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**Administrative Regulation:**

**#532.1**

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## Student Medications

The following regulations governing the administration of medications are consistent with the Department of Public Health's 105 CMR 210.00.

### **1. Management of the Medication Administration Program**

A. The school nurse is the supervisor of the medication administration program in the schools.

B. The school nurse, the school physician, and the school health advisory committee, if established, shall develop and propose policies and procedures relating to the administration of medications.

#### C. Medication Orders/Parental Consent

1. The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed as necessary including the beginning of each academic year. A telephone order or an order for any change in medication shall be received only by the school nurse. Any such order must be followed by a written order within three (3) school days. Whenever possible, the medication shall be obtained and the medications administration plan shall be developed before the student enters or re-enters the school.

In accordance with standard medical practice, a medication order form the licensed prescriber shall contain:

- a. the student name;
- b. the name and signature of the licensed prescriber and business and emergency phone numbers;
- c. the name of the medication;
- d. the route and dosage of the medication;
- e. the frequency and time of medication administration;
- f. the date of the order and the discontinuation date;
- g. 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;
- h. specific directions for administration.

Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:

- a. any special side effects, contraindications, and adverse reactions to be observed;
- b. any other medication taken by the student;
- c. the date of the next scheduled visit, if known.

Special medication situations are as follows:

- a. For short-term medications, i.e., those requiring administration for ten (10) school days or less, the pharmacy labeled container may be used in lieu of a licensed prescriber's order, if the nurse has a question, she may request the licensed prescriber's order;
- b. For "over-the-counter" medications (OTC), i.e., non-prescription medications, the school nurse shall follow the Board of Registration in Nursing's protocols regarding administration of over-the-counter medications in school, which require written parental permission, and doctor's orders to require such medication in school.
- c. Investigational new drugs may be administered in the school with a written order by a licensed prescriber, a written consent of the parent or guardian, and a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in the school setting.

2. The school nurse shall ensure that there is a written authorization by the parent or guardian which contains:
  - a. The parent or guardian's printed name, signature and emergency phone number;
  - b. a list of all medication the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent or guardian, or student that such medications not be documented;
  - c. approval to have the school nurse or school personnel designated by the school nurse, administer the medication;
  - d. person to be notified in case of a medication emergency, in addition to the parent or guardian and licensed prescriber.

#### D. Medication Administration Plan

1. The school nurse, in collaboration with the parent or guardian, whenever possible, shall establish a medication administration plan for each student receiving a medication whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible. If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to the Massachusetts Special Education Law (Individual Education Plan under Chapter 766) or Federal laws, such as the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.

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.

2. Prior to the initial administration of the medication, the school nurse shall assess the child's health status and develop a medication administration plan which include:

- a. the name of the student;
- b. an order from a licensed prescriber, including home and business telephone numbers;
- c. the signed authorization of the parent or guardian, including home and business telephone numbers.
- d. any known allergies to food or medication;
- e. the diagnosis, unless violation or confidentiality of the parent, guardian, or student request that it not be documented;
- f. the name of the medication;
- g. the dosage of the medication, frequency of administration, and route of administration.
- h. any specific directions for administration;
- g. the dosage of the medication, frequency of administration, and route of administration.
- h. any specific directions for administration;
- i. any possible side effects, adverse reactions, or contraindications;
- j. the quantity of medication to be received by the school from the parent or guardian;
- k. the required storage conditions;
- l. the duration of the prescriptions;
- m. plans, if any, for teaching self-administration of the medications;
- n. with parental permission, other person, including teachers, to be notified of medication administration and possible adverse side effects of the medication;.
- o. a list of other medications being taken by the student, if not a violation of confidentiality or contrary to the request of the parent or guardian, or student that such medications not be documented;
- p. when appropriate, the locations of where the administration of the medication will take place;
- q. a plan for monitoring the effects of the medication;
- r. provision for medication administration in the case of field trips and other short-term special school events. Every effort shall be made to obtain a nurse or school staff member trained in medication administration to accompany students at special school events. When this is not possible, the school nurse may delegate medication administration to another responsible adult. Written consent from the parent or guardian for the named adult to administer the medication shall be obtained. The school nurse shall instruct the responsible adult on how to administer the medication to the child.

E. The school nurse shall develop a procedure to ensure the positive identification of the student who receives the medication.

F. The school nurse shall communicate significant observations relating to medication effectiveness and adverse reactions or other harmful effects to the child's parent or guardian and/or licensed prescriber.

G. In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any medication, which based on his/her 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 refusals explained.

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

I. The administration of parental 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 known allergy or pre-existing medical condition and there is an order for administration of the medications from a licensed prescriber and written consent of the parent or guardian.

## **II. Self Administration of Medications by the Student**

"Self Administration" means that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction.

A student may be responsible for taking his/her own medication after the school nurse has determined that the following requirements are met:

- A. the student, school nurse, and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which medication may be self administered;
- B. the school nurse, as appropriate, develops a medication administration plan which contains only those elements necessary to ensure safe self administration of the medication;
- C. the student's health status and abilities have been evaluated by the school nurse who then deems self administration are 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, know the frequency and time of day for which the medication is ordered;
- E. there is written authorization from the student's parent or guardian that the student may self medicate, unless the student had consented to treatment under M.G.L. 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 established a policy for safe storage of self medications and, as necessary, consults with teachers, the student, and parent/guardian, if appropriate, to determine safe place for storing the medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the medication shall be kept in the health room or a second readily available location;

- I. the student's self administration is monitored based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, reminding the student to take the medication, visual observation to ensure compliance, recording that the medication was taken, and notifying the parent/guardian or licensed prescriber or any side effects, variation from the plan, or the student's refusal or failure to take the medication.
- J. With parent/guardian and student's permission, as appropriate, the school nurse may inform appropriate teacher and administrators that the student is self administering a medication.

### **III. Handling, Storage, and Disposal of Medication**

- A. A parent, guardian or parent/guardian designated responsible adult shall deliver all medication to be administered by the school personnel or to be taken by self-medicating students. If required by the self administration agreement, to the school nurse or other responsible person designated by the school nurse.
  - 1. The medication must be in a pharmacy or manufacturer labeled container;
  - 2. The school nurse or other responsible person receiving the medication shall document the quantity of the medication delivered.
  - 3. In extenuating circumstances, as determined by the school nurse, the medication may be delivered by another person provided, however, that the nurse is notified in advance by the parent or guardian of the arrangement and the quantity of medication being delivered to the school.
- B. All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such a manner as to render them safe and effective. Expiration dates shall be checked.
- C. All medications to be administered by the school nurse 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. Medication requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38 to 42 degrees Fahrenheit.
- D. Access to the stored medication shall be limited to the school nurse. Access to keys and knowledge of the locations of the keys shall be restricted to the maximum extent possible. Students who are self- medicating shall not have access to his/her students' medications.
- E. Parents or guardians may retrieve the medications from the school at any time.
- F. No more than a thirty (30) school day supply or medications for a student shall be stored at the school.
- G. When possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs. All medication should be returned at the end of the school year.

### **IV. Documentation and Record Keeping**

A. Each school where medications are administered by school personnel shall maintain a medication administration record for each student who receives medication during the school hours.

1. Such record, at a minimum, shall include a daily log and a medications administration plan, including the medications order and parent/guardian authorization.
2. The medication administration plan shall include information as described in Section 2100.005 (E) or 5h3 Regulations Governing the Administration of Prescription Medications in Public and Private Schools.
3. The daily log shall contain the following:
  - a. the dose or amount of medication administered;
  - b. the date and times of administration or omission of administration, including reason for omission;
  - c. the full signature of the nurse administering the medication. If the medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.
4. The school nurse shall document in the medication administration record significant observations of the medications effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any actions taken.
5. All documentation shall be recorded in ink and shall not be altered.
6. With the consent of the parent/guardian or student, where appropriate, the completed medication administration record and records pertinent to self administration shall be filed in the student's cumulative health record. When the parent/guardian or student, where appropriate objects, these records shall be regarded as confidential medical notes and be kept confidential.

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

C. The Department of Public Health may inspect any individual student medications record or record relating to the administration or storage of medications without prior notice to ensure compliance with the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.

## **V. Reporting and Documentation of Medication Errors**

A. A medication error includes any failure to administer medications as prescribed for a particular student, including failure to administer the medications:

1. within appropriate time frames; (The appropriate time frame should be addressed in the medications administration plan.)
2. in the correct dosage;
3. in accordance with accepted practice;
4. to the correct student.

- B. In the event of a medication error, the school nurse shall notify the parent or guardian immediately. The school nurse shall document the effort to reach the parent or guardian. If there is a question of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.
- C. Medication error shall be documented by the school nurse on the accident/incident report; for these reports shall be retained in the medication log and/or student health record. They shall be made available to the Department of Public Health upon request. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs.
- D. The school nurse will review reports to medication error and take necessary steps to ensure appropriate medication administration in the future.

## **VI. Response to Medication Emergencies**

Refer to the school's policy for handling all health emergencies in the school. Such emergency policies shall contain the following:

1. local emergency response system telephone number, including ambulance, poison control number, local emergency care providers, etc.;
2. person to be notified, e.g., parent/guardian, licensed prescriber; etc.;
3. names of persons in the school trained to provide first aid and CPR;
4. scheduled programs for staff to be trained in first aid and CPR;
5. provision for necessary supplies and equipment;
6. reporting requirements.

The school nurse shall develop procedures for responding to medication emergencies, i.e., any reactions 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 schools' policy for handling all health emergencies and shall include maintaining a list of persons to be notified in case of a medication emergency.

## **VII. Dissemination of Information to Parents or Guardians Regarding Administration of Medications**

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

## **VIII. Policy Review and Revision**

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