his or her side.						
7. Remove gloves and wash hands.						
8. Document seizure medication administration on medication log.						