

MEDICATION ADMINISTRATION PROCEDURES

I. MANAGEMENT OF THE MEDICATION ADMINISTRATION PROGRAM

A. Physician's Orders

1. We must have a written order from the student's physician (including a dentist) relating to each medication on file. The order must state what health reason exists making administration of such medication necessary *during school hours*. Physician's orders must contain the following:
 - a. Student's name
 - b. Name of the medication
 - c. Dosage and route of administration
 - d. Frequency and time to be given
 - e. Specific directions for administration, if needed
 - f. Licensed prescriber's signature and date
 - g. Parent's signature authorizing the school to administer
 - h. Termination date for administering the medication is the end of the school year unless otherwise specified. Two exceptions to this are if:
 - i. the student attends an ABRSD summer program (including Community Education programs), in which case the order continues through August, or
 - ii. the orders are for short-term medication administration
2. Telephone orders from licensed prescribers may be accepted, but a follow-up fax or written order must be received **within 3 school days** in order to continue administering the medication.
3. Students must have a physical exam on file in the health office in order for the nurse to dispense medications. We will only accept electronic medication orders via a *direct transmission* from the licensed prescriber's office to the school nurse; we will not accept orders sent via a parent's email.

B. Special Medication Situations

1. Short Term Prescriptions: For short term prescription medications (i.e. those requiring administration for 10 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 written licensed prescriber's order. Written parent permission is required.
2. Over-the-counter ("OTC") Medications: For the school nurse to administer over-the-counter, non-prescription medications (including, but not limited to, ibuprofen, acetaminophen, diphenhydramine, antacid tablets, cough drops, cough medicine, etc.), we require:
 - a. the original labeled container
 - b. a licensed provider's order for medications that are not covered by protocols
 - c. written parent permission (sometimes provided via the online Parent Portal)

The nurse may administer over-the-counter medications based on protocols developed in collaboration with the school physician, provided that the protocol includes the drug name, dosage, frequency, indications for use, contraindications and potential side effects and assessment criteria of the student's current medication profile and history of allergies.

3. Complementary/Alternative Medications: Homeopathic or herbal medicines, dietary supplements all require a licensed prescriber's order, a labeled container and written parental permission to administer.
Note: According to Massachusetts Law: Marijuana, even if legally prescribed, is illegal to use on District property/in our schools (105 CMR 725.650(B)(4)).

4. Additional Medication Doses at School: The school nurse will administer only doses that have been prescribed by a licensed physician during the school day. If a student misses a dose at home, the parent must come in to administer the medication to the student.
5. Narcotics in the School Setting: Students who require narcotics for acute pain management (i.e., post-operative, orthopedic, dental or other injury, etc.) should not return to school until their pain can be managed with an over-the-counter analgesic. Students are not allowed to carry controlled substances. There may be exceptions in the case of students undergoing palliative end-of-life care, if the student's physician, the school physician, school nurse and parent/guardian are in agreement regarding the appropriateness, legality and safety in the school setting.
6. Narcan (Naloxone): The District's school physician has approved a protocol and standing medical orders for injectable naloxone. Only trained school nurses may administer naloxone to a student, staff member, or visitor exhibiting signs of a drug overdose according to the protocol.

C. Medication Check-in Procedures

1. All medications must be brought to school by a responsible adult. Medication may not be brought to school by a student. Medication can be dropped off or picked up by a responsible adult at any time when school is in session.
2. The school nurse will record the date medication is brought in, ensure that the required authorization is on file, and count and record the number/amount of medication in the presence of the person who delivered it.
3. Parents/guardians should provide the school nurse with only the amount of medication to be administered on days school is in session. *It is the parent's/guardian's responsibility to contact the physician or pharmacy if they require an additional supply of medication when school is not in session.*

D. Original Medication Containers

1. All medication must be in the original labeled container and be labeled with the student's name. Pharmacies usually will provide a second bottle to be kept at school upon request.
2. Medication will not be sent back and forth to school daily. Parents/guardians should keep a supply at home and bring the required doses to school in the labeled pharmacy container. The school may accept no more than a 30 day supply.
3. The school nurse will not administer the following:
 - a. expired medications
 - b. medications delivered in containers which are not labeled
 - c. medications in inappropriate containers such as plastic snack bags

E. Prescription Changes

1. It is the responsibility of the parents/guardians to notify the school nurse of any changes to the original prescription. When a change occurs, the parent/guardian must provide the school nurse with an updated medication order and a new pharmacy container reflecting the change.
2. A parent/guardian or a designated adult must pick up any unused supply of medication(s).
3. The school nurse can appropriately discard medication if it is not picked up, or by request of the parent.

F. Medication Information Resources

The school nurse will have a current pharmaceutical reference available for her/his use, such as the Physician's Desk Reference (PDR) or other drug reference book as well as online reputable drug resources.

II. DOCUMENTATION OF THE ADMINISTRATION OF MEDICATIONS

A. Medication Administration Records

The District will maintain a medication administration record of medication administered during school hours. Medication administration records will be kept in the student's electronic health record. These records shall include the following:

1. Full signature, electronic or otherwise of administering nurse
2. Time medication is administered
3. Documentation of missed dose and reason
4. Medication administration plan
5. Licensed prescriber's order as transcribed into health software
6. Individual Health Care Plan (as necessary)

B. Medication Errors

In the event of a medication error, the school nurse will notify and/or document the effort to contact the parent/guardian immediately. If there is a question of potential harm to the student, the nurse will also contact the licensed prescriber or the school physician. Medication errors will be documented by the school nurse on the Medication Error Report Form, and will be kept in a file in the offices of the nurse leader and/or the Assistant Superintendent of Student Services.

III. SELF-ADMINISTRATION OF MEDICATIONS

The school nurse may permit self-medication of inhalers, insulin, epinephrine auto-injectors, and certain select medications using the following guidelines:

- A. The student, parent/guardian, school nurse, and licensed provider (when appropriate) enter into an agreement, which specifies the conditions under which prescription medication may be self-administered.
- B. The school nurse develops and utilizes a medication administration plan (105 CMR 210.005(E)) containing any elements necessary to ensure safe self-administration of the prescription medication.
- C. The school nurse evaluates the student's health status and abilities for self-administration as appropriate. As necessary, the school nurse should observe the initial dose of self-administration of prescription medication.
- D. The school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and indications for which the prescription medication is ordered, and follows the medication administration plan.
- E. There is written authorization from the student's parent/guardian that the student may self-medicate, unless the student has consented to treatment under MGLc112(12)(F), Emergency Treatment of Minors, or other authority permitting the student to consent to medical treatment without parental permission (i.e. an emancipated minor).
- F. The school nurse establishes a procedure 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 medication for the individual student, while providing for accessibility if the student's health needs require it.

- G. The school nurse may monitor the student's self-administration, based on the student's abilities and health status. Monitoring may include teaching the student the correct way to take the medication, reminding the student to take the medication, visually observing the student 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.
- H. With parent/guardian and student permission, the school nurse may inform appropriate teachers and administrators that the student is self-administering. If the student does not comply with the medication administration plan, the nurse may cancel the self-administration permission and notify all involved parties.

IV. FIELD TRIPS

- A. The nurse leader, in collaboration with the school physician, will be responsible for submitting to the Massachusetts Department of Public Health (DPH) appropriate requests/registration for the limited purpose of permitting the delegation of prescription medications to unlicensed, properly trained, responsible adults for students on field trips and short-term special school events, when a school nurse (RN) is not available and provided that the conditions defined in 105 CMR 210.005 are met. Said personnel will receive training in the administration of the medication to the specific child.
- B. If the student's health condition warrants, the parent/guardian will be encouraged to accompany the class or group on field trips. A registered nurse will accompany the field trip if, in the school nurse's judgment, a student requires assistance for safe medication administration (contingent on it being an in-state field trip or one covered by nurse licensure reciprocity laws).

V. ADMINISTRATION OF EPINEPHRINE BY NON-NURSING PERSONNEL

- A. The nurse leader, in collaboration with the school physician will be responsible for submitting to the DPH appropriate requests/registration "for the limited purpose of permitting unlicensed, properly trained school personnel to administer epinephrine (by auto-injector) to students with a diagnosed life-threatening allergic condition when a school nurse (RN) is not immediately available, provided that the conditions defined in 105 CMR 210.100 are met."
- B. School personnel will receive training on life-threatening allergies including the administration of epinephrine via auto-injector.
- C. The school nurse will document evidence of competencies of unlicensed personnel designated to administer epinephrine via auto- injector. The school nurse will provide a training review and informational update for those school staff authorized to administer epinephrine via auto-injector.

VI. RESPONSE TO AN EMERGENCY NECESSITATING MEDICATION ADMINISTRATION

- A. The school nurse will follow established protocols 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 protocols will be consistent with the school's policy for handling all health emergencies.
- B. In the event an epinephrine auto injector must be administered at school, the school nurse must complete the DPH *Report of Epinephrine Administration* form and send it to the nurse leader, who will forward it to the DPH School Health Unit, or as current procedure dictates. The District shall maintain copies electronically, or per current protocol to the DPH School Health Unit.

VII. STORAGE OF MEDICATIONS

- A. All medication will be stored in a securely locked wall-mounted cabinet located in the school health office. Access to this cabinet is strictly limited to the school nurse, school nurse substitute, or nurse leader. No medication should be removed from the medication cabinet by anyone without notification of the school nurse or school nurse substitute.
- B. Where possible, all unused, discontinued, or outdated medications will be returned to the parent/guardian and the return appropriately documented. All medications will be destroyed by the school nurse at the end of the school year if not retrieved by parent/guardian. *Exception:* At the nurse's discretion, epinephrine auto-injectors and inhalers that are not expired may be kept locked in the nurse's office awaiting their use in the next school year if the parent does not collect them.
- C. Emergency medications, i.e. epinephrine auto injectors, multi dose inhalers) shall be kept in an unlocked place in the health office so that they are readily available for administration by those who have been trained according to state regulations. Alternate sites for additional emergency medication will be designated in the individual student's emergency health care plan or Individualized Health Care Plan (IHCP).

VIII. DISSEMINATION OF INFORMATION TO PARENTS/GUARDIANS REGARDING ADMINISTRATION OF MEDICATION

- A. This medication policy and procedure is available on the District's School Committee website and in each health office.

IX. RESOLUTION OF QUESTIONS BETWEEN THE SCHOOL AND PARENT/ GUARDIAN REGARDING ADMINISTRATION OF MEDICATION

- A. In order to resolve questions regarding the school's medication administration policy/procedure, a meeting may be held with the parent/guardian, school nurse, school physician, student (if appropriate), nurse leader and the Assistant Superintendent of Student Services.

The Medication Administration Policy & Procedures should be reviewed at least every two years.

LEGAL REF.:

M.G.L. c.71, s.54B; 105 CMR 210.000: Administration of Prescription Medications in Public and Private Schools

REFS.:

- Comprehensive School Health Manual: MA Department of Public Health, January 1995
- MA Board of Registration in Nursing Advisory for Administration of Over-the-Counter Medications (7/2002)
- National Association of School Nurses Position Statements, 1999 and 2000
- Medication Administration and Delegation in MA Schools by MA DPH in collaboration with Boston University – BU SHIELD- 2017
- Controlled Substances Act (CSA) 21U.S.C.801 et seq.
- Safe and Drug-Free Schools and Communities Act of 1994
- The Drug Free Workplace Act of 1988

Rev. August 2018