

Holbrook Public Schools

Policies and Procedures Governing the Administration of Medications

The policies and procedures listed in this manual are in compliance with Massachusetts Department of Public Health Regulation's: 105 CMR 210.000

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The Holbrook Public Schools, in compliance with the Department of Public Health, approves the following policies governing administration of medications in school programs under its jurisdiction.

Responsibilities of the School Nurse Regarding Medication Administration

- (A) The school nurse, in consultation with the school physician shall develop policies and procedures consistent with 105 CMR 210.000 for approval by the Holbrook School Committee, in consultation with the Board of Health where appropriate.
- (B) The school nurse, in consultation with the school physician shall have responsibility for the development and management of the prescription medication administration program.
- (C) The school nurse shall be the supervisor for the medication administration program for the Holbrook Public Schools.
- (D) Medication Orders:

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. Only the school nurse shall receive a telephone order or an order for any change in prescription medication. 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* shall be developed before the student enters or re-enters school.

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 expected discontinuation date;
7. a diagnosis and any other medical condition(s) requiring medication, *if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential;*
8. specific directions for administration.

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 next scheduled visit, if applicable.

(E) Special Medication Situations

1. 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 an order from the licensed prescriber.
2. For "over-the-counter" medications, i.e., non-prescription medications, the school nurses 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 a school setting.

(F) Parental Consent

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

1. the parent or guardian's printed name and signature and a home and emergency phone number;
2. 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;
3. approval to have the school nurse or school personnel designated by the school nurse administer the prescription medication;
4. persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

(G) 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. *The Department of Education Guidelines for special education require student consent for the 18-21 age group and student participation in planning after age 14, if appropriate.* 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.

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:

1. the name of the student;
2. a medication order from a licensed prescriber, which includes business and emergency telephone numbers;
3. the signed authorization of the parent or guardian, which includes the home, business, and cellular telephone numbers;
4. any known allergies to food or medications;
5. the diagnosis, unless a violation of confidentiality or the parent, guardian or student requests that it not be documented;
6. the name of the medication;
7. the dosage of the medication, frequency of administration and the route of administration;
8. any specific direction for administration;
9. any possible side effects, adverse reactions or contraindications;
10. the quantity of medication that is received by the school from the parent or guardian.
11. Once received in school, medication must be counted and signed for with parent or guardian prior to administration. *If parent or guardian is not available, another responsible adult should count and sign for medication;*
12. the required storage conditions;
13. the duration of the prescription;
14. 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;
15. plans, if any, for teaching self-administration of the prescription medication;
16. with parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
17. the location where the administration of the prescription medication will take place;
18. a list of other medications being taken by the student, *if not in violation of confidentiality or contrary to the request of the parent, guardian or student that such medication is not publicly documented;*
19. a plan for monitoring the effects of the medication;
20. 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.

Developing Procedures for Administration of Medications

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

1. A procedure to ensure the positive identification of the student who receives the medication;

2. A system for documentation and record-keeping which meets the requirements of 105 CMR 210.009;
3. The school nurse shall develop a system of documenting 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;
4. 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 and the reason for the refusal explained;
5. The school nurse shall develop and implement procedures regarding receipt and safe storage of prescription medications;
6. 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;
7. 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;
8. 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*.

Delegation/Supervision

The Holbrook Public Schools, in consultation with the Massachusetts Department of Public of Health, authorizes that the responsibility for the administration of medication may be delegated to Teachers and Licensed Health Staff, according to criteria delineated in CMR 210.004 (B) (2).

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) (2), 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 purpose of medication administration.

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 or other medication to be administered in a life-threatening situation 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 prescription medications shall be maintained. Upon request, a parent shall be provided with a list of school personnel authorized to administer prescription medications.
7. Supervision of Unlicensed Personnel.

Authorized unlicensed school personnel administering prescription medications shall be under the supervision of the school nurse. The School Committee, 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 supervise the training of the designees consistent with the Department of Public Health’s requirements in CMR 210.07 of the Regulations Governing the Administration of Prescription Medications in public and private schools.
 - (a) The school nurse shall document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration.

- (b) The school nurse shall provide a training review and informational update at least annually for those school staff authorized to administer prescription medications.
- 4. 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.
- 5. The first time that an unlicensed school personnel administers medication, the delegating nurse shall provide supervision at the work site.
- 6. 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 prescription medication administration is delegated; (3) the type of prescription medication; and (4) the proximity and availability of the school nurse to the unlicensed person who is performing the prescription medication administration.
- 7. 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.
- 8. 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.

Self-Administration of Medication

“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.

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 prescription 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 prescription medication;
- (c) 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;
- (d) 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;
- (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, § 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 prescription medication;
- (h) 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;
- (i) 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;

- (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.

Handling, Storage and Disposal of Medication

1. 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.
 - (a) The prescription medication must be in a pharmacy or manufacturer labeled container.
 - (b) The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered.
 - (c) 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.
2. 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.
3. All prescription medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which are 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.
4. 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 student's medications.
5. Parents or guardians may retrieve the prescription medications from the school at any time.
6. No more than a 30 school day supply of the prescription medication for a student shall be stored at the school.
7. 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. All medications should be returned to the parent or guardian at the end of the school year.

Documentation and Record-Keeping

Each school where school personnel administer prescription medications 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.
- (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.

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

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 the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.

Reporting and Documentation of Medication Errors

- (A) 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.

(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 an accident/incident report form. These reports shall be retained in the student health record. They shall be 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.

(D) The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future

Response to Medication Emergencies

These policies and procedures for the administration of medications shall be integrated with the Holbrook Public School's practices for all other health emergencies. The Holbrook Public school emergency policy 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 provider etc., (3) names of persons in the school trained to provide first aid and cardiopulmonary 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.

Administration of Epinephrine

(A) The school nurse may train unlicensed personnel to administer epinephrine by auto-injection to individuals with diagnosed life threatening allergic events. Persons authorized to administer epinephrine shall meet the requirements of section 210.004(B)(2)

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

1. The designated school nurse leader or responsible school nurse, or school nurses designated by this person, shall document the training and testing of competency.

2. The designated school nurse leader or responsible school nurse, or a designee, shall provide a training review and informational update at least twice a year.

3. The training, at a minimum, shall include:

- (a) procedures for risk reduction;
- (b) recognition of the symptoms of a severe allergic reaction;
- (c) the importance of following the medication administration plan;
- (d) proper use of the auto-injector;
- (e) requirements for proper storage and security,
- (f) notification of appropriate persons following administration, and
- (g) record keeping.

4. The school shall maintain and make available upon request by parents or staff, a list of those school personnel authorized and trained to administer epinephrine by auto injector in an emergency, when the school nurse is not immediately available.

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

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

(D) When epinephrine is administered, there shall be immediate notification of the local emergency medical services system (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.

- (E) 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.

Each school shall have a written protocol, signed by 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. The school nurse should maintain stock supplies of epinephrine for this purpose.

Dissemination of Information to Parents or Guardians Regarding Administration of Medication

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

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.

Policy Review and Revision

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

Approved by School Physician:

Signature: _____ Date: _____

Approved by School Nurse at Holbrook Jr. Sr. High School:

Signature: _____ Date: _____

Approved by School Nurse at South School:

Signature: _____ Date: _____

Approved by School Nurse at JFK Elementary School:

Signature: _____ Date: _____

Approved by Holbrook Schools Director of Pupil Personnel Services:

Signature: _____ Date _____

Approved by Holbrook School Committee:

Signature: _____ Date _____

ADOPTED: March 21, 2007

Amended: April 14, 2010