

**SECTION E**  
**STUDENT SERVICES**

***E 2 d. Administration of Medications in Schools and Delegation of Administration of Prescription Medications:*** (11/10/11, #11-72; 3/26/26, #26-39)

The purpose of this policy is to provide minimum standards for the safe and proper administration of medications to students in the Public Schools of Brookline (“PSB”), consistent with G.L. c. 94C, s. 7(g); G.L. c. 71, s. 54B, and 105 CMR 210.000, *et seq.*

**I. MANAGEMENT AND APPLICATION OF THE MEDICATION ADMINISTRATION PROGRAM**

This policy applies to the administration of all prescription medications, “over the counter” medications, investigational new drugs, and herbal, vitamin or holistic supplements or remedies (herein, collectively referred to as, “medications”) by PSB personnel to students during school or during school sponsored day or overnight field trips, and to the self-administration of such medications, drugs and supplements or remedies by PSB students during school or at such school sponsored events.

The PSB Coordinator of School Health Services shall serve as the Medication Program Manager, managing and supervising the medication administration program in the PSB. The school nurse shall manage and supervise the medication administration program in each school [210 CMR 210.003(A)(1)].

**II. POLICY FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL**

Medications will be administered to students at school only when such administration is determined by the Coordinator of School Health Services, after consultation with the school physician, to be medically necessary to permit a student to access his or her educational program.

**A. Responsibility for Policy and Procedure Development and Approval**

The Coordinator of School Health Services, in consultation with the school physician, shall develop and propose, for approval by the School Committee, policies and procedures for the administration of medication and self-administration of medication within the PSB. These policies and procedures shall be consistent with the provisions of G.L. c. 94C, s. 7(g); G.L. c. 71, s. 54B, and 105 CMR 210.000, and shall be reviewed and revised as needed, but at least every two years [105 CMR 210.003(A)].

**B. Documentation of the Administration of Prescription Medication**

Each school where medications are administered by school personnel shall maintain a medication administration record for each student who receives medication during school hours. The medication administration record shall be maintained by the school nurse and shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization. [105 CMR 210.009]

C. Response to Medication Emergencies

Consistent with 105 CMR 210.005(F)(4), the school nurse shall develop procedures for responding to medication emergencies, including any reaction or condition related to medication administration, which poses an immediate threat to the health or well-being of the student. Such procedures shall include maintaining a list of persons, with their telephone numbers, to be contacted as appropriate, including, but not limited to, the student's parent/guardian, school nurse, licensed prescriber and other persons designated in the student's 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.

D. Storage of Prescription Medications

Consistent with 105 CMR 210.003(A)(4), the coordinator of School Health Services shall develop procedures for the proper storage of medications at school.

E. Reporting and Documentation of Medication Errors

Consistent with 105 CMR 210.005(F)(5), the school nurse shall develop procedures and forms for documenting and reporting medication errors.

F. Self-Administration of Medication

Consistent with 105 CMR 210.006, students may self-administer medications at school, provided the requirements of 105 CMR 210.006 are met. The Coordinator of School Health Services shall develop procedures for the self-administration of medications at school.

G. Dissemination of Information to Parents/Guardians

An outline of the school's medication policies shall be made available to parents/guardians upon request. [105 CMR 210.003(A)(6)] Such outline shall be posted on the PSB website and shall be available in accessible format in each school clinic.

H. Dispute Resolution

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 and licensed prescriber shall be notified immediately by the school nurse and the reason for refusal explained.

In the event of a dispute concerning the administration of a medication, the disputing party shall make a written request for review of the dispute to the Coordinator of School Health Services, who will investigate the matter and, following consultation with the school nurse and the school physician (as defined in 105 CMR 210.002), issue a decision. The decision of the Coordinator of School Health Services shall be final.

### **III. POLICY REGARDING THE DELEGATION OF PRESCRIPTION MEDICATION ADMINISTRATION**

A. Delegation and Supervision

During such time as the PSB continues to be registered with the Department of Public Health pursuant to the applicable provisions of 105 CMR 700.000 and is otherwise in compliance with

the requirements of 105 CMR 210.000, the school nurse may delegate the administration of non-parenteral medications to students during regular school activities, including but not limited to school sponsored day or overnight field trips. The administration of parenteral medications may not be delegated or administered by training with the exception of epinephrine or injectable glucagon in an FDA pre-approved, pre-dosed autoinjector administered in accordance with 105CMR210.100.

These unlicensed school personnel must meet the requirements of 105 CMR 210.004, be trained and tested for competency in accordance with 105 CMR 210.100 and 210.007, be supervised by the school nurse and be listed on the student's medication administration plan developed in accordance with 105 CMR 210.005 and 210.007.

The school nurse may rescind the delegation of specific personnel at any time [210.005(G)(1)].

Neither prescription medication nor over-the-counter medications can be administered by delegation by unlicensed school personnel without student-specific medications from a licensed prescriber.

A school nurse shall be on duty while medications are being administered by designated unlicensed school personnel, and available telephonic or virtually should consultation be required.

**B. Training of School Personnel**

School personnel who are responsible for administering medications at school shall be trained in accordance with 105 CMR 210.007. At a minimum, the training 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.

An updated list of school personnel who have been trained in the administration of medications shall be maintained by each school nurse and shall be made available to parents/caregivers upon request.

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

**C. Decision-Making Authority**

The school nurse, in consultation with the Coordinator of School Health Services and the school physician, shall have final decision-making authority with respect to delegating the administration of medications to PSB personnel in each school.

**D. Responsibility and Compliance**

All PSB health personnel are responsible for understanding their responsibility and obligations under this policy.

Refs: G.L. c. 94C, s. 7(g); 71, s. 54B; 105 CMR 210.000

DPH Registration Date:

Reviewed by School Physician:

Approved by Coordinator of School Health Services:

Approved by School Committee: 3/26/26

## **PROCEDURES FOR THE ADMINISTRATION AND SELF-ADMINISTRATION OF MEDICATIONS AT SCHOOL**

The Coordinator of School Health Services, in consultation with the school physician, has developed and proposed, for approval by the School Committee, the following procedures for the administration of medications in the Public Schools of Brookline (“PSB”). These procedures are intended to be and shall be construed as consistent with the provisions of G.L. c. 94C, s. 7(g); G.L. c. 71, s. 54B, and 105 CMR 210.000, and shall be reviewed and revised as needed but at least every two years [105 CMR 210.003(A)].

### **A. Introduction**

Medications will be administered to students only when such administration is determined to be medically necessary to permit a student to access his/her educational program. Daily medications shall be given at home whenever possible. In extenuating circumstances only, and with approval by the school nurse, a daily medication may be given at school.

### **B. Medication Orders**

1. Prior to administering medication to a student, 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 from the licensed prescriber. A verbal order must be followed up with a written order within three (3) school days. A faxed order must be sent directly from the licensed prescriber’s office to the nurse. When possible, the medication order shall be obtained, and the medication administration plan shall be developed, before the student enters or re-enters school.

2. Medication orders from a licensed prescriber shall contain (a) the student’s name; (b) the name and signature of the licensed prescriber and his/her business and emergency phone numbers; (c) the name, route and dosage of medication; (d) the frequency and time of medication administration; (e) the date of the order and discontinuation date; (f) 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 (g) specific directions for administration and (h) potential side effects.

3. Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate: (a) any other medications being taken by the student; (b) the date of the next scheduled visit, if applicable.

### **C. Special Medication Situations**

1. For short-term medications, i.e., those requiring administration for ten school days or fewer, a pharmacy-labeled container may be used in lieu of a licensed prescriber’s order; however, if the school nurse has a question, they 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 Advisory Ruling 92-05: Medication

Administration of Over-the-Counter Drugs, which shall include, at a minimum, (a) a written order by a licensed prescriber; (b) written consent of the parent or caregiver and (c) a pharmacy-labeled container for dispensing.

3. For medications administered under a standing order, the school nurse shall follow the Board of Registration in Nursing's Advisory Ruling 9324: Verifying, Transcribing and Implementing Medication Orders.

4. Investigational New Drugs may be administered at school with (a) a written order by a licensed prescriber; (b) written consent of the parent or caregiver; and (c) a pharmacy-labeled container for dispensing. If the school nurse has a question, they may seek consultation and/or approval from the school physician to administer the drug in the school setting.

5. Herbal, vitamin, or holistic supplements and remedies will not be administered at school unless they are listed in the Physician's Desk Reference for Nutritional Supplements and the school nurse has received (a) a written order by a licensed prescriber stating that the administration at school of such supplement/remedy is medically necessary to permit the student to attend school or to access the curriculum; (b) written consent of the parent or guardian; and (c) a pharmacy-labeled or sealed manufacturer's labeled container for dispensing.

#### D. Parent/Caregiver Consent

Prior to administering medication to a student, the school nurse shall ensure that written authorization has been received from the parent/caregiver, which contains: (a) the parent or caregiver's printed name, 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, caregiver 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 medication; (d) persons to be notified in case of a medication emergency, in addition to the parent or guardian and licensed prescriber.

#### E. Medication Administration Plan

1. The school nurse, in collaboration with the parent/caregiver whenever possible, shall establish a medication administration plan for each student receiving medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and their preferences respected to the maximum extent possible.

2. Prior to initial administration of the medication, the school nurse shall assess the child's health status and develop a medication administration plan, which shall include: (a) the name of the student; (b) a medication order from a licensed prescriber that meets the requirements of Section C (1)(a); (c) signed authorization of the parent or caregiver that meets the requirements of Section C(2), including telephone number and emergency telephone numbers; (d) any known allergies to food or medications; (e) the diagnosis, unless a violation of confidentiality or the parent, caregiver or student requests that it not be documented; (f) any possible side effects, adverse reactions or contraindications; (g) the quantity of 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 medication to a 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 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 medication will take place; (n) a plan for monitoring the effects of the medication; and (o) the school nurse has final decision-making authority for the provision of medication administration in the case of field trips and other short-term special school events, which may include nursing staffing, delegation of medication administration or a combination of nursing staffing and delegation of medication administration.

The school nurse may delegate medication administration to other PSB personnel in accordance with PSB policy and 105 CMR 210. Written consent from the parent or guardian for the individual who will administer the medication shall be obtained.

#### F. Procedures for Administration of Medications at Schools

The Coordinator of School Health Services and each school nurse shall ensure that each school has the following procedures and systems in place that comply with the PSB Policy for the Administration of Medications at School and 105 CMR 210.000, et seq.:

1. Procedures to ensure the positive identification of students receiving medications at school;
2. A system for appropriate documentation and record keeping;
3. A system for documenting observations by the nurse or school personnel and communicating significant observations relating to medication effectiveness and adverse reactions or other harmful effects to the child's parent/guardian and/or licensed prescriber;
4. Procedures for the receipt and safe storage of prescription medications;
5. Access to a current pharmaceutical reference by the school nurse, such as the Physician's Desk Reference (PDR);
6. Procedures for responding to medication emergencies in compliance with 105 CMR 210.005(F)(4); and
7. Procedures for documenting and reporting medication errors in compliance with 105 CMR 210.005(F)(5). The procedures shall specify persons to be notified in addition to the parent/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 medication as prescribed for a particular student, including failure to administer the medication (a) within appropriate time frames; (b) in the correct dosage; (c) in accordance with accepted practice; or (d) to the correct student. The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.
8. Responsibilities and Procedures for supervision of unlicensed school personnel:

Any unlicensed school personnel administering medication must be properly trained and supervised by a school nurse. Training shall be provided under the direction of the school nurse and the Coordinator of School Health Services.

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

The school nurse shall document the training and evidence of competency of unlicensed personnel designated for medication administration

The first time that an unlicensed school personnel administers medication, the delegating school nurse shall provide supervision at the work site. In extenuating circumstances, as determined by the school nurse, the skills competency for p.r.n. emergency rescue medications administered through inhalation or through the mucous membranes of the nose, digestive tract, or lungs (such as inhalers and nasal preparations of glucagon and diazepam) or, in the case of injectable glucagon, an FDA-approved, pre-dosed autoinjector, may be demonstrated without administration of the medication to the student. When a p.r.n. emergency rescue medication is administered, the medication plan shall address notification of the local emergency medical services system, followed by notification of the student's caregiver. (5) The degree of supervision required for each student shall be determined by the school nurse

The school nurse shall provide a training review and informational update at least annually for those unlicensed school personnel authorized to administer medication

#### G. Procedures for Self-Administration of Medications at Schools

Self-administration of a medication means that a student is able to consume or apply a medication in the manner directed by the licensed prescriber, without additional assistance or direction. A school nurse may permit self-administration of a medication by a student provided the following requirements are met:

(1) the student, school nurse, and parent/caregiver, where appropriate, enter into an agreement which specifies the conditions under which medication may be self-administered, which may include the conditions under which a student may self-carry medication or whether the medication being self-administered is being taken or applied by the student themselves or with an FDA approved medical device; and the school nurse, as appropriate, develops a medication administration plan, which contains only those elements necessary to ensure safe self-administration of medication;

(2) the student's health status and abilities have been evaluated by the school nurse, 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, as necessary, the school nurse observes initial self-administration of the medication, and the nurse deems self-administration safe and appropriate

(3) there is written authorization from the student's parent/caregiver 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;

(4) if requested by the school nurse, the licensed prescriber provides a written order for self-administration;

(5) the student follows a procedure for documentation of self-administration of medication;

(6) the school nurse establishes a policy for the safe storage of self-administered medication and, as necessary, consults with teachers, the student and parent/caregiver, 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, such policy shall include, whenever possible, provision of a backup supply of the medication which shall be kept in the school clinic or other, readily available location;

(7) consistent with 105 CMR 210.006(B)(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; and

(8) with parent/caregiver and student permission, as appropriate, the school nurse informs appropriate teachers and administrators that the student is self-administering a medication.

#### H. Documentation and Record-Keeping

Each school shall maintain a medication administration record for each student who receives medication at school. Such records shall include a daily log and a medication administration plan, including the medication order and parent/caregiver authorization. The medication administration plan shall include the information as described in 105 CMR 210.005(E).

The daily log shall contain: (a) the dose or amount of medication administered; (b) the date and time of administration or omission or administration, including the reason for omission; and (c) a mechanism for identifying the person administering each dose.

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.

All documentation shall be recorded in a manner that prevents alteration or destruction of the record.

With the consent of the parent, caregiver, or student where appropriate, the completed medication administration record and records related to self-administration of medication shall be filed in the student's cumulative health record. When the parent/caregiver or student, where appropriate, objects, these records shall be regarded as confidential medical information and shall be kept confidential to the extent permitted by law, except as provided in 105 CMR 210.000

Medication Errors, as defined in 105 CMR 210.005 shall be documented by the school nurse using the PSB accident report form and noted in the student's health record. The school nurse will comply with the Department of Public Health's reporting requirements for medication administration in the schools.

I. Response to Medication Emergencies

The response to medication emergencies shall be consistent with the PSB's policy for handling all health emergencies and shall include, at a minimum, maintaining a list of persons, in addition to the parent/guardian, school nurse, licensed prescriber and other persons designated in the medication administration plan, to be contacted as appropriate, with their telephone numbers. Such persons may include other school personnel, the school physician, clinic or emergency room staff, ambulance staff and the local poison control center.

J. Administration of Epinephrine to Individuals Experiencing Life-Threatening Allergic Reactions

During such time as the PSB is registered with the Department of Public Health for such purpose and appropriate approval of the School Committee has been provided pursuant to 105 CMR 210.100, the school nurse may train unlicensed PSB personnel to administer any available, FDA-approved pre-dosed form of epinephrine to students in life threatening situations during regular school activities when a nurse is not immediately available, including during field trips. In consultation with the school physician, the medication program manager oversees and has final decision-making authority about the epinephrine program, in accordance with 105 CMR 210.100.

The school nurse shall select the individuals authorized to administer epinephrine by auto injector. Persons authorized to administer epinephrine shall meet the requirements of 105 CMR 210.004(B)(2).

The school personnel authorized to administer epinephrine by any available, FDA-approved pre-dosed form of epinephrine shall be trained and tested for competency by the Coordinator of School Health Services or the school nurse in accordance with standards and curriculum established by the Department of Public Health. The Coordinator of School Health Services or school nurse shall document the training and testing of competency of school personnel authorized to administer epinephrine. A training review and informational update shall be provided twice a year by the school nurse or the Coordinator of School Health Services, school nurse, or a designee.

The training shall include, at a minimum: (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 administration device auto-injector; (e) requirements for proper storage and security; (f) notification of appropriate persons following administration; and (g) record keeping.

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

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), which shall be updated annually, and which shall include: (a) diagnosis by a licensed prescriber 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 caregiver; © phone number for the parent(s) or caregivers(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 (i) the need for storage at one or more places where the student may be most at risk and in such a manner as to allow rapid access by authorized persons including possession by the student when appropriate; and (ii) in a place accessible only to authorized persons that is secure but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse; (e) a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and (f) an assessment of the student's readiness for self-administration and training, as appropriate.

When epinephrine is administered, there shall be immediate notification of the local emergency medical services system (E-911), followed by notification of the student's parent(s)/caregiver/guardian(s) or, if the parent(s)/caregiver/guardian(s) are not available, another designated person(s). If the epinephrine is administered by unlicensed school personnel, the school nurse, and other individuals as warranted and deemed appropriate by the school nurse must also be notified, the school nurse, the student's physician, and the school physician, to the extent possible. Because of the danger of biphasic reactions, the student should be transported by trained emergency medical personnel to the nearest emergency medical facility.

Following the administration of epinephrine to a student, the school nurse shall review the incident with the Coordinator of School Health services and the school physician, if appropriate, to determine the adequacy of the response and to consider ways of reducing future risks for the particular student and the student body in general;

The school nurse shall also develop procedures for (a) the proper disposal of used epinephrine injectors; (b) submitting a written report to the Department of Public Health each time epinephrine is administered on a form obtained from the Department; and (c) permitting access to the Department of Public Health to records related to the administration of epinephrine in compliance with 105 CMR 210.100.

#### K. Proper Storage of Medications

(1) A parent/caregiver/guardian or parent/caregiver/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.

(2) The medication must be delivered and stored in their original pharmacy or manufacturer labeled container specific to that medication in such a manner as to render them safe and effective.

(3) The school nurse or other responsible person receiving the medication shall document the quantity of the medication that is delivered. No more than a 30-day supply of medication for

a student shall be stored at school, with the exception of multidose devices, which may contain more than a 30-day supply.

(4) In extenuating circumstances, as determined by the school nurse, the medication may be delivered by other persons, provided that the nurse is notified in advance by the parent or caregiver of the arrangement and of the quantity of medication being delivered to the school.

(5) With the exception of emergency medications, which shall be kept in a secure but unlocked cabinet during the school day, 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. 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.

(6) 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.

(7) Parents or guardians may retrieve medications from the school at any time by making arrangements to do so with the school nurse.

(8) Where possible, all unused, discontinued or outdated medications shall be returned to the parent/guardian and the return shall be appropriately documented. Medications may be destroyed in accordance with any applicable policies of the DPH by the school nurse if they are not picked up by the parent/guardian within ten school days of the termination of the medication order, the medication's expiration date, or transfer of the child to another district.

Refs: G.L. c. 94C, s. 7(g); 71, s. 54B; 105 CMR 210.000

Reviewed by School Physician:

Approved by Coordinator of School Health Services:

Approved by School Committee: 3/26/26