

ADMINISTRATIVE REGULATIONS
ADMINISTRATION OF STUDENT MEDICATIONS IN THE SCHOOLS

I. ADMINISTRATION OF MEDICATION TO STUDENTS

- a. No medication may be administered by any school personnel without:
1. the written order of a licensed prescriber (for prescription medication);
 2. written parental consent;
 3. an individual medication plan completed by the school nurse; and
 4. documentation on an individual student log which becomes part of the student's health record.
- b. In addition to the procedures outlined in these regulations and accompanying policy, the school nurse shall develop any additional procedures necessary for the safe administration of medications, including a procedure to ensure the positive identification of the student receiving the medication.

II. DEFINITIONS

Administration of Medication means the direct application of a prescription or non-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 MGL c.71.

Department means the Massachusetts Department of Health.

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 or Board of 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 MGL 94C and applicable federal laws and regulations.

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

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:

- a. a graduate of an approved school for professional nursing;
- b. currently licensed as a Registered Nurse pursuant to M.G.L. c. 112; and
- c. appointed by a School Committee or a Board of Health in accordance with M.G.L. c.71, ?? 53, 53A, and 53B.

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.

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.

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 means a professional school employee who:

- a. instructs students or serves in the role of administrator below the rank of superintendent; and
- b. is employed by the Westfield Public Schools.

III. 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 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 education plan, such as an IEP or Section 504 Plan.

Prior to the initial administration of any 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 (for prescription medication)
- c. the signed authorization of the parent or guardian
- 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 effect, 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 the 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 medication will take place
- n. a plan for monitoring the effects of the medication
- o. 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 to administer the prescription

medication shall be obtained. The school nurse shall instruct the responsible school staff member on how to administer the medication to the child.

IV. MEDICATION ORDERS

- a. 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.
- b. 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 shall be developed before the student enters or re-enters school.
- c. 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.
- d. Every effort shall be made to obtain from the licensed prescriber the following additional information, as appropriate;

V. WRITTEN AUTHORIZATION BY PARENT/GUARDIAN

The written authorization by the parent or guardian shall contain;

- 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 medication; and
- d. persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

VI. DELEGATION OF PRESCRIPTION MEDICATION ADMINISTRATION

The Westfield Public Schools, consulting with the Board of Health where appropriate, may approve a proposal developed by the school nurse and school physician, to permit the school nurse to delegate the administration of medication to categories of 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, including the following provisions:

- a. Said categories of personnel may include administrative and teaching staff, licensed health personnel, health aides and secretaries who meet the following criteria:
 1. is a high school graduate or equivalent;
 2. demonstrates sound judgment;
 3. is able to read and write English;
 4. is able to respect and protect the students' confidentiality; and
 5. is able to meet the requirements state law and school policy and follow nursing supervision;
 6. is able to respect and protect the student's confidentiality; and
 7. has completed an approved training program.

- b. The school nurse may identify individual school personnel or additional categories of unlicensed school personnel for purposes of administering emergency prescription medication to an individual child. Said school personnel shall be listed on the medication administration plan developed for the child and shall receive training in the administration of medication to that child.
- c. The administration of parenteral medications may not be delegated , with the exception of epinephrine or other medications to be administered in a life-threatening situation where the child has a know allergy or pre-existing medical condition and there is a valid medical order for the administration of such medication and written consent from the parent/guardian.
- d. 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.
- e. Any school personnel authorized to administer medication to students shall be under the supervision of the school nurse. These supervisory responsibilities of the school nurse shall include the following:
 - 1. Select, train and supervise the specific individuals in those categories of school personnel approved by the Westfield Public Schools to 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 determines that he/she can adequately supervise on a weekly basis
 - 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. Support and assist persons who have completed the training to prepare for and implement their responsibilities.
 - 4. Provide supervision at the work site the first time an unlicensed school personnel administers medication.
 - 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 extend of training and capability of the unlicensed school personnel to who 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.
 - 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 there is reason to believe there is a risk to the child as indicated by the health assessment, or 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 the documentation pertaining to prescription medication administration on a biweekly basis or more often if necessary.

7. 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*.

VIII. 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.
- e. The school nurse shall document all 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.

IX. SELF ADMINISTRATION OF MEDICATION

The school nurse may permit self medication of medication by a student provided 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 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 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, 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 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 locations;
- 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 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 effect, variations from the plan, or the student's refusal or failure to take the 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.

X. 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 medications during school hours. The record shall include the following information.
 - 1. daily log;
 - 2. medication administration plan;
 - 3. medication order;
 - 4. parent/guardian authorization;
 - 5. the dose or amount of medication administered;
 - 6. the date and time of administration or omission of administration, including the reason for omission;
 - 7. the full signature of the nurse or designated unlicensed school personnel administering the 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
 - 8. documentation by school nurse of significant observations of the medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken
- b. All documentation shall be recorded in ink and shall not be altered.
- c. The completed medication administration record and other 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 state law.
- d. The school district shall comply with the Department of Public health's reporting requirements for medication administration in the schools.

- e. 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.
- f. The school nurse shall develop a system for documentation and record-keeping consistent with these regulations and accompanying policy. Such documentation system shall include procedures for documenting observations by the nurse of other school personnel and communication significant effects to the child;s parent/guardian and/or licensed prescriber.

XI. HANDLING, STORAGE, AND DISPOSAL OF PRESCRIPTION MEDICATIONS

- a. A parent, guardian or parent/guardian-designated responsible adult shall deliver all medications to be administered by school personnel to the school nurse or other responsible person designated by the school nurse. In the case of self-medicating students, students may transport and self-administer medications in accordance with the self-administration medication plan.
- b. Any medication must be in a pharmacy or manufacturer labeled container,
- c. The school nurse or other responsible person receiving the medication shall document the quantity of the medication delivered.
- d. 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 advanced by the parent or guardian of the arrangement and the quantity of medication being delivered to the school.
- e. All medications shall lie stored in their original pharmacy of manufacturer labeled containers and in such manner a s to render them safe and effective.
- f. 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 380F to 420F.
- g. Access to stored medications shall be limited to persons authorized to administer medications and to self-medicating students, to the extent permitted by school policy and regulations. 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.
- h. Parents or guardians may retrieve their child's medications from the school at any time.
- i. No more than a 30 day supply of medication for a student shall be stored at the school.
- j. Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. In extenuation circumstances, with parental consent when possible, medication 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.

XII. ERRORS IN MEDICATION ADMINISTRATION

- a. A medication emergency is any reaction or condition related to the administration of medication which poses an immediate threat to the health or well-being of the student.

- b. Whenever a student has an untoward reaction to the administration of a medication, the student's health and safety shall be the foremost priority. The parents/guardian, school nurse, licensed prescriber and other persons designated in the medication administration plan should be contacted, as appropriate, as soon as possible in light of any emergency medical care that must be given to the student.
- c. Emergency medical care includes, but is not limited to the following:
 - 1. Consultation with the school's medical advisor;
 - 2. Use of the 911 Emergency Response System'
 - 3. Application of appropriate emergency medical care techniques, such as cardiopulmonary resuscitation, but properly trained and/or certified personnel;
 - 4. Contact with a poison control center; and
 - 5. Transporting the student to the nearest available emergency medical care facility.
- d. The school nurse shall develop additional procedures necessary for responding to medication emergencies.

For those devices that incorporate two epinephrine doses in one device, the auto-injector mechanism (first dose) is the only administration technique which unlicensed personnel may be trained to use.

In some circumstances, administration of a second dose of epinephrine may be indicated. School nurses are the only school personnel authorized to assess clinical circumstances warranting administration of a subsequent (second) epinephrine dose.

XIV. ADMINISTRATION OF EPINEPHRINE

The Westfield Public Schools will permit 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 the following conditions are met:

- a. The School Committee approves policies developed by the school nurse governing administration of epinephrine by auto-injector, and renews approval every two years;
- b. The Westfield Public Schools provides an assurance to the Department of Public Health that sufficient school nurses are available to provide proper oversight of the program, and provides such back-up documentation as required by the Department.
- c. In consultation with the school physician, the school nurse manages and has final decision making authority about the program and selects the persons authorized to administer epinephrine by auto-injector;
- d. School personnel authorized to administer epinephrine by auto-injector are trained by a physician or school nurse, and tested for competency, in accordance with standards and a curriculum established by the Department,
 - 1. the school nurse shall document the training and testing of competency;
 - 2. the school nurse shall provide a training review and informational update at least twice a year;
 - 3. the training, at a minimum, shall include:
 - (a) proper use of the device;
 - (b) the importance of consulting and following the medication administration plan;
 - (c) requirements for proper storage and security, notification of appropriate persons following administration, and 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;
- e. Epinephrine shall be administered only in accordance with a medication administration plan developed in accordance with this policy, updated every year, which includes the following:

1. a diagnosis by a physician that the child is a high risk of a life threatening allergic reaction, and a medication order containing indications for administration of epinephrine;
 2. written authorization by a parent or guardian;
 3. a home and emergency number for the parents, as well as the names(s) and phone number(s) of any other person(s) to be notified if the parents are unavailable;
 4. identification of places where the epinephrine is to be stored, following consideration for the need for storage at places where the student may be most at risk. The epinephrine may be stored at more than one location or carried by the student when appropriate;
 5. consideration of the ways and places epinephrine can be stored so as to limit access to appropriate person, which shall not require the epinephrine to be kept under lock and key;
 6. a list of the school personnel who would administer the epinephrine to the student in a life threatening situation;
 7. a plan for risk reduction for the student, including a plan for teaching self-management, where appropriate;
- f. When epinephrine is administered, there shall be immediate notification of the local emergency medical services system (generally 911), followed by notification of the school nurse, student's parents or, if the parents are not available, any other designated persons) and the student's physician;
- g. There shall be procedures, in accordance with any standards established by the Department, for:
1. developing the medication administration plan;
 2. properly storing medication, including limiting access to persons authorized to administer the medication and returning unused or outdated medication to a parent or guardian whenever possible;
 3. recording receipt and return of medication by the school nurse;
 4. documenting the date and time of administration;
 5. notifying appropriate parties of administration;
 6. reporting medication errors;
 7. reviewing any incident involving administration of epinephrine to determine the adequacy of the response and to consider ways of reducing risks for the particular student and the student body in general;
 8. planning and working with the emergency medical system to ensure the fastest possible response;
- h. It shall be the responsibility of the parents/guardians to supply the Westfield Public Schools with an EpiPen to be used at school. The school department shall safely keep and administer said EpiPen in accordance with district policy.
- i. Any parent/guardian requesting that a school nurse or other school personnel be authorized to administer an EpiPen to his/her child must provide written authorization for its use, and releasing the school district from all responsibility involved in its administration.

XV. Review and Revision of Policy

In accordance with the provisions of 105 C.M.R. 210.003, the School Committee shall review these regulations and accompanying policy periodically, and at least biennially, with the advice and assistance of the school medical advisor and the school nurse supervisor. Upon request, these regulations and policy shall be submitted to the Department of Public Health.

Legal References:

MGL Ch. 112

MGL Ch. 74:53, 53A, 53B

MGL ch. 71:54B

MBL ch. 94C:79

105CMR ? 210.000 et.seq.

Adopted: June 28, 2004

First reading: December 10, 2007

Second reading: January 7, 2008

Revised and adopted: January 7, 2008