

**Nashoba Regional School District**  
**Policies and Procedures for the Administration of Medications**  
**(based on 105 CMR 210.000)**

The Nashoba Regional School Committee approves the following policies governing administration of medications in the schools under its jurisdiction.

**I. Management of the Medication Administration Program**

A. The school nurse shall be the supervisor of the medication administration program in the school.

B. The school nurse, the school physician, and the school health advisory committee, if established, shall develop and propose to the School Committee or Board of Trustees policies and protocols relating to the administration of medications.

C. Medication Orders/Parental Consent:

1. The school nurse shall ensure that there is a proper medication order from a licensed prescriber, which is renewed as necessary, including the beginning of each academic year. A telephone order or an order for any change in medication shall be received only by the school nurse. Any such verbal order must be followed by a written order within three school days. Whenever possible, the medication order shall be obtained, and the medication administration plan shall be developed before the student enters or re-enters school.

a. In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:

- (1) the student's name;
- (2) the name and signature of the licensed prescriber and business and emergency phone numbers;
- (3) the name of the medication;
- (4) the route and dosage of medication;
- (5) the frequency and time of medication administration;
- (6) the date of the order and discontinuation date;
- (7) a diagnosis and any other medical condition(s) requiring medication, if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential;
- (8) specific directions for administration.

b. Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:

- (1) any special side effects, contraindications and adverse reactions to be observed;
- (2) any other medications being taken by the student;
- (3) the date of the next scheduled visit, if known.

c. Special Medication Situations

(1) For short-term medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's order; if the nurse has a question, she may request a licensed prescriber's order.

(2) For "over-the-counter" medications, i.e., nonprescription medications, the school nurse shall follow the Board of Registration in Nursing's protocols regarding administration of over-the-counter medications in schools.

(3) Investigational new drugs may be administered in the schools with (a) a written order by a licensed prescriber, (b) written consent of the parent or guardian, and (c) a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in the school setting.

2. The school nurse shall ensure that there is a written authorization by the parent or guardian, which contains:

- a. the parent or guardian's printed name, signature and an emergency phone number;
- b. a list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medications not be documented;
- c. approval to have the school nurse or school personnel designated by the school nurse administer the medication; and
- d. persons to be notified in case of a medication emergency, in addition to the parent or guardian and licensed prescriber.

D. Medication Administration Plan:

1. The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible. In Massachusetts, students 18 years of age or older are considered adults and parental/guardian involvement is not required. If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to the Massachusetts Special Education Law (Individual Education Plan under Chapter 766) or federal laws, such as the Individuals with Disabilities

Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.

2. Prior to the initial administration of the medication, the school nurse shall assess the child's health status and develop a medication administration plan, which may include:
  - a. the name of the student;
  - b. an order from a licensed prescriber, including telephone numbers;
  - c. the signed authorization of the parent or guardian, including contact numbers;
  - d. any known allergies to food or medications;
  - e. the diagnosis, unless a violation of confidentiality or the parent, guardian or student requests that it not be documented;
  - f. the name of the medication;
  - g. the dosage of the medication, frequency of administration and route of administration; h.any specific directions for administration;
  - i. any possible side effects, adverse reactions or contraindications;
  - j. the quantity of medication to be received by the school from the parent or guardian; k.the required storage conditions;
  - l. the duration of the prescription;
  - m. the designation of unlicensed school personnel, if any, who will administer the medication to the student in the absence of the nurse, and plans for back-up if the designated persons are unavailable;
  - n. plans, if any, for teaching self-administration of the medication;
  - o. with parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
  - p. a list of other medications being taken by the student, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented;
  - q. when appropriate, the location where the administration of the medication will take place;
  - r. a plan for monitoring the effects of the medication; and
  - s. provision for medication administration in the case of field trips and other short-term special school events. Every effort shall be made to obtain a nurse or school staff member trained in medication administration to accompany students at special school events. When this is not possible, the school nurse may delegate medication administration to another responsible adult. Written consent from the parent or guardian for the named responsible adult to administer the medication shall be obtained. The school nurse shall instruct the responsible adult on how to administer the medication to the child.
3. The school nurse shall develop a procedure to ensure the positive identification of the student who receives the medication.
4. The school nurse shall communicate significant observations relating to medication effectiveness and adverse reactions or other harmful effects to the child's parent or

guardian and/or licensed prescriber.

5. In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any medication, which, based on her/his individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse and the reason for refusal explained.
6. The school nurse shall have a current pharmaceutical reference available.

E. Delegation/ Supervision

The Nashoba Regional School Committee authorizes that the responsibility for the administration of medication may be delegated to the following categories of unlicensed school personnel according to criteria delineated in CMR 210.004 (B) (2):

- administrative staff
- teaching staff
- licensed health personnel
- health aides
- secretaries

For the purpose of administering emergency medication to an individual child, including parenteral administration (i.e., by injection) of epinephrine pursuant to 210.004 (B) (4), the school nurse may identify individual school personnel or additional categories. Said school personnel shall be listed on the medication administration plan and receive training in the administration of emergency medication to a specific child.

1. The school nurse, in consultation with the school physician, shall have final decision making authority with respect to delegating administration of medications to unlicensed personnel in school systems registered with the Department of Public Health.
2. When medication administration is delegated by the school nurse to unlicensed school personnel, such personnel shall be under the supervision of the school nurse for the purposes of medication administration.
3. A school nurse shall be on duty in the school system while medications are being administered by designated unlicensed school personnel, and available by telephone should consultation be required.
4. The administration of parenteral medications may not be delegated, with the exception of epinephrine where the child has a known allergy or preexisting medical condition and there is an order for administration of the medication from a licensed prescriber and written consent of the

parent or guardian.

## 5. Supervision of Unlicensed Personnel

Authorized unlicensed personnel administering medications shall be under the supervision of the school Nurse. Responsibilities for supervision at a minimum shall include the following:

(a) The school nurse shall supervise the training of the designees consistent with the Department of Public Health's requirements in CMR 210.007 of the Regulations Governing the Administration of Prescription Medications in Public and Private Schools..

(1) The school nurse shall document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for medication administration.

(2) The school nurse shall provide a training review and informational update, at least annually, for those school staff authorized to administer medications.

(b) The school nurse shall support and assist persons who have completed the training to prepare for and implement their responsibilities related to the administration of medication.

(c) The degree of supervision required for each student shall be determined by the school nurse after an evaluation of the appropriate factors involved in protecting the student's health including, but not limited to the following:

(1) health condition and ability of the student;

(2) the extent of training and capability of the unlicensed school personnel to whom the medication administration is delegated;

(3) the type of medication, and;

(4) the proximity and availability of the school nurse to the unlicensed person who is performing the medication administration.

(d) For the individual child, the school nurse shall:

(1) determine whether or not it is medically safe and appropriate to delegate medication administration;

(2) review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom medication administration

has been delegated;

- (3) provide supervision and consultation as needed to ensure that the student is receiving the medication appropriately.

## **II. Self Administration of Medications**

"Self administration" means that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction. These include inhalers, epi-pens, enzymes, and insulin. A student may be responsible for taking his/her own medication after the school nurse has determined that the following requirements are met:

- A. the student, school nurse and parent/guardian, where appropriate, enter into an agreement, which specifies the conditions under which medication may be self administered;
- B. the school nurse, as appropriate, develops a medication administration plan, which contains only those elements necessary to ensure safe self-administration of medication;
- C. the student's health status and abilities have been evaluated by the school nurse who then deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the medication;
- D. the school nurse is reasonably assured that the student is able to identify the appropriate medication, knows the frequency and time of day for which the medication is ordered;
- E. there is written authorization from the student's parent or guardian that the student may self medicate, unless the student has consented to treatment under M.G.L. c. 112, s. 12F or other authority permitting the student to consent to medical treatment without parental permission;
- F. if requested by the school nurse, the licensed prescriber provides a written order for self-administration;
- G. the school nurse establishes a policy for the safe storage of self-administered medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan.
- H. the student's self-administration is monitored based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the

plan, or the student's refusal or failure to take the medication, and

- I. with parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a medication.

### **III. Handling, Storage and Disposal of Medications**

- A. A parent, guardian or parent/guardian-designated responsible adult shall deliver all medications to be administered by school personnel or to be taken by self medicating students (if required by the self administration agreement) to the school nurse or other responsible person designated by the school nurse.
  1. The medication must be in a pharmacy or manufacturer labeled container.
  2. The school nurse or other responsible person receiving the medication shall document the quantity of the medication delivered.
  3. In extenuating circumstances, as determined by the school nurse, the medication may be delivered by other persons; provided, however, that the nurse is notified in advance by the parent or guardian of the arrangement and the quantity of medication being delivered to the school.
- B. All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective. Expiration dates shall be checked.
- C. All medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38 to 42 degrees Fahrenheit.
- D. Access to stored medications shall be limited to persons authorized to administer medications and to self-medicating students. Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medicating shall not have access to other students' medications.
- E. Parents or guardians may retrieve the medications from the school at any time.
- F. No more than a thirty (30) school day supply of the medication for a student shall be stored at the school.
- G. Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such medications may be destroyed by the school nurse in accordance with

any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs. All medications should be returned at the end of the school year.

#### **IV. Documentation and Record-Keeping**

- A. Each school where medications are administered by school personnel shall maintain a medication administration record for each student who receives medication during school hours.
1. Such record at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization.
  2. The medication administration plan shall include the information as described in Section 210.005 (E) of the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.
  3. The daily log shall contain:
    - (a) the dose or amount of medication administered;
    - (b) the date and time of administration or omission of administration, including the reason for omission; and
    - (c) the full signature of the nurse or designated unlicensed school personnel administering the medication. If the medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.
  4. The school nurse shall document in the medication administration record significant observations of the medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
  5. With the consent of the parent, guardian, or student where appropriate, the completed records pertinent to self administration shall be filed in the student's cumulative health record. When the parent, guardian or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential,
- B. The school district shall comply with the Department of Public Health's reporting requirements for medication administration in the schools.
- C. The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medications without prior notice to ensure compliance with the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.



## **V. Reporting and Documentation of Medication Errors**

- A. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
1. within appropriate time frames (the appropriate time frame should be addressed in the medication administration plan);
  2. in the correct dosage;
  3. in accordance with accepted practice; and
  4. to the correct student.
- B. In the event of a medication error, the school nurse shall notify the parent or guardian immediately. (The school nurse shall document the effort to reach the parent or guardian.) If there is a question of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.
- C. Medication errors shall be documented by the school nurse on the Medication Error Report form. These reports shall be retained in the Nurse Coordinator of health and Wellness Office and/or the student health record. They shall be made available to the Department of Public Health upon request. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health., School Health Unit. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs.
- D. The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.

## **VI. Response to Medication Emergencies**

(Refer to the school's policy for handling all health emergencies in the school.) Such emergency policies shall contain (1) local emergency response system telephone numbers (including ambulance, poison control number, local emergency care providers, etc.), (2) persons to be notified, e.g., parent/guardian, licensed prescriber, etc., (3) names of persons in the school trained to provide first aid and cardio-pulmonary resuscitation, (4) scheduled programs for staff to be trained in first aid and CPR, (5) provision of necessary supplies and equipment and (6) reporting requirements.

The school nurse shall develop procedures for responding to medication emergencies, i.e., any reaction or condition related to administration of medication which poses an immediate threat to the health or well-being of the student. These procedures shall be consistent with the school's policy for handling all health emergencies and shall include maintaining a list of persons to be notified in case of a medication emergency.

## **VII. Administration of Epinephrine by Auto-injector to Individuals Experiencing Life-Threatening Allergic Reactions**

A. If the school district/school is registered with the Department of Public Health the school nurse may train unlicensed personnel to administer epinephrine by auto-injector to individuals with diagnosed life-threatening allergic events. The training program is managed, with full decision-making authority, by the designated school nurse leader or responsible school nurse, in consultation with the school physician. This person, or school nurses designated by this person, shall select the individuals authorized to administer epinephrine by auto injector. Persons authorized to administer epinephrine shall meet the requirements of section 210.004(B)(2):

A. The school personnel authorized to administer epinephrine by auto injector are trained and tested for competency by the designated school nurse leader or responsible school nurse, or school nurses designated by this person, in accordance with standards and a curriculum established by the Department.

1. The designated school nurse leader or responsible school nurse, or school nurses designated by this person, shall document the training and testing of competency.
2. The designated school nurse leader or responsible school nurse, or a designee, shall provide a training review and informational update at least twice a year.
3. The training, at a minimum, shall include:
  - (a) procedures for risk reduction;
  - (b) recognition of the symptoms of a severe allergic reaction;
  - (c) the importance of following the medication administration plan;
  - (d) proper use of the auto-injector;
  - (e) requirements for proper storage and security,
  - (f) notification of appropriate persons following administration, and
  - (g) record keeping.
4. The school shall maintain and make available, upon request by parents or staff, a list of those school personnel authorized and trained to administer epinephrine by auto injector in an emergency, when the school nurse is not immediately available.

B. Epinephrine shall be administered only in accordance with an individualized medication administration plan satisfying the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), updated every year, which includes the following:

- (1) a diagnosis by a physician that the child is at risk of a life threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine;
- (2) written authorization by a parent or legal guardian;

- (3) home and emergency number for the parent(s) or legal guardian(s), as well as the names(s) and phone number(s) of any other person(s) to be notified if the parent(s) or guardian(s) are unavailable;
- (4) identification of places where the epinephrine is to be stored, following consideration of the need for storage:
  - (a) at one or more places where the student may be most at risk;
  - (b) in such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate; and
  - (c) in a place accessible only to authorized persons. The storage location(s) should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse;
- (5) a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and
- (6) an assessment of the student's readiness for self-administration and training, as appropriate.

C. When epinephrine is administered, there shall be immediate notification of the local emergency medical services system (generally 911), followed by notification of the student's parent(s) or guardian(s) or, if the parent(s) or guardian(s) are not available, any other designated person(s), the school nurse, the student's physician, and the school physician, to the extent possible; Because of the danger of biphasic reactions, the child should be transported by trained emergency medical personnel to the nearest emergency medical facility.

D. There shall be procedures in accordance with any standards established by the Department for:

1. developing the medication administration plan;
2. developing general policies for the proper storage of medication, including limiting access to persons authorized to administer the medication and returning unused or outdated medication to a parent or guardian whenever possible;
3. recording receipt and return of medication by the school nurse;
4. documenting the date and time of administration;
5. notifying appropriate parties of administration and documenting such notification;
6. reporting medication errors in accordance with 105 CMR 210.005(F)(5);
7. reviewing any incident involving administration of epinephrine to determine the adequacy of the response and to consider ways of reducing risks for the particular student and the student body in general;
8. planning and working with the emergency medical system to ensure the fastest possible response;
9. disposing properly of a used epinephrine injector;
10. submitting a written report to the Department of Public Health each time epinephrine is administered to a student or staff, on a form obtained from the

Department; and

11. permitting the Department of Public Health to inspect any record related to the administration of epinephrine without prior notice, to ensure compliance with 105 CMR210.100.

E. Epinephrine may be administered in accordance with these regulations in before and after school programs offered or provided by a school, such as athletic programs, special school events and School sponsored programs on week-ends, provided that the public school district or non-public school is registered with the Department pursuant to section 210.100(A) and meets the requirements set forth in section 210.000(B).

1. Epinephrine may be administered in such before and after school programs and special events, to students attending the school where the epinephrine is to be administered, provided that the following requirement is met:

a) The school complies with the requirements of 105 CMR 210.100 (A), including immediate notification of emergency medical services following administration of epinephrine, but need not comply with the requirement of section 210.004(B)(3).

In addition to the above policies the Department recommends that each school district have a written protocol, signed by the school physician, authorizing the school nurse to administer epinephrine to previously undiagnosed individuals who experience their first life threatening allergic event in the school setting. Stock supplies of epinephrine should be maintained by the school nurse for this purpose.

### **VIII. Dissemination of Information to Parents or Guardians Regarding Administration of Medication**

Such information shall include an outline of these medication policies and shall be available to parents and guardians upon request.

### **IX. Procedures for Resolving Questions between the School and Parents Regarding Administration of Medications**

(Refer to approved existing policies within the school district for the resolution of differences, if appropriate.)

### **X. Policy Review and Revision**

Review and revision of these policies and procedures shall occur as needed but at least every two years.

Approved by School Physician: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Approved by School Nurse: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Date Approved by the School Committee/Board of Trustees \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date Registered by the Massachusetts Department of Public Health for Approval to Delegate to Unlicensed Personnel, if applicable, \_\_\_\_\_.