

MEDICATION POLICY

As a general school policy, no medications will be dispensed at school except those designated as emergency medications. Examples of such emergency medications are those required for diabetic reactions, asthmatic attacks, and bee string allergies. Other medications are to have their time schedules so arranged by your family doctor as to avoid being given during school hours. These include medicine required three or four times a day.

This policy does not apply to psychotropic medication covered under Mass. General Law. C71, Section 54B Regulations.

Emergency medications dispensed at school must be kept in the original pharmacy bottle. These medications must be accompanied by a medication permission form which has been signed by the doctor and parent/guardian. Forms are available through the school nurse's office.

Medications for students grade K-6 must be brought to the school by a parent or guardian.

Medications will be dispensed by the school nurse or principal only when absolutely necessary in accordance with the school policy and will not be dispensed after regular school hours.

Each school will be responsible for maintaining current and accurate records of all students seen and action taken.

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

Spencer East Brookfield Regional School District

Procedures for Medication Administration (Based on CMR 210.000)

I. Management of the Medication Administration Program

- A. The school nurse shall be the supervisor of the medication administration program in schools.
- B. The school nurse and the school physician shall develop and propose to the School Committee policies and protocols 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 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 shall be developed before the student enters or reenters school.
 - a. In accordance with the 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 of the medications;
 - (4) The route and dosage of medication;
 - (5) The frequency and time of medication administration;
 - (6) the date of the order and discontinuation date;
 - (7) A diagnosis and any other medical conditions requiring medication if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential; and
 - (8) Specific directions for administration.
 - b. Every effort shall be made to obtain from the licensed prescriber the following additional information, if 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 the next scheduled visit, if known.
 - c. Special Medication Situations
 - (1) 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; if the nurse has a question, she may request a licensed prescriber's order.

- (2) For "over-the counter" medications, i.e., nonprescription medications, the school nurse shall follow the Board of Registration in Nursing's protocol regarding administration of over-the-counter medications in schools.
- (3) 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.

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 an emergency phone number;
- b. 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 medications not be documented;
- c. Approval to have the school nurse or school personnel designated by the school nurse administer the medication; and
- d. Persons 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 understand the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible. In Massachusetts, students 18 years of age or older are considered adult 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 Chapter 766) or federal laws, such as the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.
2. Prior to the initial administration of the medication, the school nurse shall assess the student's health status and develop a medication administration plan, which includes:
 - a. The name of the student
 - b. An order from a licensed prescriber, including business and emergency telephone number;
 - c. The signed authorization of the parent or guardian, including home and business telephone numbers;
 - d. Any known allergies to food or medications;
 - e. The diagnosis, unless a violation of confidentiality or the parent, guardian or student requests 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;
 - i. Any possible side effects, adverse reactions or contraindications;
 - j. The quantity of medication received by the school from the parent or guardian;
 - k. The required storage conditions;
 - l. The duration of the prescription;
 - m. The designation of unlicensed personnel, if any, who will administer the medication to the student in the absence of the nurse, and plans for back-up if the designated persons are unavailable;
 - n. Plans , if any for teaching self-administration of the medication;
 - o. With parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
 - p. A list of other medications being taken by the student, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented;
 - q. When appropriate the location where the administration of the medication will take place;
 - r. A plan for monitoring the effects of the medication; and
 - s. 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 responsible adult to administer the medication shall be obtained. The school nurse shall instruct the responsible adult on how to administer the medication to the student.
3. The school nurse shall develop a procedure to ensure the positive identification of the student who receives the medication.
 4. The school nurse shall communicate significant observations relating to medication effectiveness and adverse reaction or other harmful effects to the student's parent or guardian and/or licensed prescriber.
 5. In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any medication which, based on her/his individual assessment and professional judgement, 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.
 6. For the purposes of medication administration, the Licensed Practical Nurse functions under the general supervision of the school nurse who has delegating authority. (Medication administration is within the scope of practice for the Licensed Practical Nurse under M.G.L. Chapter 112.)

7. The school nurse shall have a current pharmaceutical reference available for her/his use, such as the Physician's Desk Reference (PDR) or U.S.P.D.I (Dispensing Information), Facts and Comparisons
- E. Delegation/Supervision (This section applies to school districts or private schools which have been registered by the Massachusetts Department of Public Health to permit school nurses to delegate responsibility for administration of medication to trained nursing-supervised unlicensed school personnel.) The Spencer-East Brookfield School District has limited delegation for Field trips and Administration of Epinephrine only.

II. Self-Administration of Medications

"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 medication;
- C. The student's health status and abilities have been evaluated by the school nurse who then deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of medication;
- D. The school nurse is reasonably assured that the student is able to identify the appropriate medication, knows 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 has consented to treatment under M.G. L. c. 112, s 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 establishes a policy for safe storage of self-administered medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a 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 of any side effects, variation from the plan or the student's refusal or failure to take the medication; and

J. With parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a medication.

III. Handling, Storage and Disposal of Medications

A. A parent, guardian or parent/guardian-designated responsible adult shall deliver all medications to be administered by 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 manufacturers 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 other persons; 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 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. The cabinet shall be substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38-42 degrees Fahrenheit.

D. Access to stored medications shall be limited to persons authorized to administer medications and to self-medicating students. 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.

E. Parents or guardians may retrieve the medications from the school at any time.

F. No more than thirty (30) school day supply of the medication for a student shall be stored at the school.

G. Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parent 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 medications 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 school hours.

1. Such record at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization.
2. The medication administration plan shall include the following as described in Section 210.005 (E) of the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.
3. 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
 - (c) the full signature of the nurse or designated unlicensed school personnel 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 medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action 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 shall be kept confidential.

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

C. The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medication 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 medication as prescribed for a particular student, including failure to administer the medication:

1. within the appropriate time frames (the appropriate time frame should be addressed in the medication administration plan);
2. in the correct dosage;
3. in accordance with accepted practice; and
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 errors shall be documented by the school nurse on the accident/incident report form. These reports shall be retained in the nurse's office file. 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 drugs shall be reported to the Department of Public Health, Division of Food and Drugs.

D. 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

(Refer to the school's policy for handling all health emergencies in school.) Such emergency policies shall contain (1) local emergency response system telephone numbers (including ambulance, poison control number, local emergency care providers, etc.), (2) persons to be notified, e.g., parent/guardian, licensed prescriber, etc., (3) names of persons in the school trained to provide first aid and cardio-pulmonary resuscitation, (4) scheduled programs for staff to be trained in first aid and CPR, (5) provision of necessary supplies and equipment and (6) reporting requirements.

VII. Dissemination of Information to Parents or Guardians Regarding Administration of Medication

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

VIII. Procedures for Resolving Questions between the School and Parents Regarding Administration of Medications

(Refer to approved existing policies within the school district for the resolution of differences, if appropriate.)