

MEDICATION ADMINISTRATION

This circular will remain in effect unless rescinded or superseded by a subsequent version

POLICY FOR ADMINISTRATION OF MEDICATIONS

The school nurse is the supervisor of the medication administration program in the school. The school nurse is the *only* staff authorized to administer medication except in two situations: (1) during field trips and (2) in the event of a life-threatening allergic reaction requiring administration of Epinephrine via an autoinjector. The school nurse is responsible for training designated staff in the administration of medication in these two situations. This policy is in accordance with Massachusetts state regulations for administration of medication in public schools (105 CMR 210.000). The protocol has been approved by the Massachusetts Department of Public Health. For more detailed information, please refer to the [105 CMR 210: DEPARTMENT OF PUBLIC HEALTH](#)

PROTOCOL FOR ADMINISTRATION OF MEDICATION

This section is a summary of the medication protocol. The full protocol is in the Nurses' Protocol and Procedure Manual and contains the referenced forms.

General:

- The school nurse shall be the supervisor of the medication administration program in the school.
- All school nurses will have read the complete Medication Policy and 105 CMR 210.000- THE ADMINISTRATION OF PRESCRIPTION MEDICATIONS IN PUBLIC AND PRIVATE SCHOOLS annually.
- The school nurse, in collaboration with the parent or guardian, shall establish a medication administration plan for each student receiving medication, in accordance with the details of the full medication policy.
- In accordance with standard nursing practice, the school nurse may refuse to administer, or allow to be administered, any medication which, based on their 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 refusal explained. The school nurse will document the above in the electronic medical record (EMR).
- Health Services administration is accountable for reviewing all aspects of medication administration and ensuring that the Massachusetts Standards of Nursing Practice are upheld. When inconsistencies are discovered, the school nurse will be counseled, and the head of school/principal informed. When inadequacies continue (despite appropriate counseling and support), the issue and the measures taken will be documented in the nurse's performance evaluation. Auditing

will occur as part of routine site visit or as incidents deem necessary.

Handling, Storage, and Disposal of Medications

- 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.
- All prescription 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 medication cabinet is to be accessed solely by the school nurse. The cabinet shall be substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38F to 42F.
- 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.
- Parents or guardians may retrieve the prescription medications from the school at any time.
- No more than a 30 school-day supply of the prescription medication for a student shall be stored at the school.

- 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.
- The school nurse is responsible for maintaining the confidentiality of a students' health record, including medications. Do not discuss or share information about students or medications with other school staff or people outside school unless directed to do so by the school nurse. Refer all questions or comments about students or medications to the school nurse.

Medication Orders/Parental Consent

- The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed annually and when changes are made to the orders. The parent/guardian must sign a consent for the administration of the medication every time a change is made.
- A new order must be obtained at the beginning of the academic year for all daily medications/treatments and any PRN medications.
- All students with medication orders should have a medication administration plan and an IHP.
- Medication orders will be transcribed into the Electronic Medical Record (EMR) using the date the order was written by

the prescriber until the end of the school year. (The official end of the school year is the last day of the Extended School Year (ESY) program.

- A telephone order or an order for any change in medication shall be received only by the school nurse. Any such verbal order must be followed by a written order within three school days.
- The prescriber Medication Order form should be used. It is recommended that the Boston Public Schools Medication Order Form be completed by the prescriber, as the form contains the necessary information about the medication. Orders may be accepted from a prescriber that has not used the BPS Medication Order form as long as all necessary information is on the letter or form. The parent/guardian must consent to the administration of medication in school.

Reporting and Documentation of Medication Errors

- A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
- within appropriate time frames (the appropriate time frame should be addressed in the medication administration plan)
- in the correct dosage
- in accordance with accepted practice
- 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 of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.

Medication errors shall be reported to the Health Services nursing leadership and documented by the school nurse utilizing the medication error report form. These reports shall be retained by Health Services leadership and within the student electronic health record where applicable. They shall be made available to the Department of Public Health upon request.

All medication errors resulting in serious illness/injury requiring medical care shall be immediately reported to the Health Services leadership who will make the decision, as necessary, to further report to the Department of Public Health, Drug Control Program utilizing the Drug Incident Report.

All suspected diversion or tampering of drugs shall be reported to the Health Services nursing leadership and 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.

Over The Counter (OTC) Medications, i.e., Non-Prescription Medications

- The school nurse shall follow the Board of Registration in Nursing protocols listed in their Advisory Ruling (AR) Medication Administration of Over-the-Counter Drugs (AR 92-05) regarding required provider orders and safety steps in the administration of OTC medications in schools. (Board of Registration in Nursing Advisory Ruling 92-05)

- The school physician is responsible for the OTC Standing Orders policy, in consultation with the Office of Health Services nursing leadership and feedback from the school nurse body and will sign off on a standing order for administration of OTC medications (Appendix).
- OTC medications may only be administered once during any school day (except as noted). If requested more than two times in any given week, or a pattern of regular usage develops, the school nurse will contact the parent/guardian for provider guidance per Standing Order protocol.
- OTC medication may NOT be administered without parental permission.
- A one-time dose of an OTC medication may be administered with verbal parental/guardian consent in the event that a paper consent form has not been signed, the parent/guardian must return a signed consent form within two school days following the administration for future administration.

Herbal Preparations

- Herbal preparations/medications are to be considered over-the-counter medications and are subject to the same regulations and require parental permission.
- Herbal preparations/medications must be listed in the U.S. Pharmacopeia (USP.org) in order to be given in school.
- The OTC standing orders do not cover herbal preparations/medications and require a prescription from an appropriate and duly licensed prescriber.

Special Medication Situations

- For short-term 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.
- Investigational new drugs may be administered in the schools with (a) a written order by a licensed prescriber, (b) written consent of the parent or guardian, and (c) 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.

Controlled Substances

- Students may require medications that fall under the category of "controlled substances."
- The detailed protocol for administration of controlled substances is in the BPS Nurses Protocol and Procedure Manual.

Medications During Transport

- Asthma exacerbations may occur while in transport. A self-medication plan would address this issue and allow for the child to carry and self-administer the medication without the supervision of the school nurse. The student should be advised to report to the school nurse if they require treatment *en route* to or from school.
- Emergency medications, other than Epinephrine, cannot be administered by the bus driver/transportation monitor. The driver is expected to pull over and call 911 EMS if there is an

emergent need and there are no licensed personnel accompanying the child.

Anaphylaxis

- Nurses, in conjunction with building administrators, **MUST** have a plan in place to ensure the safety of those children with life threatening allergies requiring the administration of Epinephrine.
- In the event of a life-threatening, previously undiagnosed anaphylactic reaction, the school nurse may administer epinephrine in the protocol dosages.
- The school physician is responsible for reviewing and renewing the anaphylaxis protocol on an annual basis.
- Refer to Superintendent Circular SHS-11 "Life Threatening Allergies (LTA or Anaphylaxis)" for specifics.

Asthma

- If a child with known asthma has a severe exacerbation while at school and there is no order for medications administered via nebulizer from the child's primary care provider, the nurse may administer a nebulizer or Metered Dose Inhaler (MDI) treatment, under the school physician's order and according to the asthma protocol (BPS protocol and procedure manual).
- The emergent use of nebulizer should occur within the context of the child's primary or specialty care management. After the first episode of medication administered via nebulizer or MDI utilizing standing orders, every effort should be made to secure a treatment plan which includes use of PRN nebulizer with feedback to the family and/or the primary care provider.

- If there are no subsequent medication treatment orders from the patient's primary care provider, the parent will be notified and 911 will be accessed in the event of an asthma exacerbation.

Delegation/Supervision for Field Trips and Life-Threatening Allergic Reactions

- The school nurse shall have final decision-making authority with respect to delegating administration of medications to unlicensed personnel in the school system. Boston Public Schools is registered with the Department of Public Health and has chosen to limit delegation to field trips only.
- When medication administration is delegated by the school nurse to unlicensed school personnel, such personnel shall be under the supervision of the school nurse for the purposes of medication administration.
- After consultation with the principal or administrator responsible for a given school, the school nurse shall be responsible to select, train, and supervise the school personnel approved by the school nurse to administer medications on field trips. When necessary to protect student health and safety, the school nurse may rescind such selection.
- A school nurse shall be on duty in the school system while medications are being administered by designated unlicensed school personnel, and available by telephone should consultation be required.
- The administration of parenteral medications may not be delegated.

- Medications to be administered pursuant to PRN ("as needed") orders may be delegated to be administered by authorized school personnel while on a field trip after an assessment by or consultation with the school nurse for each dose.

Note: any medications that require a nursing assessment may not be delegated with the exception of asthma medications.

- For each school, an updated list of unlicensed school personnel who have been trained in the administration of Epinephrine shall be maintained by the school nurse. Upon request, a parent shall be provided with a list of school personnel trained to administer medications on field trips and in life threatening cases. **Note:** It is the expectation that all school staff are trained by the school nurse in Epinephrine via an autoinjector administration twice a year and complete a return-demonstration to the nurse.
- Designated, trained medication delegation school personnel shall be listed on the specific student's medication administration plan.
- Principals/head of school or the district department sponsoring the trips have the primary responsibility to ensure that all procedures pertaining to field trips are followed by their school and establish clear and transports internal protocols for field trip requests and approvals at the school level.
- Before approval of a field trip, the lead chaperone must consult with the school leader to determine if and what type of medical assistance is needed for participating students. To ensure accessibility, this step is crucial, and must take place

before the field trip is secured. For additional questions, please consult the Health Services Department. Additionally, to thoroughly support a student's participation in a field trip, at least six weeks before departure (much longer for international and overnight field trip programs), consult with, and when necessary, receive training from the school nurse regarding any students who have medical needs.

- Refer to Superintendent's Circular CAO-22 General Guidelines and Procedures for All Field Trips for additional information.

Self-Administration of Medications

Consistent with school policy, students may self-administer prescription medication provided that certain conditions are met. For the purposes of 105 CMR 210.000, "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.

For a child to self-administer, the following must be in place:

- Parent/guardian approval.
- An assessment by the school nurse that the student is capable of self-medication administration.
- The school nurse develops an individualized medication administration plan (105 CMR 210.005(E) for that student which is agreed to by the parent/guardian and contains:
 - Documentation by a designated school personnel or by the student, when the student is assessed as capable by the school nurse, that medication was self-administered.
 - Periodic review of process by school nurse

- Determines a safe place for storing the medication for the individual student, while providing for accessibility if the student's health needs require it.
- Documentation of teacher's and student's knowledge of the medication dose, frequency, and side effects, the disease process for which the medication is being administered, the safety of the plan and the student's ability to self-administer the medication, and the student's compliance with the identified plan.
- A medication order from a licensed prescriber for this student's medication.
- In the absence of a school nurse, the school administrator will contact a health services administrator to assist with the development of an appropriate plan of care which includes all the above.
- All self-medication administration plans must be renewed annually.

Health Services administration is accountable for reviewing all aspects of medication administration and ensuring that the Massachusetts Standards of Nursing Practice are upheld. When inconsistencies are discovered, the school nurse will be counseled, and the head of school/principal informed.

Summary of significant dates and deadlines:

Month	Activity
January	Send an updated list of nurses/schools to MA DPH.

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