

Massachusetts Department of Public Health
School Health Unit

**GUIDELINES FOR REVIEWING AND APPROVING APPLICATIONS TO REGISTER FOR
DELEGATION OF PRESCRIPTION MEDICATIONS TO UNLICENSED PERSONNEL
105 CMR 210.000**

**PLEASE NOTE THAT 1-5 APPLY TO SECTION I (FULL DELEGATION)
1-3 APPLY TO SECTIONS II AND III (FIELD TRIP and EPINEPHRINE)**

School districts (public and private) that may apply for registration are listed in the Massachusetts Department of Education's school directory profile.

Only applications that meet the following criteria will be reviewed:

1. **Dates and Signatures:** All required signatures and dates signed must be complete and original. *(Please note: No facsimiles or copies of the original application will be accepted for review.)*
2. **Printed Names:** The names are printed in a legible way.
3. **Attendance at the Medication Delegation Workshop:** The date for attendance by the school nurse contact at the School Health Institute program, "Delegation of Medication in the School Setting," is included. *(Please note: the nurse contact's date of attendance should fall within the previous five years.)*
PLEASE INCLUDE A COPY OF YOUR CERTIFICATE OF ATTENDANCE WHEN SUBMITTING THE COMPLETED APPLICATION.
4. **School Building Profile:** The "School Building Profile," a detailed document reflecting your school district's nursing coverage, is completed correctly with all fields accurately documented. This school building profile is critical when evaluating whether your school district may delegate prescription medications. *(Please note: the application is for the entire school district.)*
5. **Sufficient Numbers of School Nurses:** Delegation of prescription medications to unlicensed personnel is not intended to take the place of employment of professional school nurses (as defined by the Massachusetts Department of Education), but rather to add flexibility to the nurse's daily practice. 105 CMR 2120.000 requires that

"When a School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, has registered with the Department of Public Health and authorized categories of unlicensed school personnel to administer prescription medications, such personnel shall be under the supervision of the school nurse for the purposes of 105 CMR 210.000. The School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, shall provide assurance that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel."

In order to determine the safe level of coverage of school nurses, i.e., "sufficient numbers of school nurses", a needs assessment should be completed with attention paid to those children with special health care needs, as well as emergency response time for each building. The school nurse to student ratio (in each building) generally shall be no greater than 1:750 in a general population. ¹ *(Please note: in reviewing the application only the designated school nurses onsite will be considered when applying this ratio.)*

In the event that a single building in the applicant district exceeds the 1:750 ratio, but is no greater than 1:900, the Department may consider this application individually, after requiring further information, including plans and timelines to achieve the above ratio in that specific building.

9/10/04

¹ Consistent with 1998 legislative report, *Options for Developing School Health Services in Massachusetts*, the recommended school nurse to student ratio is 1.0 fulltime equivalent (FTE) certified nurse in each building with 250 to 500 students. In buildings with more than 500 students, there should be 0.1 FTE for each additional 50 students. For buildings with fewer than 250 students, the ratio is calculated at 0.1 FTE: 25 students.

HIPAA and FERPA

What is HIPAA?

In 1996 the U.S. Congress passed the Health Insurance Portability & Accountability Act (HIPAA), which increased individuals' ability to maintain health insurance coverage. In addition, the U.S. Department of Health and Human Services was required under HIPAA to issue regulations:

- Standardizing the formats of electronic health care claims and transactions (known as the Transaction Rule);
- Establishing new requirements for the privacy of individually identifiable health care information (known as the Privacy Rule); and
- Establishing new requirements for the security of electronic health care information (known as the Security Rule).

The FAQs below will discuss some of the effects of these rules on school health programs and staff, including whether school health programs must comply with the requirements of the Transaction, Privacy and Security Rules.

What is a "Public Health Authority" under HIPAA?

HIPAA defines a Public Health Authority as "an agency or authority of the United States, a State or territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate." 45 C.F.R. §164.501 HIPAA provides that covered entities may disclose PHI to a public health authority that "is authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations and public health interventions." 45 C.F.R. §164.512 (b)

Is an authorization required before physicians and other covered providers are permitted under HIPAA to disclose information and records related to a patient's immunization status to a public school and its agents, including school nurses?

No, an authorization is not required before physicians and other covered providers disclose information and records related to a patient's immunization status to a school and its agents, including school nurses. Under HIPAA (45 C.F.R. § 164.512(b)) health care providers are permitted to disclose immunization records, without an individual authorization, to public health authorities that are authorized by law to collect such information.

105 CMR 300.191 (b) provides that "School nurses are authorized to obtain from health care providers the immunization records or other immunization related information required for school admission, without authorization of the child's parent(s) or legal guardian(s)..." For a more detailed explanation, please visit: [Release of immunization records from a health provider to school nurses without an authorization.](#)

How does HIPAA affect a nurse's authority to disclose immunization information to a physician?

The parameters of a school nurse's ability to disclose health information about a student directly to a physician are dictated by the provisions of The Family Education Rights and Privacy Act (FERPA) and not by HIPAA. Therefore, the analysis in question three (3) does not apply when a school nurse discloses information to a physician. Under FERPA, a school nurse generally is not permitted to disclose immunization information to a physician without consent. However, with consent, a school nurse is free to communicate directly with a physician regarding immunization information. Therefore, school nurses should consider seeking consent on an annual basis from a student's parent or guardian to share information with physicians concerning immunizations.

Is an authorization required before physicians and other covered providers are permitted under HIPAA to discuss the treatment of a patient with a school nurse, regarding a patient enrolled at the school?

No, an authorization is not required. The HIPAA Privacy Rule permits a health care provider to disclose protected health information

about an individual, without the individual's authorization, to another health care provider for that provider's treatment of the individual. See 45 CFR 164.506 and the definition of "treatment" at 45 CFR 164.501.

Can a covered entity under HIPAA (for example a physician or other licensed health care provider) fax protected health information (PHI) to a school nurse?

Yes. In December of 2002 the Office of Civil Rights issued guidance stating that the HIPAA Privacy Rule permits physicians to disclose protected health information to another health care provider by fax or by other means so long as:

- The disclosure is allowed under HIPAA and other applicable laws; and,
- Both the disclosing and receiving entity have in place "reasonable and appropriate administrative, technical, and physical safeguards" to protect the privacy of the PHI that is disclosed.

What types of disclosures may a covered entity permissibly make to a school nurse under HIPAA?

A covered provider may permissibly disclose PHI to a school nurse including, but not limited to, the following situations:

- Immunization records, which may be disclosed to a school nurse without individual authorization pursuant to 45 CFR § 164.512(b) and 105 CMR 300.191 (B).
- PHI for which there is an individual authorization;
- PHI necessary for the treatment of the child. The provider may disclose treatment information to a school nurse, regardless of whether the school nurse is also a covered entity. 45 CFR § 164.506 (c) (1) or (2).

What are examples of "reasonable and appropriate administrative, technical, and physical safeguards" to protect the privacy of the PHI that is disclosed by fax.

Although school nurses are typically not covered entities under HIPAA, they should, nonetheless, develop and follow reasonable and appropriate safeguards for receiving as well as disclosing PHI by fax. Before covered entities will fax PHI to school nurses, they may require assurances that the school nurse has appropriate safeguards in place. Such safeguards may include, for example, procedures to assure that the fax is in a secure location accessed only by staff authorized to see PHI or procedures that assure that an authorized staff member is at the fax machine to receive the faxed PHI.

Under the Privacy Rule can a covered entity honor an individual authorization form that is a faxed copy rather than the original form?

Yes. Health and Human Services (HHS) stated with respect to this question that covered entities may rely upon a faxed copy of an individual authorization form as long as it is legible. The original is not required to meet the covered entity's responsibilities under the Privacy Rule. HHS also considers a copy or electronically transmitted version of a signed authorization a valid authorization under the Privacy Rule.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

105 CMR 210.000: THE ADMINISTRATION OF PRESCRIPTION MEDICATIONS IN PUBLIC AND PRIVATE SCHOOLS

Section

- 210.001: Purpose
- 210.002: Definitions
- 210.003: Policies Governing the Administration of Prescription Medications in Schools
- 210.004: Policies Regarding Delegation of Prescription Medication Administration
- 210.005: Responsibilities of the School Nurse Regarding Prescription Medication Administration
- 210.006: Self-Administration of Prescription Medications
- 210.007: Training of School Personnel Responsible for Administering Prescription Medications
- 210.008: Handling, Storage and Disposal of Prescription Medications
- 210.009: Documentation and Record-Keeping
- 210.100: Administration of Epinephrine

210.001: Purpose

The purpose of 105 CMR 210.000 is to provide minimum standards for the safe and proper administration of prescription medications to students in the Commonwealth's public and private primary and secondary schools. 105 CMR. 210.000 permit school nurses to delegate responsibility for administration of prescription medications to trained, nursing-supervised school personnel, provided the school district or private school registers with the Department of Public Health. The aim of 105 CMR 210.000 is to ensure that students requiring prescription medication administration during the school day will be able to attend school and to ensure that prescription medications are safely administered in schools. 105 CMR 210.000 encourages collaboration between parents or guardians and the school in this effort.

210.002: Definitions

As used in 105 CMR 210.000, the following words, unless the context clearly requires otherwise, shall have the following meanings:

Administration of Medication means the direct application of a prescription medication by inhalation, ingestion, or by any other means to the body of a person.

Prescription Medication means any medication which by federal law may be obtained only by prescription.

Cumulative Health Record means the cumulative health record of a pupil as specified under M.G.L. c. 71.

Department means the Massachusetts Department of Public Health.

Investigational New Drug means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.

Licensed Practical Nurse means an individual who is a graduate of an approved practical nursing program, and who is currently licensed as a practical nurse pursuant to M.G.L. c. 112.

Licensed Prescriber means a health care provider who is legally authorized to prescribe medication pursuant to M.G.L. c. 94C and applicable federal laws and regulations.

Parenteral Medication means any medication administered in a manner other than by the digestive tract or topical application, as by intravenous, intramuscular, subcutaneous, or intradermal injection.

210.002: continued

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Massachusetts or in another state.

School Nurse means a nurse practicing in a school setting, who is:

- (1) a graduate of an approved school for professional nursing;
- (2) currently licensed as a Registered Nurse pursuant to M.G.L. c. 112; and
- (3) appointed by a School Committee or a Board of Health in accordance with M.G.L. c. 71, §§ 53, 53A, and 53B or, in the case of a private school, by the Board of Trustees.

School Physician means a physician appointed by a School Committee or Board of Health in accordance with M.G.L. c. 71, §§ 53, 53A, and 53B or, in the case of a private school, by the Board of Trustees.

Supervision means guidance by a qualified school nurse to accomplish a task, with initial direction and instruction concerning the task and periodic inspection and oversight of activities related to the task.

Teacher for the purpose of 105 CMR 210.000, means a professional school employee who:

- (1) instructs students or serves in the role of administrator below the rank of superintendent; and
- (2) is employed by a School Committee or Board of Trustees.

210.003: Policies Governing the Administration of Prescription Medications in Schools

(A) The School Committee or Board of Trustees, consulting with the Board of Health where appropriate, shall adopt policies and procedures governing the administration of prescription medications and self administration of prescription medications within the school system, following development of a proposal by the school nurse, in consultation with the school physician. Review and revision of such policies and procedures shall occur as needed but at least every two years. At a minimum, these policies shall include:

- (1) designation of a school nurse as supervisor of the prescription medication administration program in a school;
- (2) documentation of the administration of prescription medications;
- (3) response to a medication emergency;
- (4) storage of prescription medications;
- (5) reporting and documentation of medication errors;
- (6) dissemination of information to parents or guardians. Such information shall include an outline of a school's medication policies and shall be available to parents and guardians upon request;
- (7) procedures for resolving questions between the school and a parent or guardian regarding administration of medications. Such procedures shall provide for and encourage the participation of the parent or guardian. Existing procedures for resolution of differences may be used whenever appropriate.

(B) The School Committee or Board of Trustees shall submit these policies and procedures to the Department of Public Health upon request.

210.004: Policies Regarding Delegation of Prescription Medication Administration

(A) The School Committee or Board of Trustees, consulting with the Board of Health where appropriate, may approve a proposal developed by the school nurse and school physician, to permit the administration of prescription medications to be delegated by the school nurse to unlicensed school personnel. Such delegation may occur only if the school district registers with the Department of Public Health pursuant to the applicable provisions of 105 CMR 700.000 and complies with the requirements of 105 CMR 210.000.

210.004: continued

(B) In accordance with the proposal of the school nurse and school physician, the School Committee or Board of Trustees may approve categories of unlicensed school personnel to whom the school nurse may delegate responsibility for prescription medication administration.

(1) Said categories of personnel may include administrative and teaching staff, licensed health personnel, health aides and secretaries.

(a) For the purposes of 105 CMR 210.000, health aide shall mean an unlicensed employee of the school district who is generally supervised by the school nurse and performs those health-related duties defined by the school nurse, the School Committee, Board of Health or Board of Trustees.

(b) For the purpose of administering emergency prescription medication to an individual child, including parenteral administration of medication pursuant to 103 CMR 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 developed in accordance with 105 CMR 210.005(E) and receive training in the administration of emergency medication to a specific child.

(2) An individual in an approved category may be authorized to administer prescription medication if he/she meets the following criteria:

(a) is a high school graduate or its equivalent;

(b) demonstrates sound judgment;

(c) is able to read *and* write English;

(d) is able to communicate with the student receiving the prescription medication or has ready access to an interpreter when needed;

(e) is able to meet the requirements of 105 CMR 210.000 and follow nursing supervision;

(f) is able to respect and protect the student's confidentiality; and

(g) has completed an approved training program pursuant to 105 CMR 210.007.

(3) A school nurse shall be on duty in the school system while prescription 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 administered in accordance with 105 CMR 210.100.

(5) Prescription medications to be administered pursuant to p.r.n. ("as needed") orders may be administered by authorized school personnel after an assessment by or consultation with the school nurse for each dose.

(6) For each school, an updated list of unlicensed school personnel who have been trained in the administration of prescription medications shall be maintained. Upon request, a parent shall be provided with a list of school personnel authorized to administer prescription medications.

210.005: Responsibilities of the School Nurse Regarding Prescription Medication Administration

(A) The school nurse, in consultation with the school physician and the school health advisory committee, if established, shall develop policies and procedures consistent with 105 CMR 210.000 for approval by the School Committee or Board of Trustees, in consultation with the Board of Health where appropriate.

(B) The school nurse shall have responsibility for the development and management of the prescription medication administration program. Such responsibility shall be delineated in policies and procedures adopted by the School Committee or Board of Trustees, in consultation with the Board of Health where appropriate.

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(C) The school nurse, in consultation with the school physician, shall have final decision-making authority with respect to delegating administration of prescription medications to unlicensed personnel in school systems registered with the Department of Public Health.

(D) Medication Orders.

(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 prescription medication shall be received only by the school nurse. Any 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 specified in 105 CMR 210.005(E) 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, route and dosage of medication;
4. the frequency and time of medication administration;
5. the date of the order;
6. 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;
7. specific directions for administration.

(b) Every effort shall be made to obtain from the licensed prescriber the following additional information, as 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 return visit, if applicable.

(2) Special Medication Situations

(a) For short-term prescription 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.

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

(c) Investigational new drugs may be administered in the schools with (1) a written order by a licensed prescriber, (2) written consent of the parent or guardian, and (3) 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 a school setting.

(3) 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 and signature and a home and 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 medication not be documented;
- (c) approval to have the school nurse or school personnel designated by the school nurse administer the prescription medication;
- (d) persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

210.005: continued

(E) Medication Administration Plan: The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a prescription 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. If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to St. 1972, c. 766 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.

(1) Prior to the initial administration of the prescription medication, the school nurse shall assess the child's health status and develop a medication administration plan which includes:

- (a) the name of the student,
- (b) a medication order from a licensed prescriber, which meets the requirements of 105 CMR 210.005(D)(1);
- (c) the signed authorization of the parent or guardian, which meets the requirements of 105 CMR 210.005(D)(3);
- (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) any possible side effects, adverse reactions or contraindications;
- (g) the quantity of prescription medication to be received by the school from the parent or guardian;
- (h) the required storage conditions;
- (i) the duration of the prescription;
- (j) the designation of unlicensed school personnel, if any, who will administer the prescription medication to the student in the absence of the nurse, and plans for back-up if the designated personnel are unavailable;
- (k) plans, if any, for teaching self administration of the prescription medication;
- (l) with parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
- (m) when appropriate, the location where the administration of the prescription medication will take place;
- (n) a plan for monitoring the effects of the medication;
- (o) provision for prescription 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 prescription medication administration to accompany students at special school events. When this is not possible, the school nurse may delegate prescription medication administration to another responsible adult. Written consent from the parent or guardian for the named responsible adult to administer the prescription medication shall be obtained. The school nurse shall instruct the responsible adult on how to administer the prescription medication to the child.

(F) Developing Procedures for Administration of Prescription Medications.

(1) The school nurse shall develop procedures for the administration of prescription medications which shall include the following:

- (a) A procedure to ensure the positive identification of the student who receives the medication;
 - (b) A system for documentation and record-keeping which meets the requirements of 105 CMR 210.009.
- (2) The school nurse shall develop a system of documenting observations by the nurse or school personnel and communicating significant observations relating to prescription medication effectiveness and adverse reactions or other harmful effects to the child's parent or guardian and/or licensed prescriber:
- (3) The school nurse shall develop and implement procedures regarding receipt and safe storage of prescription medications;

210.005: continued

(4) 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. This includes maintaining a list of persons, with their phone numbers, to be contacted as appropriate, in addition to the parent/guardian, school nurse, licensed prescriber and other persons designated in the medication administration plan. Such persons may include other school personnel, the school physician, clinic or emergency room staff, ambulance services and the local poison control center,

(5) The school nurse shall develop procedures and forms for documenting and reporting prescription medication errors. The procedures shall specify persons to be notified in addition to the parent or guardian and nurse, including the licensed prescriber or school physician if there is a question of potential harm to the student. A medication error includes any failure to administer prescription medication as prescribed for a particular student, including failure to administer the prescription medication:

- (a) within appropriate time frames;
- (b) in the correct dosage;
- (c) in accordance with accepted practice;
- (d) to the correct student.

(6) The school nurse shall develop procedures to review reports of medication errors and take necessary steps to ensure appropriate prescription medication administration in the future.

(G) Delegation/Supervision. When a School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, has registered with the Department of Public Health and authorized categories of unlicensed school personnel to administer prescription medications, such personnel shall be under the supervision of the school nurse for the purposes of 105 CMR 210.000. The School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, shall provide assurance that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel. Responsibilities for supervision, at a minimum, shall include the following:

(1) After consultation with the principal or administrator responsible for a given school, the school nurse shall select, train and supervise the specific individuals, in those categories of school personnel approved by the School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, who may administer prescription medications. When necessary to protect student health and safety, the school nurse may rescind such selection.

(2) The number of unlicensed school personnel to whom responsibility for prescription medication administration may be delegated is to be determined by:

- (a) the number, of unlicensed school personnel the school nurse can adequately supervise on a weekly basis, as determined by the school nurse;
- (b) the number of unlicensed school personnel necessary, in the nurse's judgment, to ensure that the prescription medications are properly administered to each student.

(3) The school nurse shall support and assist persons who have completed the training specified in 105 CMR 210.007 to prepare for and implement their responsibilities related to the administration of prescription medication.

(4) The first time that an unlicensed school personnel administers medication, the delegating nurse shall provide supervision at the work site.

(5) 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:

- (a) health condition and ability of the student;
- (b) the extent of training and capability of the unlicensed school personnel to whom the prescription medication administration is delegated;
- (c) the type of prescription medication; and
- (d) the proximity and availability of the school nurse to the unlicensed person who is performing the prescription medication administration.

210.005: continued.

- (6) For the individual child, the school nurse shall:
- (a) determine whether or not it is medically safe and appropriate to delegate prescription medication administration;
 - (b) administer the first dose of the prescription medication, if:
 - 1. there is reason to believe there is a risk to the child as indicated by the health assessment, or
 - 2. the student has not previously received this prescription medication in any setting;
 - (c) review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom prescription medication administration has been delegated;
 - (d) provide supervision and consultation as needed to ensure that the student is receiving the prescription medication appropriately. Supervision and consultation may include record review, on-site observation and/or assessment;
 - (e) review all documentation pertaining to prescription medication administration on a biweekly basis or more often if necessary.

(H) In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any prescription 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.

(I) For the purposes of 105 CMR 210.000, a Licensed Practical Nurse functions under the general supervision of the school nurse who has delegating authority.

(J) The school nurse shall have a current pharmaceutical reference available for her/his use, such as the *Physician's Desk Reference* (P.D.R.) or *U.S.P. DI* (Dispensing Information), *Facts and Comparisons*.

210.006: Self Administration of Prescription Medications

(A) Consistent with school policy, students may self administer prescription medication provided that certain conditions are met. For the purposes of 105 CMR 210.000, "self administration" shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.

(B) The school nurse may permit self medication of prescription medication by a student provided that the following requirements are met:

- (1) the student, school nurse and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which prescription medication may be self administered;
- (2) the school nurse, as appropriate, develops a medication administration plan (105 CMR 210.005(E) which contains only those elements necessary to ensure safe self administration of prescription medication;
- (3) the school nurse evaluates the student's health status and abilities and deems self administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the prescription medication;
- (4) the school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered, and follows the school self administration protocols;
- (5) 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, § 12F or other authority permitting the student to consent to medical treatment without parental permission;

210.006: continued

- (6) if requested by the school nurse, the licensed prescriber provides a written order for self administration;
- (7) the student follows a procedure for documentation of self-administration of prescription medication;
- (8) the school nurse establishes a policy for the safe storage of self-administered prescription medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the prescription 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. In the case of an inhaler or other preventive or emergency medication,, whenever possible, a backup supply of the prescription medication shall be kept in the health room or a second readily available location;
- (9) the school nurse develops and implements a plan to monitor the student's self administration, based on the student's abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the prescription medication was taken, 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 prescription medication;
- (10) with parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a prescription medication.

210.007: Training of School Personnel Responsible for Administering Prescription Medications

- (A) All prescription medications shall be administered by properly trained and supervised school personnel under the direction of the school nurse.
- (B) Training shall be provided under the direction of the school nurse.
- (C) At a minimum, the training program shall include content standards and a test of competency developed and approved by the Department of Public Health in consultation with the Board of Registration in Nursing and practicing school nurses.
- (D) Personnel designated to administer prescription medications shall be provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation. Schools should make every effort to have a minimum of two school staff members with documented certification in cardiopulmonary resuscitation present in each school building throughout the day.
- (E) The school nurse shall document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration.
- (F) The school nurse shall provide a training review and informational update at least annually for those school staff authorized to administer prescription medications.

210.008: Handling, Storage and Disposal of Prescription Medications

- (A) A parent, guardian or parent/guardian-designated responsible adult shall deliver all prescription medications to be administered by school personnel or to be taken by self-medicating students, if required by the self-administration agreement (105 CMR 210.006(B)), to the school nurse or other responsible person designated by the school nurse.
 - (1) The prescription medication must be in a pharmacy or manufacturer labeled container.
 - (2) The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered.

210.008: continued

(3) In extenuating circumstances, as determined by the school nurse, the prescription 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 prescription medication being delivered to the school.

(B) All prescription medications shall lie stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective.

(C) All prescription 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. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38⁰F to 42⁰F.

(D) Access to stored prescription medications shall be limited to persons authorized to administer prescription medications and to self-medicating students, to the extent permitted by school policy developed pursuant to 105 CMR 210.006(B)(8). 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 prescription medications from the school at any time.

(F) No more than a 30 school day supply of the prescription medication for a student shall be stored at the school.

(G) Where possible, all unused, discontinued or outdated prescription medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such prescription 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.

210.009: Documentation and Record-Keeping

(A) Each school where prescription medications are administered by school personnel shall maintain a medication administration record for each student who receives prescription 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 105 CMR 210.005(E).

(3) The daily log shall contain:

(a) the dose or amount of prescription medication administered;

(b) the date and time of administration or omission of administration, including the reason for omission;

(c) the full signature of the nurse or designated unlicensed school personnel administering the prescription medication. If the prescription 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 prescription medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.

(5) All documentation shall be recorded in ink and shall not be altered.

210.009: continued

(6) With the consent of the parent, guardian, or student where appropriate, the completed prescription medication administration record and 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, except as provided in 105 CMR 210.000.

(B) Medication errors, as defined in 105 CMR 210.005(F)(5), shall be documented by the school nurse on an accident/incident report form. These reports shall be retained in a location as determined by school policy and made available to the Department of Public Health upon request. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs. 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.

(C) The school district shall comply with the Department of Public Health's reporting requirements for prescription medication administration in the schools.

(D) The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of prescription medications without prior notice to ensure compliance with 105 CMR 210.000.

210.100: Administration of Epinephrine

(A) A public school district or non-public school, as defined by the Massachusetts Department of Education, may register with the Department for the limited purpose of permitting properly trained school personnel to administer epinephrine by auto injector in a life-threatening situation during the school day when a school nurse is not immediately available, including field trips, provided that the following conditions are met:

- (1) the school committee or, in the case of a non-public school, the chief administrative officer, approves policies developed by the designated school nurse leader or, in the absence of a school nurse leader, a school nurse with designated responsibility for management of the program ("responsible school nurse") governing administration of epinephrine by auto injector. This approval must be renewed every two years;
- (2) the school committee or chief administrative officer, in consultation with the nurse leader or responsible school nurse, provides a written assurance to the Department that the requirements of the regulations will be met;
- (3) in consultation with the school physician, the designated school nurse leader or responsible school nurse manages and has final decision making authority about the program. 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);
- (4) 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.
 - (a) The designated school nurse leader or responsible school nurse, or school nurses designated by this person, shall document the training and testing of competency.
 - (b) 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.
 - (c) The training, at a minimum, shall include:
 - (i) procedures for risk reduction;
 - (ii) recognition of the symptoms of a severe allergic reaction;
 - (iii) the importance of following the medication administration plan;
 - (iv) proper use of the auto-injector; and

- (v) requirements for proper storage and security, notification of appropriate persons following administration, and record keeping.
- (d) 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;
- (5) 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:
 - (a) 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;
 - (b) written authorization by a parent or legal guardian;
 - (c) 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;
 - (d) identification of places where the epinephrine is to be stored, following consideration of the need for storage:
 - (i) at one or more places where the student may be most at risk;
 - (ii) in such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate; and
 - (iii) 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;
 - (e) a list of the school personnel who would administer the epinephrine to the student in a life threatening situation when a school nurse is not immediately available;
 - (f) a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and
 - (g) an assessment of the student's readiness for self-administration and training, as appropriate.
- (6) 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;
- (7) there shall be procedures, in accordance with any standards established by the Department, for:
 - (a) developing the medication administration plan;
 - (b) 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;
 - (c) recording receipt and return of medication by the school nurse;
 - (d) documenting the date and time of administration;
 - (e) notifying appropriate parties of administration and documenting such notification;
 - (f) reporting medication errors in accordance with 105 CMR 210.005(F)(5);
 - (g) 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;
 - (h) planning and working with the emergency medical system to ensure the fastest possible response;
 - (i) disposing properly of a used epinephrine injector;
 - (j) 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;
 - (k) permitting the Department of Public Health to inspect any record related to the administration of epinephrine without prior notice, to ensure compliance with 105 CMR 210.100.

(B) 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

- (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 requirements are met:
 - (a) the school committee or chief administrative officer in a non-public school approves, in the policy developed in accordance with section 210.100(A)(1), administration of epinephrine in such programs. The policy shall identify the school official(s), along with a school nurse for each school designated by the school nurse leader or responsible nurse, responsible for determining which before and after school programs and special events are to be covered by the policy;
 - (b) the designated school nurse approves administration of epinephrine in that program and selects the properly trained person(s) to administer the epinephrine;
 - (c) 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); and
 - (d) the program is not licensed by another state agency, in which case the regulations promulgated by that state agency will apply.

- (2) Epinephrine may be administered in such before and after school programs and special events to students from another school or school district if approved in the school policy developed pursuant to section 210.100(A)(1) and in accordance with the following requirements.
 - (a) The school complies with the requirements of sections 210.100(A) and 210.100(B)(1), including immediate notification of emergency medical services following administration of epinephrine, except as provided in subsection 210.100(B)(2)(d).
 - (b) In the event the student is accompanied by school personnel from the sending school, such personnel, whenever possible, shall assume responsibility for ensuring that the epinephrine is brought, properly stored and administered as necessary, in accordance with the medication administration plan developed by the sending school in accordance with subsection 210.100(A)(5).
 - (c) In the event the student is not accompanied by school personnel from the sending school or such personnel are not trained in the administration of epinephrine, the receiving school may, in its discretion, assume responsibility for administering epinephrine, provided that:
 - (i) the designated school nurse in the receiving school is provided with adequate prior notice of the request, which shall be at least one week in advance unless otherwise specified by the designated school nurse;
 - (ii) the designated school nurse in the receiving school approves administration of epinephrine for that student;
 - (ii) the designated school nurse selects properly trained person(s) to administer the epinephrine; and
 - (iii) the student provides the designated school nurse or the person(s) selected by the designated school nurse to administer epinephrine with the medication to be administered.
 - (d) If the receiving school assumes responsibility for administering epinephrine, whenever possible, the student shall provide the designated school nurse in the receiving school with a copy of the medication administration plan developed in accordance with section 105 CMR 210.005(E). The plan shall be provided to the designated school nurse in timely fashion in accordance with procedures established by the nurse. If no medication administration plan is provided, the student at a minimum shall provide to the designated school nurse in the receiving school:
 - (i) written authorization and emergency phone numbers from a parent or guardian;
 - (ii) a copy of a medication order from a licensed provider; and
 - (iii) any specific indications or instructions for administration.

REGULATORY AUTHORITY

11/15/96

105 CMR - 1180.1

**School Health Unit
Massachusetts Department of Public Health**

Report of Epinephrine Administration (2008-2009)

Please mail form to: MDPH, School Health Unit, 250 Washington St., 5th Floor, Boston, MA 02108-4619

- 1 School District: _____ Name of School: _____
- 2 Age: _____ Type of Person: Student Staff Visitor Gender: M F Ethnicity: Spanish/Hispanic/Latino: Yes No
- 3 Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White
- 4 Diagnosis/history of asthma: Yes No History of anaphylaxis: Yes No Previous epinephrine use: Yes No
- 5 Date of occurrence: _____ Time of occurrence: _____ Known allergen(s): _____
- 6 Trigger that precipitated this allergic episode: _____
- 7 Symptoms: _____
- 8 Location of student when symptoms developed: Classroom Cafeteria Health Office Playground
Other - specify: _____
- 9 Location of student when epinephrine administered: Health Office Other -specify _____
- 10 Location of epinephrine storage: Health Office Other -specify: _____
- 11 Epinephrine administered by: RN Other
If other, please specify _____
Was this person formally trained? Yes No Date of training _____
- 12 If epinephrine was self-administered by a student at school or a school-sponsored function, did the student follow school protocols to notify school personnel and activate EMS? Yes No NA
- 13 Approximate time between onset of symptoms and administration of epinephrine: _____ minutes
- 14 Individual Health Care Plan (IHCP) in place? Yes No School Physician notified? Yes No
- 15 Written school district policy on management of life-threatening allergies in place? Yes No
- 16 School district/school registered with MDPH for medication delegation?: Yes No
If yes, please specify type: Full Registration Field Trip Epinephrine Training

Disposition:

- 17 Transferred to ER: Yes No Discharged after _____ hours. Biphasic reaction: Yes No Unknown
- 18 Hospitalized: Yes No Discharged after _____ days.
- 19 Student/Staff/Visitor Outcome: _____
- 20 Did a debriefing meeting occur? Yes No
- 21 Recommendation for changes: Protocol change Policy change Educational change Information sharing None
- 22 Comments: _____

- 23 Form completed by: _____ Date: _____
(please print)
- 24 Title: _____ Phone number: (_____) _____ - _____ Ext.: _____
- 25 School address: _____

Sample Medication Administration Daily Log

(To be completed for each medication)

School Year _____

Name of Student _____ Date of Birth _____ Sex ____ Grade/Home Room (or Teacher) _____

Name of School _____

Name and Dosage of Medication _____ Route _____ Frequency _____ Time(s) Given in School _____

Directions: Initial with time of administration; a complete signature and initials of each person administrating medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30 31
Sept																														
Oct																														
Nov																														
Dec																														
Jan																														
Feb																														
Mar																														
Apr																														
May																														
June																														

INITIAL SIGNATURE
(of person administering medication)

CODES*

1. _____ (A) Absent (O) No Show
2. _____ (E) Early Dismissal (W) Dosage Withheld
3. _____ (F) Field Trip (X) No School (e.g., holiday, weekend, snow day, etc.)
4. _____ (N) No Medication Available

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows").

Sample Daily Log for Medication Administration (complete for each medication)

Year _____ Name of Camper: _____ Gender: _____ Age: _____

Name and Dosage of Medication: _____ Route: _____ Frequency: _____

Directions: Initial with time of administration. Include a complete signature and initials of persons administering medication below.

	1	2	3	4	5	6	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
May																																	
June																																	
July																																	
Aug																																	

Initial (Person administering medication)

Signature

1. _____
2. _____
3. _____
4. _____
5. _____

Codes for administration: (A) Absent (E) Early Dismissal (X) No Camp (O) No Show (F) Field Trip (N) No medication available

(D/C) Medication Discontinued

Sample Medication Order Form

(to be completed by a licensed prescriber)

Name of Student _____ Date of Birth _____

Address _____ Grade _____
(street) (city/town)

Name of Licensed Prescriber _____ Title _____

Business Phone _____ Emergency Phone _____
Medication _____

Route of administration _____ Dosage _____

Frequency _____ Time(s) of Administration _____
(Please note: Whenever possible, medication should be scheduled at times other than school hours).

Specific directions or information for administration: _____

Date of Order _____ Discontinuation Date _____

Diagnosis* _____

Any other medical condition(s)* _____

Optional Information

1. Special side effects, contraindications, or possible adverse reactions to be observed: _____
2. Other medication being taken by the student: _____
3. The date of the next scheduled visit or when advised to return to prescriber: _____
4. Consent for self administration (provided the school nurse determines it is safe and appropriate).
Yes _____ No _____

Signature of Licensed Prescriber

* if not in violation of confidentiality.

Sample Parent/Guardian Authorization
For Prescription Medication Administration

Student's name _____

Parent/Guardian printed name _____

Telephone number—Home: _____ Cell Phone number _____

Telephone number—Work: _____

Telephone number—Emergency: _____

Other person(s) to be notified in case of medication emergency:

Name: _____ Telephone number: _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality):

My son/daughter has the following food or drug allergies:

I consent to have the school nurse or school personnel designated by the School Nurse administer the medication prescribed by:

_____ to _____
Licensed Prescriber Student's Name

I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate.

Yes No

I give permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Parent/guardian signature _____

Relationship to Student _____

Address: _____

Sample Medication Administration Plan

Name of student _____ Date of Birth _____

School _____ Grade _____

Parent/guardian name _____

Home telephone _____ Business telephone _____

Emergency telephone _____ Cell Phone _____

Food/drug Allergies _____

Diagnoses: _____
(if not a violation of confidentiality)

Name of Medication: _____

Name of licensed prescriber _____

Date Ordered _____ Duration of Order _____

Dosage _____ Frequency _____ Route of Administration _____ Expiration Date of Medications _____

Received _____

Specific Directions, e.g., times to be given: _____

Possible Side Effects, Adverse Reactions: _____

Quantity of Medication Received by School and Date: _____

Delegated to (if applicable): _____

Back-up Plans (if delegatee unavailable): _____

Plan for Field Trips: _____

Plans for teaching self administration, if applicable: _____

Other persons to be notified of medication administration (with parental permission): _____

Other medications being taken by the student (if not in violation of confidentiality): _____

Location where medication administration will occur: Health Room Other (specify) _____

Plan for monitoring medication, if needed: _____

School Nurse Signature _____ Parent/Guardian Signature _____

Date _____

Date _____

Student's Signature, if appropriate _____

Date _____

(Medication order and parent/guardian authorization may be attached to this form.)

Sample Parent/Guardian Letter

Dear Parent/Guardian:

We would like to inform you of the policies that have been put in place to ensure the health and safety of children needing medications during the school day.

Our school district requires that the following forms must be on file in your child's health record before we begin to give any medicine at school:

1. Signed consent by the parent or guardian to give the medication. Please complete the enclosed consent form and give it to your school nurse.
2. Signed medication order. The written medication order form should be taken to your child's licensed prescriber (your child's physician, nurse practitioner, etc.) for completion and returned to the school nurse. This order must be renewed as needed and at the beginning of each academic year.

Medications should be delivered to the school in a pharmacy or manufacturer-labeled container by you or a responsible adult whom you designate. Please ask your pharmacy to provide separate bottles for school and home. No more than a thirty-day supply of the medicine should be delivered to the school.

When your child needs a medication to be given during the school day, please act quickly to follow these policies so we may begin to give the medication as soon as possible. Thank you for your help.

Sincerely yours,

School Nurse

Telephone

Attachments: Written Parent/Guardian Consent
Medication Order

**Sample Policies and Procedures for the Administration of Medications
(based on 105 CMR 210.000)**

The _____ School Committee/Board of Trustees, in consultation with the _____ Board of Health (where applicable) 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 reenters 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; and
- (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 includes:

- a. the name of the student;
- b. an order from a licensed prescriber, including business and emergency telephone numbers;
- c. the signed authorization of the parent or guardian, including home and business telephone 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. For the purposes of medication administration, the Licensed Practical Nurse functions under the general supervision of the school nurse who has delegating authority. (Medication administration is within the scope of practice for the Licensed Practical Nurse under M.G.L. Chapter 112.)
- 7. The school nurse shall have a current pharmaceutical reference available for her/his use, such as the *Physician's Desk Reference* (PDR) or *U.S.P.D.I. (Dispensing Information), Facts and Comparisons*.
- E. Delegation/Supervision (This section applies to school districts or private schools which have been registered by the Massachusetts Department of Public Health to permit school nurses to delegate responsibility for administration of medication to trained nursing-supervised unlicensed school personnel.)

The _____ School Committee/Board of Trustees, in consultation with the _____ Board of Health, where applicable,

_____ authorizes

_____ does not authorize

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. Prescription medications to be administered pursuant to p.r.n. ("as needed") orders may be administered by authorized school personnel after an assessment by or consultation with the school nurse for each dose.
6. For each school, an updated list of unlicensed school personnel who have been trained in the administration of medications shall be maintained. Upon request, a parent shall be provided with a list of school personnel authorized to administer medications.
7. Supervision of Unlicensed Personnel

Authorized unlicensed personnel administering medications shall be under the supervision of the school nurse. The School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, shall provide assurance that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel. Responsibilities for supervision at a minimum shall include the following:

- (a) After consultation with the principal or administrator responsible for a given school, the school nurse shall select, train and supervise the specific individuals, in those categories of school personnel approved by the School Committee or Board of Trustees, in consultation with the Board of Health when appropriate, who may administer medications. When necessary to protect student health and safety, the school nurse may rescind such selection.
- (b) The number of unlicensed school personnel to whom responsibility for medication administration may be delegated is determined by:
- (1) the number of unlicensed school personnel the school nurse can adequately supervise on a weekly basis as determined by the school nurse; and
 - (2) the number of unlicensed school personnel necessary, in the nurse's judgment, to ensure that the medications are properly administered to each student.
- (c) 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.
- (d) 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.
- (e) The first time that an unlicensed school personnel administers medication, the delegating nurse shall provide supervision at the work site.
- (f) 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.
- (g) Personnel designated to administer medications shall be provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation. Schools should make every effort to have a minimum of two school staff members with documented certification in

cardiopulmonary resuscitation present in each school building throughout the day.

- (h) For the individual child, the school nurse shall:
- (1) determine whether or not it is medically safe and appropriate to delegate medication administration;
 - (2) administer the first dose of the medication, if (a) there is reason to believe there is a risk to the child as indicated by the health assessment, or (b) if the student has not previously received this medication in any setting;
 - (3) review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom medication administration has been delegated;
 - (4) provide supervision and consultation as needed to ensure that the student is receiving the medication appropriately. Supervision and consultation may include record review, on-site observation and/or student assessment; and
 - (5) review all documentation pertaining to medication administration every two weeks or more often as necessary.

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.

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 student follows a procedure for documentation of self-administration of medication;
- H. 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. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the medication shall be kept in the health room or a second readily available location;
- I. 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, reminding the student to take the medication, visual observation to ensure compliance, recording that the medication was taken, 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
- J. 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. All documentation shall be recorded in ink and shall not be altered.

6. With the consent of the parent, guardian, or student where appropriate, the completed medication administration record and 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 accident/incident report form. These reports shall be retained in the following location: _____ 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;
 - (b) requirements for proper storage and security,;
 - (c) notification of appropriate persons following administration; and
 - (d) 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;
- (1) 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;
- (1) a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and
- (1) 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:

- 0. developing the medication administration plan;
- 0. 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;
- 0. recording receipt and return of medication by the school nurse;
- 0. documenting the date and time of administration;
- 0. notifying appropriate parties of administration and documenting such notification;
- 0. reporting medication errors in accordance with 105 CMR 210.005(F)(5);
- 0. 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;
- 0. planning and working with the emergency medical system to ensure the fastest possible response;
- 0. disposing properly of a used epinephrine injector;
- 0. 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
- 0. 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.

F. 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).

0. 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 requirements are met:
 -) the school committee or chief administrative officer in a non-public school approves, in the policy developed in accordance with section 210.100(A)(1), administration of epinephrine in such programs. The policy shall identify the school official(s), along with a school nurse for each school designated by the school nurse leader or responsible nurse, responsible for determining which before and after school programs and special events are to be covered by the policy;
 -) the designated school nurse approves administration of epinephrine in that program and selects the properly trained person(s) to administer the epinephrine;
 -) 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); and
 -) the program is not licensed by another state agency, in which case the regulations promulgated by that state agency will apply.
2. Epinephrine may be administered in such before and after school programs and special events to students from another school or school district, if approved in the school policy developed pursuant to section 210.100(A)(1) and in accordance with the following requirements:
 -) The school complies with the requirements of sections 210.100(A) and 210.100(B)(1), including immediate notification of emergency medical services following administration of epinephrine, except as provided in subsection 210.100(B)(2)(d).
 -) In the event the student is accompanied by school personnel from the sending school, such personnel, whenever possible, shall assume responsibility for ensuring that the epinephrine is brought, properly stored and administered as necessary, in accordance with the medication administration plan developed by the sending school in accordance with subsection 210.100(A)(5).
 -) In the event the student is not accompanied by school personnel from the sending school or such personnel are not trained in the administration of epinephrine, the receiving school may, in its discretion, assume responsibility for administering epinephrine, provided that:
 - (1) the designated school nurse in the receiving school is provided with adequate prior notice of the request, which shall be at least one week in advance unless otherwise specified by the designated school nurse;
 - (2) the designated school nurse in the receiving school approves administration of epinephrine for that student;

- (3) the designated school nurse selects properly trained person(s) to administer the epinephrine; and
- (4) the student provides the designated school nurse, or the person(s) selected by the designated school nurse to administer epinephrine, with the medication to be administered.

d) If the receiving school assumes responsibility for administering epinephrine, whenever possible, the student shall provide the designated school nurse in the receiving school with a copy of the medication administration plan developed in accordance with section 105 CMR 210.005(E). The plan shall be provided to the designated school nurse in timely fashion, in accordance with procedures established by the nurse. If no medication administration plan is provided, the student, at a minimum, shall provide to the designated school nurse in the receiving school:

- (1) written authorization and emergency phone numbers from a parent or guardian;
- (2) a copy of a medication order from a licensed provider; and
- (3) any specific indications or instructions for administration.

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, _____.

Medication Administration Training Objectives

Upon completion of training, the participant in this course will demonstrate the following competencies:

- Identify accurately the student for whom medication is ordered
- Read and interpret accurately the medication administration plan
- Follow directions on the medication administration plan
- Read the medication label accurately
- Follow the directions on the medication label
- Demonstrate the safe handling and proper storage of medications
- Demonstrate the ability to administer medication properly
- Demonstrate appropriate and accurate correct record keeping regarding medications given and/or self administered
- Demonstrate ability to make accurate notations on health record if medications are not taken/given either by refusal or omission
- Describe the proper action to be taken if a medication is not taken/given either by refusal or omission or if an error was made
- Ability to use resources appropriately: including school nurse, parent/guardian or emergency service when problems arise
- Describe appropriate behaviors which assure confidentiality

Role of Unlicensed School Personnel in Medication Administration

- Administers medications or assists or reminds student to take own medications
- Obtains medication information from the medication administration plan developed by the school nurse (RN)
- Follows the specific instructions for the administration of each student's medication
- Administers only those medication where there is a specific order for a specific child
- Records the time of administration of medication and the effects observed
- Reports any unusual reactions
- Reports any problem to the school nurse
- Seeks instruction from the school nurse for any problems or in case of uncertainty

Confidentiality

ALL information about students is Confidential

Do not discuss or share information about students or medications with other school staff or people outside school unless directed to do so by the school nurse. Refer all questions or comments about students or medications to the school nurse

Limitations of Unlicensed School Personnel

May NOT administer "Over-the-Counter" medications under protocols (ie Standing Orders)

May NOT give medication by injection EXCEPT epinephrine or other medication to be given in a life-threatening situation where the student has a known allergy or other condition and there is a specific order from a licensed prescriber and written consent of parent or guardian.

Medication Administration Curriculum

How Medications Work

- Our body is made up of *systems* such as digestive, nervous, and respiratory. These *systems* are made up of *organs* which are made up of *tissues* and these tissues are made of *cells*.
- Each one of the body's cells are continuously active with constant chemical reactions. Some of this activity happens with the cell and some by communicating with other cells. This communication between cells is called *neurosynaptic transmission*.
- Medication changes the activity of the cells to produce a *therapeutic effect*.
- In order to produce a *therapeutic effect*, there must be enough medication surrounding the cell(s), this is called the *level of critical concentration*.

Effects of Medications

- See medication administration plan and school nurse for expected and possible effects and side effects
 - Desired effect: The therapeutic effect means the medication is having the effect intended by the licensed prescriber.

Side Effects

- Effects caused by the medication that are not the desired effect.
- May occur with the desired effect.
- Many side effects are expected and predictable
 - Ex. Drowsiness with phenobarbital when the desired effect is seizure control
- Some side effects are unexpected and unpredictable, they are Adverse Effects
 - Ex. Severe vomiting and diarrhea when the level of an antipsychotic has gotten too high in the blood for a student
- A side effect may be potentially fatal (although it is rare)
 - Ex. An allergic reaction to an antibiotic
- Many side effects are difficult to detect or to determine as caused by the medication, such as lightheadedness, blurred vision, dry mouth, confusion, irritability, agitation, and lethargy.

No Effect

- The medication “didn't work”. There is always the possibility that this can happen. After allowing sufficient time (as described by the student's health care provider) for the medication to have its desired effect, there is no apparent change.
 - Ex. A student has taken an antibiotic for 2 days and still has a fever and the symptoms of his illness remain the same. OR A student has been taking Dilantin for a week and her seizures are still occurring at the same rate and are as severe as before the medication was started.
- ANY changes that you see (either physical or behavioral) or that are described to you by a student may be caused by a medication. Changes can occur from the first few minutes or day or weeks that a medication is taken or even after an extended length of time. Report ALL changes to the School Nurse and record in the medication log.

Drug Interactions

- Some students receive more than one medication at a time.

- Some are medications taken on a regular basis and some on a temporary basis.
- Whenever a student takes two or more different medication, a *drug interaction* may occur.
- A drug interaction occurs when one drug alters (decreases, increases or changes) the effect or action of another.

Five Rights of Medication Administration

- Right student
 - Don't guess
 - You must identify the student, if not ask another staff person
 - Use a photo if possible to identify the student (stapled to med plan)
- Right medication
 - Compare the medication administration plan with the pharmacy label
 - Double check, making sure they match
 - If they do not match, do not give the medication and call the school nurse
 - Check expiration date on medication label. Do not give if beyond the expiration date. Call the school nurse
 - If medication appearance has changed (ex. Cloudy liquid, different color or shape of oral capsules or tablets) do not give the medication and call the school nurse.
- Right dosage
 - Compare the medication administration plan with the pharmacy label.
 - Double check, making sure they match.
 - Carefully measure or count the correct dosage and compare with the medication plan and the pharmacy label.
 - Dosage must not be higher or lower than stated on the plan.
 - If anything does not match, do not give the medication and call the school nurse.
- Right time
 - Give the medication at the time(s) stated in the medication administration plan.
- Right route
 - Medication is prescribed to be given in
 - Tablets
 - Capsules
 - Liquids
 - Drops
 - Ointments
 - Injectables
 - Inhalants
 - The form of the medication dictates the route of administration
 - Oral route: tablets, capsules, and liquids that are swallowed
 - Topical route: ointments are applied externally
 - Inhalation: Asthma inhalers
 - Injection: Emergency medication only as ordered for a specific student with a known diagnosis
 - Follow directions on medication administration plan.

Steps in Medication Administration

- 1) Identify student
- 2) Read medication administration plan
- 3) Wash hands
- 4) Select and read label of medication
- 5) Prepare medication and read label again
- 6) Read label again and administer medication
- 7) Replace medication in cabinet
- 8) Lock cabinet
- 9) Document in medication log

Do's and Don'ts: Other Safeguards to follow

- DO give your full attention to the task
- Do remain with student until medication has been taken. Make sure oral med is swallowed.
- DO prepare the medication for only one student at a time
- DON'T give medication from a container which has a label that can't be read.
- DON'T give medication from another student's container.
- DON'T leave medications unattended
- DON'T try to hide a medication error.
- DON'T increase or decrease or change in any way any medication without specific instructions from the school nurse.

Assisting Student with Self-administration

- 1) Identify the student
- 2) Unlock medication cabinet if appropriate
- 3) Select correct medication
 - i. Read medication administration plan
 - ii. Read label
- 4) Observe student prepare and take medication as per medication plan
- 5) Document as required or stated in plan
 - i. By unlicensed school staff member
 - ii. By student

Recording Medication Administration

- 1) Use Medication Administration Daily Log (paper or computer)
- 2) Record in ink only if using paper.
- 3) Write legibly
- 4) Do not erase or use "white out"
- 5) If necessary to change an entry, cross out with a single line and initial

**Massachusetts Department of Public Health
School Health Unit
Medication Administration**

COMPETENCY SKILL CHECK LIST

(To be completed at the time the staff person [other than school nurse] administers medication for the first time via each route)

Name and Title of Staff Person _____

Date _____

Medication Name _____

Route (circle) Oral tablet, oral liquid, topical, drops: eye, ears, nose Other _____

_____ Identifies student

_____ Asks student how he/she feels

_____ Observes student

_____ Reads medication administration plan

_____ Washes hands

_____ Checks label of medication

_____ Prepares medication properly

_____ Reads label of medication a 2nd time

_____ Reads label of medication a 3rd time and administer med correctly

_____ Replaces medication in cabinet or refrigerator

_____ Locks cabinet

_____ Documents in medication log

Comments:

Signatures: Supervised by _____ **RN**

Staff person _____

**Massachusetts Department of Public Health
School Health Unit
Medication Administration Written Competency Test**

Name _____ Date _____

RN Instructor _____

- 1) List the 5 Rights of Medication Administration
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
- 2) If you give a student the wrong medication, the first thing you should do is: (Choose one)
 - a. Watch to see if the student has any ill effects
 - b. Report it to the School Nurse immediately
 - c. Watch for any ill effects and report to the School Nurse immediately
- 3) List four condition that require hand washing
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 4) What should be documented on the medication administration daily log
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 5) List the situations that constitute a medication error
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
- 6) If the label states that pills are 50 mgms, and a student is to take 200 mgms of the drug, how many pills would you give?
(Circle answer)
 - a. 2
 - b. 4
 - c. 3
- 7) What three documents do you need before give medication
 - a. _____
 - b. _____
 - c. _____
- 8) What information is necessary before calling a School Nurse regarding a prn medication for a student with a specific order?
 - a. _____
 - b. _____
- 9) When a student is running out of a medication (Choose one)
 - a. You may borrow the same medication from another student
 - b. You may skip a dose
 - c. You inform the appropriate person that the prescription needs to be refilled
- 10) When may the use of an epi-pen be necessary?
 - a. _____
 - b. _____
- 11) In the context of medications, ORAL means (Choose one)
 - a. A student who talks a lot
 - b. A drug/medication that is meant to be swallowed

- 12) How do you document a medication error?
- _____
 - _____
- 13) To whom would you report an emergency in your school?
- _____
 - _____
- 14) Where would you find information regarding side effects of a medication.
- _____
- 15) A student complains of nausea and refuses medication, you should:
- _____
 - _____
 - _____
- 16) When administering a medication, how will you identify the right student in your school?
- _____
 - _____
 - _____
 - _____
- 17) When assisting a student to self-administer, what steps should you take?
- _____
 - _____
 - _____
 - _____
 - _____
 - _____
- 18) In the context of medication, TOPICAL application refers to (Choose one)
- A current situation
 - A medication that is applied to an external area
- 19) List at least 2 times when you will contact the School Nurse?
- _____
 - _____
- 20) What are the 3 times that you read the medication label?
- _____
 - _____
 - _____
- 21) What would you do if Johnny comes for his medication and looks flushed and says that his throat feels "sore"? (Choose one)
- Call the School Nurse
 - Call the parent
 - Call 911
 - Give Johnny his medication and write his complaints on the medication record.
- 22) Three children need their medication at the same time. How do you proceed?
- _____
 - _____
- 23) An emergency should be reported (Choose one)
- As soon as possible
 - Immediately
 - When you finish what you are doing
- 24) If a student's medication looks different than before (cloudy instead of clear, tablets of different shape, size or color) what would you do?
- _____

25) Who has access to the keys to the medication cabinet?

a. _____

b. _____

26) The school principal asks you what medication a student is taking and why he/she is taking it. What will you do?

a. Tell the principal you don't know

b. Refer the principal to the School Nurse

c. Show the principal the medication administration plan

27) If you do not understand the medication plan, what should you do?

28) List the nine steps involved in medication administration

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

i. _____

Massachusetts Department of Public Health
School Health Unit
Answer Key: Medication Administration Written Competency Test

Name _____ Date _____

RN Instructor _____

- 1) List the 5 Rights of Medication Administration
 - a. Right Student
 - b. Right Medication
 - c. Right Dosage
 - d. Right Time
 - e. Right Route
- 2) If you give a student the wrong medication, the first thing you should do is: (Choose one)
 - a. Watch to see if the student has any ill effects
 - b. Report it to the School Nurse immediately
 - c. **Watch for any ill effects and report to the School Nurse immediately**
- 3) List four condition that require hand washing
 - a. Before eating
 - b. After using the bathroom
 - c. Before giving medication
 - d. After giving medication
- 4) What should be documented on the medication administration daily log
 - a. Time medication given
 - b. Initials and signature of person giving medication
 - c. Any observations of medication effectiveness or adverse reactions
 - d. Special situations: no show, dosage withheld, absent
- 5) List the situations that constitute a medication error
 - a. Wrong student
 - b. Wrong medication
 - c. Wrong dosage
 - d. Wrong time
 - e. Wrong route
- 6) If the label states that pills are 50 mgms, and a student is to take 200 mgms of the drug, how many pills would you give?
(Circle answer)
 - a. 2
 - b. **4**
 - c. 3
- 7) What three documents do you need before give medication
 - a. Medication administration plan
 - b. Signed parent/guardian consent
 - c. Signed medication order from a licensed provider
- 8) What information is necessary before calling a School Nurse regarding a prn medication for a student with a specific order?
 - a. When did the student have a previous dose?
 - b. What symptoms do you observe or does student describe?
- 9) When a student is running out of a medication (Choose one)
 - a. You may borrow the same medication from another student
 - b. You may skip a dose
 - c. **You inform the appropriate person that the prescription needs to be refilled**
- 10) When may the use of an epi-pen be necessary?
 - a. In an emergency situation only
 - b. Student has a known allergy and a medication plan is in place.

- 11) In the context of medications, ORAL means (Choose one)
- A student who talks a lot
 - A drug/medication that is meant to be swallowed**
- 12) How do you document a medication error?
- Complete a Medication Error Report
 - Call the School Nurse and make a note about it on the report
- 13) To whom would you report an emergency in your school?
- Able to name person(s) and phone number**
- 14) Where would you find information regarding side effects of a medication.
- On the medication administration plan**
- 15) A student complains of nausea and refuses medication, you should: (Choose one)
- Coax the student to take the medication
 - Skip the dose
 - Hold the medication and report it to the School Nurse immediately**
- 16) When administering a medication, how will you identify the right student in your school?
- Ask student his/her name
 - Ask student his/her birth date
 - Check student's picture if available
 - Ask teacher or other staff person to identify student
- 17) When assisting a student to self-administer, what steps should you take?
- Identify the student
 - Unlock the medication cabinet
 - Select the correct medication using proper procedure
 - Refer to medication plan
 - Observe that the student takes the medication
 - Either document in log that student has taken the medication or observe the student document self administration
- 18) In the contest or medication, TOPICAL application refers to (Choose one)
- A current situation
 - A medication that is applied to an external area**
- 19) List at least 2 times when you will contact the School Nurse?
- Whenever I have a question about the medication administration
 - In any emergency or situation where an error has occurred.
- 20) What are the 3 times that you read the medication label?
- When removing it from the medication cabinet
 - While preparing medication
 - Before administering medication to student
- 21) What would you do if Johnny comes for his medication and looks flushed and says that his throat feels "sore"? (Choose one)
- Call the School Nurse**
 - Call the parent
 - Call 911
 - Give Johnny his medication and write his complaints on the medication record.
- 22) Three children need their medication at the same time. How do you proceed?
- Take care of one child at a time
 - Ask others to wait until you are ready for them
- 23) An emergency should be reported (Choose one)
- As soon as possible
 - Immediately**
 - When you finish what you are doing
- 24) If a student's medication looks different than before (cloudy instead of clear, tablets of different shape, size or color) what would you do?
- Call the School Nurse**

- 25) Who has access to the keys to the medication cabinet?
- School Nurse
 - Any other school staff person who have been trained and authorized to administer medications
- 26) The school principal asks you what medication a student is taking and why he/she is taking it. What will you do?
- Tell the principal you don't know
 - Refer the principal to the School Nurse**
 - Show the principal the medication administration plan
- 27) If you do not understand the medication plan, what should you do?
- Call the School Nurse**
- 28) List the nine steps involved in medication administration
- Identify student
 - Read medication administration plan
 - Wash hands
 - Select and read label of medication
 - Prepare medication and read lable
 - Read label and administer medication
 - Replace medication in cabinet
 - Lock cabinet
 - Document administration

Department of Public Health

Medication Error Report

A medication error is defined as: "failure to administer the prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted practice, to the correct student."

Date of Report _____ School _____

Name of Student _____ Date of Birth _____ Sex: ___ Grade ___

Home Address _____
(street) (city/town) (zip code)

Date of Error _____ Time Noted _____

Person Administering Medication _____

Licensed Prescriber _____
(name) (address)

Reason Medication was prescribed _____

Date of Order _____ Instructions for Administration _____

Medication _____ Dose _____ Route _____ Scheduled Time _____

Describe the error and how it occurred (use reverse side if necessary)

Action Taken _____

Licensed Prescriber Notified: yes ___ no ___ Date _____ Time _____

Parent/ Guardian Notified: yes ___ no ___ Date _____ Time _____

Other Persons Notified: _____

Outcome: _____

Name: _____ Title: _____ Date: _____

Signature: _____

**School Health Unit
Massachusetts Department of Public Health**

Report of Epinephrine Administration (2010-2011)

Please mail 2 page form to: MDPH, School Health Unit, 250 Washington St., 5th Floor, Boston, MA 02108-4619 or (Fax 617.624.6062)

1 School District: _____ Name of School: _____

2 Age: _____ Type of Person: Student Staff Visitor Gender: M F Ethnicity: Spanish/Hispanic/Latino: Yes No

3 Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White Other

4 History of allergy: Yes No Unknown If known, specify type of allergy: _____

If yes, was allergy action plan available? Yes No Don't Know History of anaphylaxis: Yes No Unknown

Previous epinephrine use: Yes No Don't Know Diagnosis/History of asthma: Yes No Don't Know

5 Date/Time of occurrence: _____ Vital signs: BP _____/____ Temp _____ Pulse _____ Respiration _____

6 If known, specify trigger that precipitated this allergic episode:

Food Insect Sting Exercise Medication Latex Other _____ Unknown

If food was a trigger, please specify which food _____

Please check: Ingested Touched Inhaled Other specify _____

7. Did reaction begin prior to school? Yes No Don't Know

8. Location where symptoms developed:

Classroom Cafeteria Health Office Playground Bus Other specify _____

9. How did exposure occur?

10. Symptoms: (Check all that apply)

Respiratory

- Cough
- Difficulty breathing
- Hoarse voice
- Nasal congestion/rhinorrhea
- Swollen (throat, tongue)
- Shortness of Breath
- Stridor
- Tightness (chest, throat)
- Wheezing

GI

- Abdominal discomfort
- Diarrhea
- Difficulty swallowing
- Oral Pruritis
- Nausea
- Vomiting

Skin

- Angioedema
- Flushing
- General pruritis
- General rash
- Hives
- Lip swelling
- Localized rash
- Pale

Cardiac/Vascular

- Chest discomfort
- Cyanosis
- Dizziness
- Faint/Weak pulse
- Headache
- Hypotension
- Tachycardia

Other

- Diaphoresis
- Irritability
- Loss of consciousness
- Metallic taste
- Red eyes
- Sneezing
- Uterine cramping

11 Location where epinephrine administered: Health Office Other specify _____

12 Location of epinephrine storage: Health Office Other specify _____

13 Epinephrine administered by: RN Self Other

If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?

Yes If known, date of training _____ No

Did the student follow school protocols to notify school personnel and activate EMS? Yes No NA

If epinephrine was administered by other, please specify _____

Was this person formally trained? Yes Date of training _____ No Don't know

Expiration date of epinephrine _____ Don't Know

School Health Unit
Massachusetts Department of Public Health

14 Time elapsed between onset of symptoms and communication of symptoms: _____minutes

15 Time elapsed between communication of symptoms and administration of epinephrine: _____minutes

16 Individual Health Care Plan (IHCP) in place? Yes No Don't know

17 Written school district policy on management of life-threatening allergies in place? Yes No Don't know

18 School district/school registered with MDPH for epinephrine training? Yes No Don't know

Disposition:

19 Transferred to ER: Yes No Don't know

If yes, transferred via ambulance Parent/Guardian Other Discharged after _____ hours

Was a second epi-pen dose required? Yes No Don't know

If yes, was that dose administered at the school prior to arrival of EMS? Yes No Don't know

Approximate time between the first and second dose _____

Biphasic reaction: Yes No Don't know

20 Hospitalized: Yes If yes, discharged after _____ days No

21 Student/Staff/Visitor outcome: _____

If first occurrence of allergic reaction:

a. Was the individual prescribed an Epi Pen in the ER? Yes No Don't know

b. If yes, who provided Epi Pen training? ER PCP School Nurse Other _____ Don't know

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes No Don't know

School Follow-up:

22 Did a debriefing meeting occur? Yes No Did family notify prescribing MD? Yes No Don't know

23 Recommendation for changes: Protocol change Policy change Educational change Information sharing None

24 Comments:

25 Form completed by: _____ Date: _____
(please print)

Title: _____

Phone number: (_____) _____ - _____ Ext.: _____ Email : _____

School District: _____

School address: _____