

RULE 59 CHANGES:

A SUMMARY FOR SCHOOL NURSES

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7/29/24*

The Nebraska Department of Education's Title 92 Chapter 59: Regulations for School Health and Safety (otherwise known as Rule 59) have long guided schools on medication administration and response to breathing emergencies. Revisions to this legislation were approved on June 2nd, 2024 to go into effect immediately. Many changes were made to the wording of the regulations, those will not be noted. The purpose of this document is to summarize major changes that schools need to be aware of and prepared for in the upcoming school year.

Changes

- **Seizure Safe Schools:** The Seizure Safe Schools Act (General Requirements, Seizure Action Plans, and Training Requirements) was added to Rule 59 as it is a law pertaining to school health and safety. This makes it easier to find and to read than the prior document, which was the underlined text of LB 639. The Seizure Safe Schools Act is also found in state statutes 79-3201 to 79-3207. While the legislation did not change, the addition of it within Rule 59 is new.
- **14 Competencies:** The past version of Rule 59 listed out the 14 minimum competency standards. This text was removed, and instead of listing the competences it refers back to the original source, Title 172 Chapter 95: Administration of Medications by Medication Aides and Medication Staff. The competencies from Ch 95 are not listed within Rule 59 but are included below for easy reference.

004. MINIMUM COMPETENCY AREAS AND STANDARDS. Medication aides and medication staff must meet the following competency standards:

- A. Does not share confidential information except when it affects the recipients care and is shared with the appropriate person;
- B. Does not force recipients to take medication. Uses appropriate measures to encourage taking of medications when directed for recipients who are not competent;
- C. Utilizes appropriate infection control principles when providing medications;
- D. Accurately documents all medication provided including the name of the medication, dose, route, and time administered and any refusal of medication, and spoilage;
- E. Provides the right medication, to the right person, at the right time, in the right dose, and by the right route;
- F. Comprehends written or oral directions;
- G. Properly stores and handles all medication in accordance with entity policy;
- H. Intervenes when unsafe conditions of the medication indicate a medication should not be provided;
- I. Provides medication to recipients in accordance with their age and condition;
- J. Knows that they must:
 - i. Be competent and have been assessed;
 - ii. Always comply with the 5 rights of provision of medications;
 - iii. Record all medication provided or refusals; and
 - iv. Have additional competencies to provide additional activities;
- K. Identifies:
 - i. Occurrences of possible abuse of a vulnerable adult and reports this information to the appropriate person or agency as required by the Adult Protective Services Act; and
 - ii. Occurrences of possible abuse or neglect of a child and reports this information to the appropriate person or agency as required by Neb. Rev. Stat. §§ 28-710 to 28-727; and
- L. Does not misuse recipient property or cause physical harm, pain, or mental anguish to recipients.

- **School Day Defined:** The following statement is new and found in part 002.18.
 - A. School is in session means any period of time during which students are under the direction of school staff during the regular school day as defined by the school or school district and does not include any period of time during which an extracurricular activity is occurring outside of the regular school day.”
- **“Other routes” do not include IV medication:** In reference to what routes trained staff can give medication through, new text was added (highlighted). 003.03B states that Provision of medications by routes in addition to those identified in subsections 003.02A through 003.02D, including, but not limited to, gastrostomy tube, rectal, and vaginal, but not including the provision of medications or fluids intravenously.
- **Physician has been changed to “Prescribing Health Care Practitioner”:** This now opens up the opportunity for other prescribers such as Physician Assistants or Nurse Practitioners to sign the bottom of the Rule 59 protocol.
- **Epi-pen changed to epinephrine auto injector:** Schools are not required to use brand-name Epi-pens. They may choose to stock any kind of epinephrine pen, name brand (such as Auvi-Q) or generic.
- **Albuterol changed to “nebulized albuterol”:** Step 4 in the Emergency Protocol now reads: Administer medications (epinephrine autoinjector and nebulized albuterol)
- **Weight for epinephrine junior version changed from 50 to 60 pounds.** The new text under Standing Orders state to “Administer epinephrine auto injector junior for any child less than 60 pounds or adult epinephrine auto injector for any individual over 60 pounds into the muscle towards the front and outer side of the thigh.”
- **Repeat epinephrine AND albuterol every 15 minutes:** The new text states “If symptoms persist, repeat epinephrine auto injector followed by nebulized albuterol every fifteen minutes while awaiting EMS arrival”.
- **Only 1 line for prescribing health care practitioner signature** instead of two.
- **Note added:** When signed by a licensed prescribing health care practitioner, these orders shall serve as a prescription as defined in Neb. Rev. Stat. § 71-2475.