ADMINISTERING MEDICINES TO STUDENTS

Medication may not be administered to students during Regular School Activities unless there is a medical administration plan in place for the student. Regular School Activities means all instructional/academic activities, as well as all activities organized or sanctioned by the school including, but not limited to, day and overnight field trips, school-provided transportation, interscholastic sporting events, after school or extracurricular clubs or organizations, and proms or other social events organized as part of the instructional/academic portion of the school.

No one but the school nurse, and those others listed in the medical administration plan may give any medication to any student.

Exceptions:

The School Committee, consulting with the Board of Health where appropriate, shall adopt policies and procedures governing the administration of medications and self-administration of medications within the school system, following development of a proposal by medication program manager, in consultation with the school physician. Review and revision of such policies and procedures shall occur as needed but at least every two years.

At a minimum, these policies shall include:

1. designation of a medication program manager supervisor of the medication administration program in a school;

2. documentation of the administration of medications including the requirement that each school maintain a medication administration record for each student who receives medication during regular school activities; 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. All documentation shall be recorded in a manner that prevents alteration or destruction of the record. Documentation shall include but not be limited to a daily log and a medication administration plan.

- The daily log shall contain:

  (a) the dose or amount of medication administered;

  (b) the date and time of administration or omission of administration, including the reason for omission and action taken post omission;

  (c) mechanism for identifying the person administering each dose. including the medication order and caregiver authorization.

- The medication administration plan shall include:

(a) the name of the student;
(b) a medication order from a licensed prescriber, which meets the requirements of 105 CMR 210.005(D)(1);

(c) the signed authorization of the caregiver, which meets the requirements of 105 CMR 210.005(D)(3);

(d) any known allergies to food or medications;

(e) the diagnosis, unless a violation of confidentiality or the caregiver or student requests that it not be documented;

(f) any possible side effects, adverse reactions or contraindications.

(g) the quantity of prescription medication to be received by the school from the caregiver;

(h) the required storage conditions;

(i) the duration of the medication order;

(j) the designation of unlicensed school personnel, if any, who will administer the prescription medication to the student in the absence of the school nurse, and plans for back-up if the designated personnel are unavailable;

(k) plans, if any, for teaching self -administration of the medication;

(l) with caregiver 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 prescription medication will take place;

(n) a plan for monitoring the effects of the medication;

(o) the school nurse has final decision-making authority for the provision of medication administration in the case of field trips and other short-term special school events, which may include nursing staffing, delegation of medication administration, or a combination of nursing staffing and delegation of medication administration.

3. response to a medication emergency;

4. storage of medications;

5. reporting and documentation of medication errors;

6. dissemination of information to parents/guardians Such information shall include an outline of a school's medication policies and shall be available to parents upon request;

7. procedures for resolving questions between the school and a parent/guardian regarding administration of medications. Such procedures shall provide for and encourage the participation of the parents/guardians. Existing procedures for resolution of differences may be used whenever appropriate.

The School Committee shall submit these policies and procedures to the Department of Public Health upon request.

The School Nurse/Medication Program Manager, in consultation with the School Physician, may train and delegate responsibility to unlicensed school personnel for medication administration.

1. Neither prescription medication nor over-the-counter medications can be administered by delegation by unlicensed school personnel without student-specific medication orders from a licensed prescriber.

2. The School Nurse/Medication Program Manager has final decision-making authority for the provision of medication administration in the case of field trips and other short term special school events, which may include nursing staffing, delegation of medication administration, or a combination of nursing staffing and delegation of medication administration.

3. The unlicensed school personnel shall be listed on the medication administration plan, shall be selected by the school nurse, and trained, if they meet criteria established by regulation in the administration of emergency medication to a specific student.

- All unlicensed school personnel administering medication must be properly trained and supervised by a school nurse.

- If epinephrine is administered by unlicensed school personnel, the school nurse, and other individuals as warranted and deemed appropriate by the school nurse, must also be notified.

- If an emergency rescue opioid antagonist is administered there shall be immediate notification of the local emergency medical services (911), followed by notification of a student's parent/guardian as appropriate, and the school nurse.

The school district may, in conjunction with the School Physician and the School Nurse Leader, stock emergency rescue opioid antagonist and trained medical personnel and first responders may administer nasal naloxone to individuals experiencing a life threatening opiate overdoes in a school settling

If the school district wishes medical personnel to train non- medical staff in the administration of emergency rescue opioid antagonist 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 from the Department of Public Health.

Following consultation with the school nurse, students who fall into the following exceptions may self-administer medications:

1. Students with asthma or other respiratory diseases may possess and administer

prescription inhalers.

2. Students with cystic fibrosis may possess and administer prescription enzyme supplements.

3. Students with diabetes may possess and administer glucose monitoring tests and insulin delivery systems.

4. Students with life threatening allergies may possess and administer epinephrine.

All schools/districts where medication is stored or where medication administration is delegated to unlicensed school personnel must obtain a Massachusetts Controlled Substances Registration by registering with the Department of Public Health. At minimum, schools/districts may accomplish this by registering for emergency medication training.

Schools/districts are not authorized to make use of 105 CMR 700.003(C) for the administration of emergency rescue medications during regular school activities.

LEGAL REF.: M.G.L. 71:54B

Dept. of Public Health Regulations: 105 CMR 210.00 & 700.003; 244 CMR 3.0

MDPH Advisory on Application of 105 CMR 210.00 to Field Trips, 2/4/2025 SOURCE:

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