

## Administration of Medication in School

Whenever possible, medications should be given at home before and/or after school. If it is necessary for a student to receive medication at school, Hanover Public School will follow the guidelines outlined by the Massachusetts Department of Health Regulations (105 CMR 210).

## 1. Responsibility of the School Nurse

- a. The school nurse shall have responsibility for the development and management of the prescription medication administration program in each school.
- b. Medication Orders
  - i. The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed as necessary including the beginning of each academic year. Only the school nurse shall receive a telephone order or an order for any change in prescription medication. Any verbal order must be followed by a written order within three school days. Whenever possible, the medication order shall be obtained, and the medication administration plan specified in 105 CMR 210.005(E) shall be developed before the student enters or re-enters school.
  - ii. In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:
    1. The student's name;
    2. The name and signature of the licensed prescriber and business and emergency phone numbers;
    3. The name, 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.
  - iii. Every effort shall be made to obtain from the licensed prescriber the following additional information, as appropriate:
    1. Any special side effects, contraindications and adverse reactions to be observed;
    2. Any other medications being taken by the student;
    3. The date of return visit, if applicable.
- c. Special Medication Situations
  - i. For short-term prescription medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's order. If the nurse has a question, she may request a licensed prescriber's order.
  - ii. For "over-the-counter" medications, 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 schools.
  - iii. Investigational new drugs may be administered in the schools as specified in 105 CMR 210.005.
  - iv. Epinephrine shall be stored in a secure but unlocked place, as determined by the school nurse, accessible only to authorized persons
  - v. As long as the conditions of the regulations concerning self-administration of medication are met (105 CMR 210.006), students with:
    1. Asthma or other respiratory diseases may be allowed to possess and administer prescription inhalers;
    2. Life threatening allergies may possess and administer epinephrine;
    3. Cystic Fibrosis may possess and administer prescription enzyme supplements;
    4. Diabetes may possess and administer a glucose monitoring test and insulin delivery system.
- d. Parental Permission
  - i. The school nurse shall ensure that there is a written authorization by the parent or guardian which contains:

1. The parent or guardian's printed name and signature and a home and emergency phone number;
  2. A list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented;
  3. Approval to have the school nurse or school personnel designated by the school nurse administer the prescription medication;
  4. Persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber
- e. Medication Administration Plan: The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a prescription medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible. If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to St. 1972, c. 766 the Massachusetts Special Education Law (Individual Education Plan under Chapter 766) or federal laws, such as the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.
- f. Procedures for Administration of Prescription Medications are outlined in the Hanover Public Schools Health Services Resource Manual.
2. Handling, Storage and Disposal of Prescription Medications
- a. A parent, guardian or parent/guardian-designated responsible adult shall deliver all prescription medications to the school nurse or other responsible person designated by the school nurse.
  - b. The prescription medication must be in a pharmacy or manufacturer labeled container.
  - c. The school nurse receiving the prescription medication shall document the quantity of the prescription medication delivered.
  - d. All prescription medications shall lie stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective.
  - e. All prescription medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which are kept locked except when opened to obtain medications.
  - f. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 380 F to 420 F.
  - g. Access to stored prescription medications shall be limited to persons authorized to administer prescription medications and to self-medicating students, to the extent permitted by school policy developed pursuant to 105 CMR 210.006(B)(8). Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medicating shall not have access to other students' medications.
  - h. Parents or guardians may retrieve the prescription medications from the school at any time.
  - i. No more than a 30 school day supply of the prescription medication for a student shall be stored at the school.
  - j. Where possible, all unused, discontinued or outdated prescription medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such prescription medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs.
3. Documentation and Record-Keeping
- a. Each school shall maintain a medication administration record for each student who receives prescription medication during school hours.
  - b. Such record at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization.
  - c. The medication administration plan shall include the information as described in 105 CMR 210.005(E).
  - d. The daily log shall contain:
    - i. The dose or amount of prescription medication administered;

- ii. The date and time of administration or omission of administration, including the reason for omission;
  - iii. The signature or electronic signature of the nurse administering the prescription medication.
- e. The school nurse shall document in the medication administration record significant observations of the prescription medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
- f. All documentation shall be recorded in the electronic medical record or ink and shall not be altered.
- g. Medication errors, as defined in 105 CMR 210.005(F)(5), shall be documented by the school nurse on an accident/incident report form. These reports shall be retained in a location as determined by school policy and made available to the Department of Public Health upon request. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health.
- h. The school district shall comply with the Department of Public Health's reporting requirements for prescription medication administration in the schools.

#### 4. Self Administration of Prescription Medication

- a. Students may self administer prescription medication provided the conditions outlined in CMR 210.006 are met including:
  - i. Student, school nurse and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which prescription medication may be self administered
  - ii. The school nurse, as appropriate, develops a medication administration plan which contains elements necessary to ensure safe self administration of prescription medication, including safe storage, documentation, monitoring and evaluation
  - iii. The school nurse evaluates the student's health status and deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self administration of the prescription medication;
  - iv. The school nurse is able to identify the appropriate prescription medication, know the frequency and time of day for which the prescription medication is ordered, and follows the school self administration protocols
  - v. 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 MGL c. 112 section 12 F or other authority permitting the student to consent to medical treatment without parental permission;
  - vi. If requested by the school nurse, the licensed prescriber provides a written order for self administration
  - vii. The student follow a procedure for documentation of prescription medication

#### 5. Administration of Epinephrine

- a. The district will register with the Department of Public Health for the limited purpose of permitting properly trained school personnel to administer epinephrine by auto injector in a life-threatening situation during the school day when a school nurse is not immediately available, including field trips and before and after school programs.
- b. The district will have a written protocol, signed by the school physician, authorizing the school nurse to administer epinephrine to individuals who experience symptoms of anaphylaxis in the school setting. The school nurse should maintain stock supplies of epinephrine for this purpose.
- c. The nurse leader or responsible school nurse will develop policies governing administration of epinephrine by auto injector. This approval must be renewed every two years;
  - i. The school committee, in consultation with the nurse leader or responsible school nurse, provides a written assurance to the Department that the requirements of the regulations will be met;
  - ii. In consultation with the school physician, the designated school nurse leader or responsible school nurse manages and has final decision making authority about the program. This person, or school nurses designated by this person, shall select the individuals authorized to administer epinephrine by auto injector. Persons authorized to administer epinephrine shall meet the requirements of section 210.004(B)(2);

- iii. The school personnel authorized to administer epinephrine by auto injector are trained and tested for competency by the designated school nurse leader or responsible school nurse, or school nurses designated by this person, in accordance with standards and a curriculum established by the Department of Public Health.
- iv. The designated school nurse leader or responsible school nurse, or school nurses designated by this person, shall document the training and testing of competency.
- v. The designated school nurse leader or responsible school nurse, or a designee, shall provide a training review and informational update at least twice a year.
- vi. 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.

6. Administration of Nasal Naloxone

- a. The Hanover Public School district may have a written protocol, signed by the school physician, authorizing the school nurse to administer nasal naloxone to individuals who experience a life threatening opiate overdose in the school setting. Stock supplies of nasal naloxone may be maintained by the school nurse for this purpose.
- b. Per MGL c. 94C, 19(d), nasal naloxone may be prescribed and dispensed to a person in a position to assist a person at risk of experiencing an opiate-related overdose. All nurses in all practice settings, including schools, as part of their professional responsibility may teach individuals to administer nasal naloxone in the school setting.
- c. In the Hanover Public Schools, the designated Nurse Leader and designated School Nurses may train approved personnel in the administration of nasal naloxone in the school setting to individuals with life-threatening opiate overdose events.
- d. The school nurse leader in consultation the school physician will manage the training program, with full decision-making authority.
- e. School nurses are responsible and accountable for their nursing judgments, actions and competence related to teaching of nasal naloxone administration, but not for the performance of the activity or the outcome.
- f. Nasal naloxone should be administered in accordance with DPH competencies and trainings.
- g. Nasal naloxone may be stored in any school building in an area that is secure but not locked during those times when nasal naloxone is most likely to be administered, as determined by the school nurse.

Legal Reference: Department of Public Health Regulations: 105 CMR 210

M.G.L. 71:54B

M.G.L. C. 94C, 19(d)

Medical Directive: Department of Public Health, *Administration of Nasal Naloxone to Individuals Experiencing Life-Threatening Opiate Overdoses*