

File: JLCD**ADMINISTERING MEDICINES TO STUDENTS****Administration of Medications**

It is expected that all students on medication will take their required dosage at home before and/or after school hours. In cases where it is necessary for a student in grades pre K-12 to take medication during the school day, the following procedures shall be in effect.

I. Management of the Medication Administration

The School Nurse shall be the supervisor of the medication-administration program in the school. No teacher or other school employee except the school nurse may administer any medication to a student. When the school nurse is not in the building, a parent or guardian or the adult designee of either will be expected to come to school to administer the medication to the student. The school nurse may delegate the administration of prescription medications to unlicensed, properly trained responsible adults for students on field trips and short-term special school events when a school nurse is not available and provided that the conditions defined in 105 CMR 210.005 are met.

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 extent possible. In Massachusetts, students 18 years of age or older are considered to be adults, and parental/guardian involvement is not required. 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 M.G.L. Chapter 266) or federal laws, such as the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.

Any disagreements between the school nurse and a parent or guardian regarding the administration of medications will be resolved by the school physician.

Field Trips

In cases where it is necessary for students to take scheduled medication during the school day while on a field trip a parent/guardian will be encouraged to accompany the class on the trip. If the parent/guardian cannot go and the school has registered with the Massachusetts Department of Public Health, then the parent/guardian will provide a pre-packaged, labeled, single- dose of the medication along with a written note requesting the teacher or other consenting designated adult to hold the medication and supervise the child taking the medication at the appropriate time. The school is responsible for notifying the parent/guardian who the designated staff person is who will be holding/administering the medication.

Prior to the field trip, a letter from the child's physician authorizing the administration of the medication in school needs to be on file in the health office.

A new parent note will be required for each field trip. It is to include the child's name, date, medication, dosage, time of administration, and parent/guardian signature.

Students with permission to carry emergency medications in school may also carry them on field trips.

No student with a health issue will be excluded from a field trip because his or her parent/guardian is unable to attend.

II. Medication Orders

A. The school nurse shall ensure that there is a valid medication order from a licensed prescriber, which will be renewed as necessary, including at the beginning of each academic year. A medication order from a licensed prescriber shall contain:

1. Name of student;
2. Name and signature of the licensed prescriber and his/her business and emergency phone numbers;
3. Name of the medication;
4. Route and dosage of medication;
5. Frequency and time of medication administration;
6. Date of the order and discontinuation date;
7. Diagnosis related to the medication to be administered; and
8. Specific directions for administration.

B. For short-term medications, i.e., those requiring administration for ten school days or less, the current pharmacy-labeled container may be used in lieu of a licensed prescriber's order. If the nurse has a question, s/he may request a licensed prescriber's order.

C. The school nurse shall administer medications per standing orders written by the school physician, which will be renewed annually, and as needed. The current Standing Medication Orders were reviewed and approved on September 8, 2011 by School Physicians Mitchell Pozner, M.D. and Meredith Liebman, M.D.) Standing Medication Orders shall be available to parents and guardians upon request at the nurse's office of each school.

III. Administration of Epinephrine by Auto-injector to Individuals Experiencing Life-Threatening Allergic Reactions

Epinephrine shall be administered only in accordance with an individualized medication administration plan which satisfies the applicable requirements of 105 CMR 210.005(E) and 210.009(A) (6), is updated every year, and includes the following:

1. A diagnosis by a physician that the child is at risk of a life-threatening allergic reaction and a medication order containing proper dose and indications for administration of epinephrine;
2. Written authorization by a parent or legal guardian;

3. Home and emergency numbers for the parent(s) or legal guardian(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;
4. Identification of places where the epinephrine is to be stored, following consideration of the need for storage:
 - (a) In one or more places where the student may be most at risk as determined by the school nurse in consultation with the parent and Principal.
 - (b) In such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate; the storage location(s) should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse;
5. A plan for comprehensive risk reduction for the student, including limiting exposure to specific allergens, such as food in the classroom and stinging insects during outdoor activities;
6. An assessment of the student's readiness for self-administration and training, as appropriate.

The school nurse may register with the Department of Public Health to train unlicensed personnel to administer epinephrine by auto-injector to individuals with diagnosed life-threatening allergic events. The training program is managed with full decision-making authority, by the designated school nurse leader or responsible school nurse, in consultation with the school physician and the Superintendent or his/her designee. Persons authorized under Department of Public Health registration to administer epinephrine shall meet the requirements of 105 CMR section 210.004(8) (2).

If the Sharon Public Schools registers with the Department of Public Health for a waiver to train unlicensed personnel to administer epinephrine, 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.

There shall be a written protocol, signed by the school physician, authorizing the school nurse to administer epinephrine to previously undiagnosed individuals who experience their first life threatening allergic event in school. Stock supplies of epinephrine should be maintained by the school nurse for this purpose.

When epinephrine is administered, there shall be immediate notification of the local emergency medical services system via (911) followed by notification of the student's parent(s) or guardian(s), the school nurse, the school Principal, the student's personal physician, and the school physician. Because of the danger of recurrent reactions, the child must be transported by trained emergency medical personnel to the nearest emergency medical facility.

Administration of Epinephrine: Students from Another School

Students from another school or school district will be treated according to the following procedures: In the event the student is accompanied by school personnel from the sending school, such personnel,

whenever possible, shall assume responsibility for ensuring that the epinephrine is transported, properly stored and administered as necessary in accordance with the medication administration plan developed by the sending school in accordance with subsection 210.100(A)(5).

In the event that the student is not accompanied by school personnel from the sending school or such personnel are not trained in the administration of epinephrine, the Sharon Public Schools may, at its discretion, assume responsibility for administering epinephrine, provided that:

- a) The Sharon Public School designated nurse is provided with adequate prior notice of the request, which shall be at least one week in advance unless otherwise specified by her/him;
- b) Such notice shall include the student's name, valid licensed prescriber's orders, specific directions for administration, and parent emergency contact information;
- c) The designated school nurse approves administration of epinephrine for that student;
- d) The designated school nurse selects properly trained person(s) to administer the epinephrine;
- e) The student provides the designated school nurse, or the person(s) selected by the designated school nurse to administer epinephrine, with the medication to be administered; and
- f) The student provides the designated school nurse, or the person(s) selected by the designated school nurse to administer epinephrine with, whenever possible, a copy of the medication administration plan developed in accordance with section 105 CMR 210.005(E). The plan shall be provided to the designated school nurse in timely fashion, in accordance with procedures established by the nurse. If no medication administration plan is provided, the student, at a minimum, shall provide to the designated school nurse:
 - written authorization from and emergency phone numbers of parent or guardian;
 - a copy of a medication order from a licensed provider; and
 - any specific indications or instructions for administration.

IV. Self-Administration of Medications

"Self-administration" means that the student is able to administer medication in the manner directed by the licensed prescriber without additional assistance or direction.

Following consultation with the school nurse, students who fall into the following categories may self-administer medications with a written doctor's order which indicates that the student has been instructed in the proper procedure, and provided that a medication administration plan has been developed with the school nurse and, when necessary that written parent or guardian permission on file in the nurse's office.

- A. Students with asthma or other respiratory diseases may possess and administer prescription inhalers.
- B. Students with cystic fibrosis may possess and administer prescription enzyme supplements.
- C. Students with diabetes may possess and administer glucose monitoring tests and insulin delivery systems.
- D. Students may possess and self-administer an epinephrine autoinjector (e.g. Epi-pen). The school nurse will be responsible for documenting the training of school personnel in the use of the epi-pen in the event that the student is too ill to self-administer.

Students carrying medications are expected to do so responsibly and may not let another student handle or carry the medication. Violation may result in the loss of permission to carry medication in school.

V. Handling, Storage and Disposal of Medications

- A) A parent, guardian or parent/guardian designated responsible adult shall deliver all medications to the school nurse. Delivery of medication for students who will be self-medicating may vary according to the student's individual medication administration plan. The medication must be in a pharmacy or manufacturer labeled container. The school nurse or other responsible person receiving the medication shall document the quantity of the medication delivered.
- B) All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective. Expiration dates shall be checked.
- C) 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. 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.
- D) Access to stored medications shall be limited to the school nurse and at least one other designated staff member. The building principal and his/her designee will also have access to stored medications.
- E) Parents or guardians may retrieve the medications from the school during school hours or through an arrangement with the school nurse.
- F) Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. Medications not picked up by a parent/guardian after the close of school in June will be disposed of at the local police department per protocol of the Massachusetts Department of Public Health, Division of Food and Drugs.

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

1. within the appropriate time frame (the appropriate time frame should be defined in the medication administration plan);
2. in the correct dose;
3. in accordance with accepted practice; and/or
4. to the correct student.

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 about potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.

Medication errors shall be documented by the school nurse on the accident/incident report form. These reports shall be retained in the nurse's office of the school in which the error took place and in the 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, School Health Unit. All suspected diversion or tampering of medication shall be reported to the Department of Public Health, Division of Food and Drugs.

The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.

VI. Response to Medication Emergencies

The school nurse shall develop procedures 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 procedures shall be consistent with the school's policy for handling all health emergencies and shall include maintaining a list of persons to be notified in case of a medication emergency.

The school committee shall review and revise policy JLCD as needed and every two years.

VII. Nasal Naloxone (Narcan)

The school district may, in conjunction with the School Physician and the School Nurse Leader, stock nasal naloxone (Narcan) and trained medical personnel (including a trained crisis team) and first responders may administer nasal naloxone to individuals experiencing a life threatening opiate overdose in a school setting.

If the school district wishes medical personnel to train non-medical staff in the administration of nasal naloxone (a trained crisis team), the School Committee shall vote to approve such training and the Superintendent shall ensure that medical personnel have a written protocol which complies with medical directives and regulations for the Dept. of Public Health.

Source: MASC March 2016

Legal Refs.: M.G.L. 71:54B Administration of Medications in School Settings; Dept. of Public Health Regulations 105 CMR 210.00; 244 CMR 3.00. The Administration of Prescription Medications in Public and Private Schools Regulations.

Reference: EBB-N; IHAMA

Revised: October 26, 2016