



SHIELD

School Health Institute for Education and Leadership Development

MEDICATION ADMINISTRATION IN A SCHOOL SETTING

School Nursing Practice in Massachusetts



Version Date: 12/4/2020

Overview

School Nurses are responsible for providing care for students so they can be successful, healthy and safe in school. School Nurses are managers of, and hold full responsibility for, the school's medication administration program.

Students attending school in grades Pre-K through 12 have a wide range of medication needs. The complexity of health care for students continues to increase with new technologies and drugs.

This eBook outlines key information every School Nurse needs to know about medication administration including:

- Regulations and oversight of medication administration and delegation in Massachusetts (MA)
- The School Nurse's role and responsibilities
- A checklist to ensure compliance with Massachusetts Law 105 CMR 210.00 – The Administration of Prescription Medications in Public and Private Schools
- Step-by-step processes required for medication delegation
- Guidance around individual student situations

The eBook is part of a training series required for School Nurses and School Nurse Managers.



Training Requirements

Training is required for all School Nurses and School Nurse Managers prior to beginning in the role.

Retraining is mandatory every five years for School Nurse Managers who are responsible for a school district's medication program and are listed on the Massachusetts Department of Public Health (MDPH) application for registration for delegation of medication administration in the school setting.

The regulations outlined in this eBook apply to both private and public schools. Schools must abide by these regulations during regular school hours, before school and after school extracurricular events, all off-campus trips (i.e., field trips), and other school-sponsored events.

This eBook does not cover additional regulations promulgated by other state agencies (i.e., DCF, DMH, DDS, DYS, etc.) for their programs.

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School Nursing Regulations

Governance

Medication administration within a school setting is governed by a wide range of professional standards as well as federal, state and local laws and regulations.

The Massachusetts Board of Registration in Nursing (BORN) outlines the standards of conduct for all nurses licensed by the Board. Each nurse licensed by the Board and engaged in the practice of nursing is responsible for knowing and understanding of the Standards of Conduct for Nurses in regulation 244 CMR 9.00 and all state laws and regulations governing the practice of nursing. These standards of practice are the same regardless of the environment in which the nurse works.

Nurses must have a comprehensive understanding of the relevant regulations pertaining to medication administration in the school setting and take ownership of the proper implementation of the regulation within the school/district. The requirements outlined in the BORN Standard of Conduct establish that the School Nurse is responsible for the program, policies and execution for the safe administration of medication to students. The Board may take disciplinary action against the license of any nurse that does not comply with the Standard of Conduct.

Massachusetts regulation [603 CMR 7.00](#) outlines specific requirements to be eligible to hold the title and assume the associated responsibilities of School Nurse. School Nurses are also encouraged to obtain certification through the National Board Certification of School Nurses (NBCSN). Information on this certification can be found in the resource section of the Appendix.

Medication administration in both public and private school settings is governed by Massachusetts Regulations [105 CMR 210.000](#). These regulations provide the minimum standards for the safe and proper administration of the prescription medications to students in primary and secondary schools. A school's or district's medication administration program should be benchmarked against the standards outlined in these regulations. The School Nurse designated as the manager of the program is responsible for the regulation being implemented in full.

In addition to 105 CMR 210.000, there is a wide range of other state and federal laws that govern medication administration in a school setting including requirements from the Department of Elementary and Secondary Education (ESE) and local boards of health.

Below you will find a summary of regulation considerations in the administration of medication in a school setting.

Federal Laws and Regulations	State Laws and Regulations
<ul style="list-style-type: none"> • Constitution • Bill of Rights • Health Insurance Portability and Accountability Act (HIPAA) • Family Education Rights and Privacy Act (FERPA) • Individuals with Disabilities Education Act (IDEA) • Americans with Disabilities Act (ADA) • US Department of Education (DOE) • McKinney-Vento Act 	<ul style="list-style-type: none"> • Administration of Medications in School Settings and Self Administration (MGL C71 S54B) • Controlled Substances Act (MGL Chapter 94C) • Nurse Practice Act (MGL C112 Section 80B) • Tort Claim Act (MGL C258 S2) • The Administration of Prescription Medication in Public Schools (105 CMR 210.000) • Implementation of Controlled Substances Regulation (105 CMR 700) • Board of Registration in Nursing (244 CMR 3.00) • Registered Nurse and Licensed Practical Nurse (244 CMR 3.05)

This eBook provides detailed information about Massachusetts regulations and supporting public agencies. Additional information regarding these regulations are found in the resource section of the Appendix.

Massachusetts Board of Registration in Nursing (BORN)

The mission of the Massachusetts Board of Registration in Nursing is to protect the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and nursing education. As part of their charter, BORN is also responsible for investigating complaints against nurses.

Massachusetts Regulation 244 CMR 9.00 outlines the Standard of Conduct for School Nurses.

A nurse is responsible for meeting standards of practice. The regulation states “a nurse licensed by the Board shall be responsible and accountable for his or her nursing judgments, actions, and competency.” Competency means the application of knowledge and the use of affective, cognitive, and psychomotor skills required for the role of a nurse licensed by the Board and for the delivery of safe nursing care in accordance with accepted standards of practice.” In other words, being unfamiliar or having inadequate knowledge is not a defense for violation of a standard or regulation. A full list of Standard of Conduct is found in the [Health and Human Services section of the Mass.gov website.](#)

Standards of Conduct considerations for School Nurses:

- Is nursing care aligned with the standard of practice?
- Is your student health information safeguarded?
- Are your documentation and records accurate, up to date and properly maintained?
- Are your policies designed to ensure you are not administering any prescription or non-prescription drugs unless directed by an authorized prescriber?
- Is your name, address and social security number listed correctly with BORN?
- Are you maintaining proper records for the handling, administration and destruction of controlled substances?
- Do you always visibly wear an identification badge?
- If you are a Nurse Manager, have you developed and implemented measures to promote and manage the delivery of safe nursing care?
- Do you have a complete understanding of the nursing techniques and procedures you are performing?
- Are you adhering to the standard precautions and principles of asepsis and infection control?
- Are you maintaining proper professional boundaries with your student?

School Nurses are required to know the information needed to perform their job functions. Sources they use to acquire information must be reliable and evidence-based. Nurses must also be physically competent to perform his or her duties.

Under the Code of Conduct a nurse licensed by the Board shall not abuse, neglect, mistreat, abandon, or otherwise harm a patient. It is important for a nurse to

understand BORN’s definition of these terms and how these could relate to the day-to-day environment of working in a school.

Term	Definition Under BORN
Abuse	<p>Abuse means any impermissible or unjustifiable contact or communication with a patient which in any way harms or intimidates, or is likely to harm or intimidate, a patient. Abuse may be verbal or non-verbal, and may cause physical, sexual, mental, or emotional harm.</p> <p><i>In practice:</i> <i>Abuse is broader in nursing as it includes nonverbal and emotional abuse. Examples of abuse could include an intimidating statement such as "What are you doing here? Go back to class!" or the use of restraints or seclusion as a behavioral intervention.</i></p>
Neglect	<p>Neglect means the unjustified failure to provide treatment or services, or both, necessary to maintain the health or safety, or both, of a patient.</p> <p><i>In practice:</i> <i>If you have advised a student to take a medication or treatment and they refuse; document and then report this refusal to the prescriber and parent. Failure to document and report will expose you to liability.</i></p>
Mistreatment	<p>Mistreatment means the improper use of any drug, physical or chemical restraint or confinement, or any combination thereof.</p> <p><i>In practice:</i> <i>Restraints are limited to a one-time emergency use in the school setting in order to prevent harm to the student or others. Continued use of the restraint as a behavioral intervention may be considered mistreatment.</i></p>
Abandonment	<p>Abandon means to intentionally terminate any nurse/patient relationship without reasonable notice to the patient or appropriate other person(s), or both, so that arrangements can be made for necessary continuation of care.</p> <p><i>In practice:</i> <i>It is not abandonment to leave the school if there are no students with immediate health or safety concerns that require your nursing services and if you inform another designated, responsible adult in the building you are leaving. However, it could be abandonment if you left the school while there was a child in need of medical attention and you did not provide for care of the student.</i></p>

A nursing license from the state of Massachusetts (MA) is limited to performing nursing duties when physically located in MA. When a School Nurse is responsible for students traveling to other states (e.g., field trips) the nurse must understand and abide by the laws and requirements concerning the scope of practice for nursing in that state. State requirements can be determined by contacting the state’s Board of Nursing. Note that Board of Nursing requirements can change, so it is prudent to regularly reaffirm requirements in other states prior to sending students on field trips.

National Board of Certification of School Nurses & Other Professional Nursing Practices

Nurses working in a school setting are encouraged to obtain certification through the National Board Certification of School Nurses (NBCSN). Certification represents a national standard of preparation, knowledge, and practice. Both the American Federation of Teachers and National Education Association recognize NCSN status as equivalent to National Teacher Certification.

A full list of requirements to obtain certification is found on the [NBCSN website](#).

Requirements for Certification:

- License as a RN
- Academic transcript (Bachelor's degree in nursing or higher)
- Clinical requirement of 1,000 hours worked within three years
- Pass a national certification exam

As part of the nursing profession, School Nurses should also be familiar with professional nursing practices as outlined by national organizations such as:

- American Nursing Association (ANA)
- National Association of School Nurses (NASN)

The Appendix provides direct links for more information about each of these organizations.

Massachusetts Department of Elementary and Secondary Education (ESE)

The Department of Elementary and Secondary Education (ESE) also has a set of laws and regulations that affect School Nurse practice. It is important for School Nurses and Nurse Managers to know the education laws as well as the laws that affect nursing practice.

Requirements to be a School Nurse in Massachusetts

Massachusetts regulations promulgated by the Department of Elementary and Secondary Education (ESE) [603 CMR 7.00](#) outline the requirements to be a School Nurse in the State of Massachusetts. There are two levels of license, an initial license and a professional license. The requirements for each are outlined below.

Initial License	Professional License
<ol style="list-style-type: none"> 1. Valid license to practice as a Registered Nurse in Massachusetts. 2. A bachelor's or master's degree in nursing. 	<ol style="list-style-type: none"> 1. Possession of an Initial license. 2. Three years of employment as a School Nurse.

<ol style="list-style-type: none"> 3. A minimum of two full years of employment as a Registered Nurse in a child health, community health, or other relevant clinical nursing setting. 4. Completion of an orientation program based on the requirements for delivery of school health services as defined by the Department of Public Health. 5. Passing score on the Communication and Literacy Skills test. 	<ol style="list-style-type: none"> 3. Completion of one of the following: <ol style="list-style-type: none"> a. Achievement and maintenance of certification or licensure by a nationally recognized professional nursing association as a School Nurse, community health Nurse, or a pediatric/family/School Nurse practitioner. b. A master's degree program that may include credits earned in a master's degree program for the initial license in community health, health education, nursing, or public health.
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A nurse must be licensed as a Registered Nurse (RN) to perform all duties required of a School Nurse. However, a school system may hire Licensed Practical Nurses (LPN) to work alongside the RN in a limited capacity. For example, LPNs are commonly hired to support a special needs child with multiple health issues requiring one-on-one care.

Per the Nurse Practice Act, LPNs cannot practice autonomously and independently as an RN. Rather, an LPN can only assume limited responsibilities under the direction of an RN.

The below table outlines the differences in job scope and responsibility for each level of licensure.

Registered Nurse	Licensed Practical Nurse
<p>Holds ultimate responsibility for care</p> <p>Scope includes: nursing care, health maintenance, teaching, counseling, plans and restoration for optimal functioning & comfort</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • <u>Complete</u> health assessments and create health plans • <u>Plan & implement care</u> - prescribed medical or therapeutic regimes, scientific principles, recent advances & current research • <u>Provide & coordinate</u> health teaching • <u>Evaluate</u> outcomes • <u>May delegate</u> the administration of medication 	<p>Bears full responsibility for the quality of health care she/he provides</p> <p>Scope includes: participation in nursing care, health maintenance, teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her education</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • <u>Participate</u> in planning & implementing interventions including recent advances & current knowledge in the field • <u>Incorporate</u> medical regimes • <u>Participate</u> in health teaching • When appropriate, evaluate outcomes, initiate or <u>encourage change</u> in the plan • <u>May not delegate</u> the administration of medication

A Registered Nurse holds full responsibility for health assessment, medication plans and delegation of medication administration. An LPN may only provide input into the assessment or plans.

Additionally, The Massachusetts Regulation Governing the Administration of Prescription Medications in Public and Private Schools [105 CMR 210.005(I)] requires that the nursing care provided by an LPN be supervised by the School Nurse (RN). An LPN may not delegate the administration of medication.

Massachusetts Regulations for Administration of Prescription Medications in Schools

Massachusetts regulations 105CMR 210.000 provide minimum standards for the safe and proper administration of prescription medications to students in the Commonwealth’s public and private primary and secondary schools.

The aim of 105CMR 210.000 is to ensure that students requiring medication during the school day will be able to attend school and have medication administered during school hours. The “school day,” as defined for the purpose of 105 CMR 210.000 is any day, including a partial day, that students are in custody of the school, whereby the school has both the duty and the authority to act to protect the students in their care. School Nurses and Nurse Managers should have an in depth understanding of the requirements outlined in this regulation. A summary of the regulations is found later in this eBook.

School Nurses hold responsibility for executing each aspect of the regulation correctly within their school.

105 CMR 210.000



School Nurses must follow each requirement included in
**105 CMR 210.000: THE ADMINISTRATION OF PRESCRIPTION
MEDICATIONS
IN PUBLIC AND PRIVATE SCHOOLS**

**Each applicable section of this eBook provides a checklist of
requirements outlined in the regulation.**

Local Government: Boards of Health and Local School Committees

Through ordinance and school committee policies, local government can also effect school nursing practice.

Nurses must be aware of boards of health and other local ordinances governing the communities in which they are employed. For example, there may be a local ordinance regarding the appropriate temperature for occupancy of the school as well as the number of bathrooms required in the school.

To ensure that any school policies are in compliance with state and federal laws, nurses should work in collaboration with their school committees when policies are governing school health services including medication administration or other nursing practices.

Medication Administration

Medication Administration Overview

Massachusetts regulations 105 CMR 210.000 define medication administration as the direct application of a prescription medication by inhalation, ingestion, or by any other means to the body of a person. The School Committee or Board of Trustees, consulting with the local board of health, where applicable, is responsible for adopting policies and procedures governing the administration of prescription medications and self administration of prescription medications within the school system. School Nurses should also play an active role in this process as they are ultimately responsible for the development and management of the medication administration program in order that these policies comply with state laws and regulations within the school they serve.

The options for medication administration in the school setting permitted by regulations are as follows:

1. **All medication administered by licensed personnel**
2. **Delegation to properly trained, unlicensed school personnel under the authority of the School Nurse**
3. **Self administration** by the student with parental permission and approval by the School Nurse
4. **Training of unlicensed school personnel in the administration of epinephrine via an auto-injector to those with a prescription.**

Note: Both delegation of medication administration and the training of unlicensed school personnel in the administration of epinephrine via an auto-injector require agreement at the school district level by the School Nurse, School Physician, Superintendent (Administrator) and School Committee (Directors) **and current registration with the Massachusetts Department of Public Health** after certain conditions are met.

It is important to note that the regulations stipulate that the School Nurse, in consultation with the School Physician, has final decision-making authority with respect to delegating administration of medications to unlicensed personnel in school systems registered with the Department of Public Health. The School Nurse is responsible for developing the student's medication plan and the procedures for the administration of the medication, including an emergency action plan, if required.

Medication Administration Plans:

The School Nurse is required to develop a medication administration plan for each student receiving a prescription medication. When possible, the plan should be developed collaboratively with parents and students.

Medication Administration Plan Checklist

Ensure medication plans include:

- Student name
- Order from a licensed prescriber
- Signed authorization of the parent or guardian
- Known allergies to food or medications
- Diagnosis (unless a violation of confidentiality)
- Possible side effects, adverse reactions or contraindications
- Quantity of prescription medication to be received by the school from the parent or guardian
- Required storage conditions
- Prescription duration
- A plan for monitoring the effects of the medication
- Provision for field trips or other short-term events

If applicable:

- Designation of unlicensed school personnel, if any, who will administer the medication to the student in the absence of the School Nurse, and plans for back-up if the designated personnel are unavailable
- Plans for teaching self administration of the medication
- The location where the administration and storage of the medication will take place

Procedures for Administration of Medicine:

In addition to the medication plan, the School Nurse should have accompanying procedures outlined for the administration of the medication. Procedures should be aligned with professional nursing practices. Under the regulations, procedures must include:

- Positive identification of the student (two forms of identification are recommended, i.e., asking the student his name and a photo in the medication administration log)
- A record-keeping system
- A system for documenting observations related to effectiveness or adverse reactions
- Safe storage, including medications that require refrigeration
- Emergency response (e.g., what to do in the case of a reaction). This includes maintaining a list of persons, with their phone numbers, to be contacted as appropriate, in addition to the parent/guardian, School Nurse, licensed prescriber and other persons designated in the medication administration plan.

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
- In the correct dosage
- In accordance with accepted practice
- To the correct student.

- Procedures for receiving medication orders, documenting medication administration and reporting medication errors are in place.

The [Poison Control Center \(1-800-222-1222\)](https://www.poisontreatment.com/) should be contacted for any concern about a student inadvertently receiving the wrong medication or the wrong dose. They are available to respond and guide you around what emergency actions must take place. When calling the poison control center, be sure to have the medication in hand. You may be asked to read information from the bottle's label. You will also be asked to give:

- Your zip code
- The student's age and weight
- Any symptoms the student has related to the medication mistake
- The time the medication was taken
- The name of the medication
- The amount of the medication
- Any current health problems of the student
- Any other medicines the student is taking

With all medication errors (including a missed dose), transparency and immediate action are essential. Be sure to notify the parent or guardian immediately of the error and report and document the error as defined in your medication procedures. Additionally, if the error may cause possible harm to the student, report the error to:

- The student's primary care provider and/ or prescriber
- MDPH School Health Unit by completing and submitting the required form

Most districts will also have policies in place that should be followed and are likely to require a district accident/accident form is completed. Additionally, the MDPH Drug Control program as well as the local police should always be notified if there is a diversion or drug loss.



Real Case Examples of Medication Errors

Example 1:

A kindergartner was taken to the hospital on the first day of school. A teacher's aide accidentally gave him another child's medicine. The 5-year old boy became drowsy after he was given Catapres (clonidine),

a blood pressure medicine sometimes used to treat children who have attention deficit hyperactivity disorder (ADHD).

Example 2:

An eighth-grade student with ADHD was suddenly not responding to his methylphenidate (Ritalin). He began to develop new symptoms and ended up in the emergency department, unconscious. The School Nurse had not been available during the prior week. In her absence, the school secretary was giving children their medicine. For 3 days, the secretary accidentally gave the eighth-grade student another student's methadone, a powerful narcotic pain medicine with serious side effects. The medicines had been kept in envelopes with only the generic names, methylphenidate and methadone, handwritten on the outside, not the name of the student. Since both medicines start with m-e-th and are taken in similar doses, the medicine was easily confused by the school secretary.

Example 3:

A school office secretary did not require a child to wash his hands before diabetes testing. This resulted in an abnormally high blood sugar level because the child had jelly on the finger that was used to test the blood. The child received too much insulin and experienced signs of a very low blood sugar.

Prescription Medication Administration

Regulations under 105 CMR 210.000 outline a list of requirements for all prescription medication administration. Prescription medication may not be administered without a proper, current medication order from a licensed prescriber. All orders must be in written format. A telephone order from a prescriber may be accepted if followed by a written order within three school days. When possible, it is a best practice for School Nurses to obtain physician orders and create medication administration plans prior to the start of the academic year.

Prescription Orders

Ensure the following is included in all orders from prescribers:

- Student's name
 - Name and signature of the licensed prescriber and business and emergency phone numbers
 - Name, route and dosage of medication
 - Frequency and time of medication administration
 - Date of the order
 - 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)
 - Specific directions for administration.
- Additional information as appropriate:
- Special side effects, contraindications and adverse reactions to be observed
 - Any other medications being taken by the student
 - The date of return visit, if applicable

For short-term medications (for ten school days or fewer), a pharmacy-labeled container can be used in lieu of a licensed prescriber's order if the label contains all the elements of a prescription and has not expired.

Eight Rights of Medication Administration

When medication is administered, the eight rights of medication administration must be followed.

1. **Right patient (student):** Use of 2 identifiers to ensure it is the right student (even if you see them every day!).
2. **Right medication:** Be aware of any allergies that a student may have to the medication. Check a pill identifier resource.
Note: School Nurses should have a pill identifier for each medication they are administering. The nurse is the final gatekeeper in any administration of medication and must ensure that the proper medication has been dispensed before administering.
3. **Right dose:** Confirm appropriateness of the dose for the individual student using a current drug reference.
4. **Right route:** Confirm that the patient can take or receive the medication by the ordered route. When giving a daily injection, be sure to alternate and document the site where it was given.
5. **Right time:** Confirm both when the last dose was given and safe window of administration.
6. **Right documentation:** Chart the site of an injection or any laboratory value or vital sign that needed to be assessed before giving the drug.
7. **Right reason:** Revisit the reasons for long-term medication use.
Note: Even if you just keep giving the same medication and dose every day for years, you are still responsible to review and confirm the prescription with a prescriber on a regular basis (at a minimum annually).
8. **Right response:** Be sure to document your monitoring of the patient (student) and any other nursing interventions that are applicable.
Note: You need to document the response to any medications given, including over-the-counter medications, i.e., even if ibuprofen for menstrual cramps has been administered, the nurse must document a response to his/her intervention. An appropriate response to intervention in the example given may be, "Returned to class; no further complaints voiced".



Case Example

The pharmacist dispensed the wrong medication into a correctly labeled bottle (label aligned with Doctor's order). The wrong medication was then given to the student by the School Nurse. Is the nurse responsible?

Yes. It is the nurse's medication administration error. It is a nurse's responsibility to complete a final check (medication identifier) prior to administration. This holds true even if a parent gives the nurse the wrong medication.



Case Example

A parent would like to administer drugs through a gastronomy tube (Gtube) feeding with food that was prepared at home. Is this allowed?

No. A School Nurse may not administer drugs that someone else has poured or prepared. If a parent insists on preparing food that contains medication at home, the parent may bring it in and administer it themselves. Alternatively, the School Nurse could prepare the formula and add the medication that is to be administered through the gastronomy tube.

Over-the-Counter and Other Medications

Board of Registration in Nursing has established protocols regarding administration of over-the-counter medications in schools.

Protocols specific to a school district should be developed in collaboration with the school's authorized prescriber, provided that:

- School district policy allows it
- Protocols must include:
 - Drug Name
 - Dose to be administered
 - Dosage frequency
 - Indications for use
 - Contraindications
 - Potential side-effects
- The assessment criteria gathered prior to administering a particular medication includes:
 - The student's current medication profile
 - The student's history of allergies
- There is parental consent for each medication to be administered.

Standing Orders for Medications

If you administer any of the following you must have standing orders written by your school physician:

- Epinephrine
- Acetaminophen
- Ibuprofen
- Cough drops

Note: These are the most common, but this list is not extensive nor required.

Documentation of over-the-counter medication must be in accordance with the school department's policies for documentation of medication administered to the students. Documentation should include the dose and type of medication as well as the indications for administration and the outcome of the intervention. Dosage should always be given as directed on the manufacturer's label for the individual student.

Sunscreen

Sunscreens are considered medications. Even if you have a physician's order, you can only use the brand or the ingredients prescribed. It is a current best practice to request for parents to apply it in the morning before school.

Complementary/Alternative Modalities

A School Nurse may be faced with being asked to administer homeopathic medicines, herbal medicines and/or dietary supplements (vitamin, mineral, herb, amino acid). These may be administered by a School Nurse provided [the medication/supplement in question meets the definition of a drug in 105 CMR 700.001](#): "Drug means: (1) Substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary or any supplement to any of them" ([105 CMR 700.000: Implementation of MGL c 94C](#)). Additionally, there must be an order from an authorized prescriber with the minimum required elements of a prescription, and a parental consent, on file. If an order does not exist, a parent may be allowed to come to the school and administer the treatment him/ herself.

Medication Administration Record (MARs)

For each prescription medication to be administered in school there must be:

- Medication Administration Plan
- Licensed prescriber's order
- Parent/guardian authorization
- Student Allergies

Medication administration records must be kept for each student who receives medication during school hours. Schools and district must comply with the Department of Public Health's reporting requirements for medication administration. The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medications without prior notice to ensure compliance with 105 CMR 210.000.

All documentation shall be recorded in ink or in a secure electronic health record which cannot be altered.

With the consent of the parent, guardian, or student where appropriate, the completed medication administration record and records pertinent to self administration are filed in

Medication Administration Record Keeping

Are you meeting the following recordkeeping requirements?

- Daily log and medication administration plan (including order and parent/guardian authorization)
- Daily log contains:
 - Dose administered
 - Date and time of administration or omission of administration, including the reason for omission;
 - Full signature and credentials of the nurse or designated unlicensed school personnel administering the medication as it appears on their license.
- Observations concerning effectiveness or adverse reactions

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, except as provided in 105 CMR 210.000.

Requirements for health records differ between private and public schools.

- **Public Schools:** In public schools, school health records are considered part of the student's temporary academic record and are therefore governed by the Family Educational Rights and Privacy Act (FERPA). This may allow other school personnel to access these records; however, the School Nurse must also adhere to the standards for privacy and confidentiality established for nursing practice under 224 CMR 9.00.
- **Private Schools:** School health records in private schools are governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA allows communication among health care without parental permission. A School-based Health Center (SBHC) which is individually funded by community health center or hospital that provides primary medical care at school also is governed by regulations under HIPAA.

The following links provide relevant information pertaining to student records:

[Education Laws and regulations 603 CMR 23.00](#)

[Advisory: Student records: Questions, Answers and Guidelines](#)

[Advisory: Access to Student Records by Non-Custodial Parents - Final Regulation](#)



Case Example

A high school principal asks for a list of pregnant students in order to assure these students are receiving services they are entitled to under state laws. Can a School Nurse provide this list to the principal?

Under the Nursing Practice standards and MA laws and regulations (MGL C112§12F), the nurse must refuse this request unless each pregnant student has granted written consent to disclose this information. Students who are pregnant have protection for the privacy and confidentiality of reproductive health issues. Additionally, regardless of age, a nurse may not speak with parents or guardians concerning reproductive health services or counseling provided without the student's written consent.

Under MGL C112§12E, Privacy and confidentiality protections are also provided to students ages 12 years and older who are seeking treatment for substance use. You must obtain the student's consent in writing to share information related to student's substance use if treatment is requested.

This includes discussions with other school personnel including a referral to a school counselor.

Communication Methods

The Nurse Practice Act allows communication among licensed health care prescribers concerning orders. Consent from the parent to administer any medication implies consent for this required communication.

When choosing a communication method with other healthcare prescribers or the students, you have an obligation to maintain a standard of privacy. Care should be taken in the methods used to receive orders from physicians and communicate with parents. Considerations include:

- **FAX:** A dedicated line and use of a cover sheet is required. (i.e., nurses should not send or receive faxes from the main office fax machine).
- **EMAIL:** Email should not be used. Email is NOT private; email is considered a public document especially for those working for public agencies (i.e., public schools). Prior to emailing a parent regarding health issues, you must obtain the parent's permission for use of email, especially if it is an employer's email address.
- **TELEPHONE:** You may receive verbal (telephone) orders. However, these must be followed with a written or faxed order within 3 school days. Note: When using the telephone, the nurse should use the school phone and avoid using his or her personal phone.
- **VOICEMAIL:** Anything on the internet is not private; it is public information. Many voicemail systems are now internet based, so if you leave a message for a parent on voicemail, be very careful that personal health information is not disclosed. It is a best practice to obtain permission before voicemail is used.

Handling and Storage

In addition to school policies, there are several state rules that must be followed for the handling and storage of medication.

Delivery of Medication

A parent, guardian or parent/guardian must deliver all medications to be administered by school personnel or to be taken by students who self administer, to the School Nurse or other responsible person designated by the School Nurse. Only in extenuating circumstances agreed upon by the nurse may other delivery options be permitted.

The medication must only be received in a pharmacy or manufacturer labeled container. The label must be intact and contain all the requisite information necessary to administer it properly. The prescription must be reasonable based on the nurse's knowledge. Medication that is not properly labeled or has expired should not be accepted.

The School Nurse or other responsible person receiving the medication documents the quantity of the medication delivered.

Storage of Medication

Medications must be stored in a locked secure cabinet or refrigerator. A significant number of diversions of drugs (lost or theft) occur in schools. In order to prevent this from occurring:

- Access to keys should only be given to authorized persons
- No more than 30 days' supply can be stored at school
- The expiration date cannot be exceeded
- Parents/guardians shall retrieve all unused, outdated, or discontinued medications

Drug Storage Checklist

- Medications stored in original pharmacy labeled containers
- Only authorized persons have key access
- No more than a 30-day supply is stored
- The expiration date is not exceeded
- Medications are stored at the appropriate temperature (38°F to 42°F for medications requiring refrigeration)

Parents or guardians have the right to retrieve the medications from the school at any time. Additionally, all unused, discontinued or outdated medications must be returned to the parent or guardian. Medications being returned should be appropriately documented.

In extenuating circumstances, with parental consent when possible, medications may be destroyed by the School Nurse in accordance with any applicable guidelines of local, state or federal authorities.

Medication Emergencies

District policies should outline emergency guidelines to follow in the case of a medication emergency.

School nurses should have the number for the Regional Poison Control Center (1-800- 222-1222) available to assist with management of any inappropriately administered medication. (The Poison Control Center is available 24/7).



Tip

To reduce risk of a medication emergency in school, initial doses of any newly prescribed medication should not be given in a school setting. This is particularly true for antibiotics which often cause life threatening reactions.

Self Administration

In certain circumstances, students have the right to self administer medication. "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.

Massachusetts Law Chapter 71, Section 54B states that self administration cannot be prohibited in schools for the following situations:

- Students with asthma or other respiratory diseases cannot be prohibited from possessing and administering prescription inhalers or epinephrine auto-injectors.
- Students with cystic fibrosis cannot be prohibited from possessing and administering prescription enzyme supplements in accordance with regulations concerning students' self administration of prescription medications.
- A student with diabetes cannot be prohibited from possessing and administering a glucose monitoring test and insulin delivery system.

The regulations specify self administration is based on ability and competency, not grade or age.

School Policies for Self administration

Schools must have policies if self administration of medications is to be permitted. With self administration, the nurse is responsible for documentation and ensuring the student is capable of doing self-care (any condition). Therefore, School Nurses should establish regular check ins with the student when self administration occurs.

Self administration Policies

Do your school policies include...

- Nurse authorization
- Parent consent and student agreement
- Evaluation of health status and ability to self administrate
- Plan for teaching administration and observation of initial dose
- Procedure for documentation and monitoring of compliance with plan for administration and drug effectiveness
- Well defined storage and access

When a student will be responsible for self administration, the student, School Nurse and parent/guardian, where appropriate, must enter into an agreement which specifies the conditions under which medication may be self administered. The following should be included as part of the agreement:

- The School Nurse has developed a medication administration plan for safe self administration.
- The School Nurse has evaluated the student's health status and abilities and has deemed self administration safe and appropriate.
- 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, and follows the school self administration protocols.
- There is written authorization from the student's parent or guardian that the student may self-medicate.
- A procedure has been established for documentation by the student of self administration of medication.
- A policy for the safe storage of self administered medication has been established and is documented as part of the plan.
- As part of the plan, the nurse will monitor the student's self administration, based on the student's abilities and health status has been established.
- With parental/guardian and student permission, as appropriate, the School Nurse has informed appropriate teachers and administrators that the student is self administering a medication.



Case Example

Student Linda has diabetes. Her doctor has recommended self-management. Can the School Nurse still require check-ins?

Yes, even if a physician gives consent for self administration, it is the School Nurse who must decide what procedures the student must follow and how self administration will occur in the school setting. The School Nurse remains responsible for the care of the student even if the student is self administering his/her medication.

Delegation of Medication Administration

How Do You Delegate in a School Setting?

Under the Massachusetts Department of Public Health regulations, School Nurses may delegate the responsibility for administration of prescription medications to properly trained, nursing-supervised unlicensed school personnel, provided certain conditions are met and the school district or private school registers with the Department of Public Health. Even when delegation takes place, the nurse maintains ultimate accountability for the administration of the medication and his/her decision to delegate and to whom.

The health and safety of the students is always a top priority, and there are laws, regulations and practices designed to govern safe medication administration and delegation of this administration in both public and private schools.

It is essential for School Nurses, School Nurse Managers, and School Administrators to understand roles and responsibilities related to delegation of medication administration and the process for registration for delegation to unlicensed school staff per the Massachusetts Department of Health School Health Unit regulations.

The regulations stipulate:

- Schools must be registered with the Massachusetts Department of Public Health
- Unlicensed personnel are under the supervision of the School Nurse **who must be on duty and available for consultation while medication is being administered**
- The School Nurse selects, trains, and supervises unlicensed staff to whom (s)he will delegate
- On-site supervision required for the first time an unlicensed person administers medication
- Amount of on-going supervision varies per condition of student, ability of unlicensed person, type of medication
- Delegation of medication administration should never serve as an option for insufficient School Nurse staffing in the school setting.

Delegation of Selected School Nursing Activities

The Nurse Practice Act, defined in Massachusetts General Laws, Chapter 112, section 80B, establishes the standard that holds each licensed nurse directly accountable for the safety of the nursing care s/he delivers. The Board's regulations hold that the School Nurse is also responsible for all of the nursing care that a patient (student) receives under her/his direction. The regulations define the legal criteria for delegation and supervision by licensed nurses. Appropriate application of

the regulations requires that nurses and nurse employers accurately understand the directives in 244 CMR 3.05.

Because of the accountability and responsibility that individual licensed nurses bear for the nursing care received by patients (students) for whom they are accountable, it is imperative that nurse employers acknowledge and grant individual nurses the requisite authority for delegation decision-making.

A licensed nurse is held accountable for all aspects of the delegation decision-making process, its implementation, supervision and evaluation. Key concepts include:

- The final decision as to what nursing activity can be safely delegated to an unlicensed assistive personnel (UAP) in any given situation is within the specific scope of the individual licensed nurse's professional judgment.
- A nurse must assess a patient's nursing care needs prior to his/her delegation of any nursing activity.
- It must be recognized that the UAP does not have a nursing knowledge based upon which to make nursing judgments.
- The nurse must determine that the UAP has documented competency to perform the activity safely. The employing agency must maintain such documentation and make it available to the individual nurse delegator.
- The nurse must determine the appropriate degree of supervision required, and provide it based on the stability of the patient's condition, the training and capabilities of the UAP, the nature of the delegated task and the proximity and availability of the nurse while the UAP is carrying out the activity.
- Board regulations prohibit nurses from delegating nursing activities that require on-going nursing assessment and judgment. Formulation of plans of nursing care and evaluation of the patient's response to the care may not be delegated. Health teaching and health counseling, as it relates to nursing and nursing services, may not be delegated.

244 CMR 3.05 and 244 CMR 9.00:

An RN may delegate nursing activities to other healthcare personnel, provided the delegating nurse shall bear full and ultimate responsibility for:

1. Making an appropriate assessment
2. Properly and adequately teaching, directing and supervising the delegatee
3. The outcome of the delegation

The regulations further state that the activity to be delegated must be within the nurse's scope of practice, and the activity must be within the unlicensed person's job description and be in compliance with the employing agency's policies and procedures.

Delegation of nursing tasks is a major issue that needs to be understood by all involved. Professional nursing staff (this does not include LPNs) can delegate certain nursing activities within the scope of their practice. Only the licensed professional nurse can make decisions concerning delegation. LPNs, as determined by the scope of their licensure, cannot practice autonomously or independently in the school setting as an RN can.



Nurse's Accountability

"...transferring to a competent individual that authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation".

NCSBN Position Paper:
Working with Others (2005)
<https://www.ncsbn.org>



Case Example

Nurse Joe delegates to staff member Lori the task of giving Ritalin to a student. A checklist of competencies completed by Lori indicate she was properly trained and delegated to appropriately. Lori incorrectly performs the task. Who is accountable?

Lori would be held accountable for not following through as properly trained and delegated to for this error. Nurse Joe still retains accountability for his process of delegation, including the decision to delegate to Lori.

Training Versus Delegation of Nursing Activities

There are clear differences between training unlicensed staff and delegating the administration of medication or other nursing tasks to unlicensed individuals. Board of Registration in Nursing (BORN) holds the position that licensed nurses, when providing training in schools:

- Must have school policies and protocols that permit such training of unlicensed school staff in certain nursing activities, i.e., the administration of epinephrine via an auto-injector
- Do not bear responsibility and accountability for the outcome of the medication administration or nursing activity for which s/he is permitted to train unlicensed individuals in the school setting
- Do retain responsibility and accountability for his or her nursing judgments, actions, and competence for the content taught to unlicensed staff
- Must use applicable requirements for a training as established by the DPH School Health Unit to instruct the didactic and practice components of the training curriculum
- In the event that medication administration is inconsistent with a prescriber's order or anticipated outcome, may recommend action consistent with approved protocols for the school (e.g., a healthcare provider, clinic, or emergency room visit).

School Nurse Delegation Accountability

The School Nurse is accountable for:

- Selecting, training and supervising the specific individuals, who may administer medications
- Providing supervision and oversight for unlicensed personnel
- Determining the degree of supervision required for each student
- Determining whether it is medically safe and appropriate to delegate medication administration
- Having a process in place which requires the School Nurse to administer the first dose of the medication
- Establishing a process to review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom medication administration has been delegated
- Providing ongoing supervision and consultation as needed to ensure that the student is receiving the medication appropriately. Supervision and consultation may include record review, on-site observation and/or assessment
- Reviewing all documentation pertaining to medication administration on a biweekly basis or more often if necessary.

Requirements for Unlicensed Assistive Personnel (UAP)

Individuals approved to administer medication under the delegating authority of the School Nurse must meet the following criteria:

- Be a high school graduate or equivalent
- Demonstrates sound judgment
- Has completed an approved training program
- Is able to:
 - Read and write English
 - Communicate with the student receiving the medication or has ready access to an interpreter when needed
 - Follow nursing supervision
 - Respect and protect the student's confidentiality

Roles and Responsibilities Related to Delegation

To delegate or not to delegate is a School Nurse's judgment concerning:

- Condition of the student
- Competence of the staff member
- Degree of supervision required

It is important to note, the School Nurse is not delegating nursing care, only specific nursing tasks. Per the Board of Registration in Nursing in Massachusetts only certain tasks may be delegated.

The below chart outlines each of the key roles related to medication delegation:

Role	Responsibility
School District	<p>The School District is accountable for providing:</p> <ul style="list-style-type: none">• Sufficient resources for nursing activities• Sufficient nursing staffing (delegation of nursing care is not to replace qualified licensed nurses but a way to provide additional services under the licensed nurse)• Documentation of employee competencies• District policies on medication administration and delegation and training• Ensuring that sufficient time is provided in order to properly train, supervise and evaluate unlicensed school staff in any delegated nursing tasks
Nurse Manager	<p>The School Nurse Manager must develop and implement the necessary measures to promote the delivery of safe nursing care in accordance with accepted standards of care.</p> <p>The School Nurse Manager is accountable for:</p> <ul style="list-style-type: none">• Establishing systems to evaluate ongoing competence of all nursing and UAP staff

- Developing policies and protocols
- Ensuring standards of practice are established and maintained

The Nurse Manager also must collaborate with school committee/ administrators/school physician to establish policies that:

- Establish protocols for administration of all medication in the school setting
- Define which medications may be delegated
- Designate how medications may be administered
- Ensures training of designees
- Authorize the School Nurse Manager to supervise and evaluate the total medication administration program
- Establish a record-keeping system

Nurse (RN)

For each individual student, the School Nurse must:

- Complete the Individualized Healthcare Plan (IHP) including medication administration plan (MAP) in collaboration with student’s prescriber
- Give first dose of medication/ first treatment (medication or treatment that has not been initially administered in another setting should not be administered in the school setting).
- Determine whether to delegate administration and/ or treatments and to whom
- Evaluate each student’s ability to determine readiness for self administration in the school setting. Ensure that each medication order:
 - Originated from an authorized prescriber
 - Is reasonable, based on nurse’s knowledge and student needs
 - Is compliant with school policy and protocols (putting student safety first)
 - Is current and evidence-based
 - Reflects student allergy concerns

Tasks that Cannot Be Delegated

There are limitations to delegation. The following is a list of activities that may not be delegated:

- Nursing activities which require nursing assessment and judgment during implementation
- Physical, psychological and social assessment which requires nursing assessment, intervention and follow-up

- Formation of the plan of nursing care (IHPs) and evaluation of the student's response to the care provided
- Administration of medications except as permitted under M.G.L. Chapter 94C and 105 CMR 210.00

Note: No parenteral medications, such as insulin and glucagon injections, can be delegated in the school setting.

Five Rights of Delegation

The Board of Registration in Nursing presents this framework for delegation decision-making and accountability based on a model which identifies the five (5) key elements of any delegated act:

- Right Task
- Right Circumstances
- Right Person
- Right Direction/Communication
- Right Supervision/Evaluation

A School Nurse must give consideration to each of these rights prior to delegating nursing activities, including medication administration.

Right Task

The following should be considered when determining the right task:

- Appropriate activities for delegation are identified in Unlicensed Assistive Personnel (UAP's) job descriptions/role delineation.
- Appropriate delegated activities are identified for specific students.
- Appropriate activities for consideration in delegation decision-making include those:
 - Which frequently occur in the daily care of a patient (student)
 - Which recognize that UAPs do not have a knowledge base upon which to make nursing judgments
 - Which do not require complex or multi-dimensional application of the nursing process by a licensed nurse
 - For which the results are predictable and the potential risk is minimal
 - Which utilize a standard and unchanging procedure.

School Nurse Manager	Applicable Regulations	School Nurse	Applicable Regulations
Appropriate activities for consideration in delegation decisions are identified in UAP job descriptions/role delineation.	Nursing Board: 244 CMR 3.05 (2)(d) The unlicensed person shall have documented competencies... on file with the employing agency... an administratively designated Nurse shall communicate this information to the ... Nurse who will be delegating..."	Appropriate delegation activities are identified for specific patients.	Nursing Board: 244 CMR 3.05 (2)(a) and (b) "the ...Nurse is directly responsible for the nursing care given to the patient... the final decision as to what nursing activity can be safely delegated...is within the scope of thatNurse's professional judgment."
Organizational policies, procedures and standards describe expectations of and limits to activities.	Nursing Board: 244 CMR 3.05 "Delegation by Registered Nurses and Licensed practical Nurses must fall within their respective scope of practice....Said delegation must occur within the framework of the job description of the delegatee and organizational policies and procedures..."	Appropriate activities are identified for specific UAP.	Nursing Board: 244 CMR3.05 (2) (D) "The unlicensed person shall have documented competencies ...on file with the employing agency."



Case Example

A student requires Diastat® be administered for seizure activity. Can this medication administration be delegated?

Given the complexity of the assessment and training needed for the UAP to administer this medication, to be administered safely, Diastat is not a medication that should be delegated in the school setting.

Right Circumstances

When making a delegation decision, the necessary resources available and the level of supervision required must be considered. What may be delegated in a home/clinic setting may not necessarily be delegated in a school setting.

School Nurse Manager	Applicable Regulations	School Nurse	Applicable Regulations
<p>Assess the health status of the patient community, analyze the data and identify collective nursing care needs, priorities and necessary resources.</p>		<p>Assess health status of individual patient(s), analyze the data and identify patient-specific goals and nursing care needs.</p>	<p>Nursing Board: 244 CMR 3.05 "Assessment/identification of the nursing needs of a patient, the plan of nursing actions, implementation of the plan, and evaluation of the plan, are essential components of nursing practice, and are the functions of the qualified licensed nurse." 244 CMR 3.05 (2) (b)</p> <p>"The qualified licensed nurse must make an assessment of the patient's nursing care needs prior to delegating."</p>
<p>Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the collective nursing care needs.</p>	<p>Nursing Board: 244 CMR 3.05 "The full utilization of the services of a qualified licensed nurse may permit him/her to delegate selected nursing activities to unlicensed personnel. Although unlicensed personnel may be used to complement the qualified licensed nurse in the performance of nursing functions, such personnel cannot be used as a substitute for the qualified licensed nurse."</p>	<p>Match the complexity of the activity with the UAP competency and with the level of supervision available.</p>	<p>Nursing Board: 244 CMR 3.05 (2) (c)"The nursing activity must be one that a reasonable and prudent nurse would determine to be delegatable...; would not require the unlicensed person to exercise nursing judgment; and that can be properly and safely performed by the unlicensed person involved, without jeopardizing the patient's welfare."</p>
<p>Provide appropriate preparation in management techniques to deliver and delegate care.</p>		<p>Provide for appropriate supervision for safe, effective performance of the activity and determination of the patient's response.</p>	<p>244 CMR 3.05 (3) "The degree of supervision required shall be determined by the qualified licensed nurse after an evaluation of appropriate factors involved, including....the proximity and availability of the .. nurse to the unlicensed person when performing the nursing activity.</p> <p>Nursing Board: 244 CMR 3.05 (3)</p> <p>"The ...Nurse shall provide supervision of all nursing activities delegated to an unlicensed person in</p>

		<p>accordance with the following conditions:</p> <p>The degree of supervision required shall be determined by the qualified licensed nurse after an evaluation of appropriate factors involved, including, but not limited to the following:</p> <p>(a) the stability of the condition of the patient;</p> <p>(b) the training and capability of the unlicensed person to whom the nursing task is delegated;</p> <p>(c) the nature of the nursing task being delegated;</p> <p>(d) the proximity and availability of the...nurse to the unlicensed person when performing the activity."</p>
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Case Example

A parent requests that a teacher perform a nursing task. The parent believes that this can be appropriately delegated because the student’s grandmother and babysitter perform this task in their home when caring for the student.

Before considering this request, the School Nurse must use his/ her clinical judgment regarding the individual situation and appropriateness of the school setting. For example, the teacher’s other job responsibilities must be considered.

Given a teacher is responsible for multiple other students in a classroom who also need a great deal of attention, a teacher may not be able to safely administer and monitor the response to any medication they have been asked to give.

Right Person

The following actions should take place to determine the 'right person'.

- Determine if the UAP is permitted to be delegated to according to their job description.
- Establish the training requirements and competency measurements of UAP
- Identify the UAP's competency on an individual, task and student-specific basis
- Evaluate UAP performance based upon standards and take steps to remedy failure to meet standards
- Determine other job duties and responsibilities for UAP

School Nurse Manager	Applicable Regulations	School Nurse	Applicable Regulations
Establish organizational standards consistent with applicable law and rules which identify educational and training requirements and competency measurements of Nurses and UAPs.		Instruct and/or assess, verify and identify the UAP's competency on an individual, task and patient - specific basis.	<p>Nursing Board: 244 CMR 3.02 [3.03] A registered Nurse may delegate nursing activities to other...healthcare personnel, provided that the delegating registered Nurse shall bear full ...responsibility for:</p> <p>(1) making an appropriate assignment;</p> <p>(2) properly and adequately teaching, directing and supervising the delegatee; and</p> <p>(3) the outcomes of that delegation [all within the parameters of his/her generic and continuing education and experience.]</p>
Incorporate competence standards into institutional policies; assess Nurse and UAP performance; perform evaluations based upon standards; and take steps to remedy failure to meet standards, including reporting Nurses who fail to meet		Implement own professional activities based on assessed needs and professional standards and take steps to remedy failure to meet standards;	<p>Nursing Board: 244 CMR 5.04 the overriding consideration in determining whether a specific program/offering qualifies as acceptable continuing education is that it be a planned program of learning which contributes directly to the professional competence of the licensed Nurse." 244 CMR 3.5 (2) (e) "The qualified licensed Nurse shall adequately supervise the performance of the delegated nursing activity in accordance</p>

standards to the Board of Nursing.		Perform evaluations of UAP performance based upon standards and take steps to remedy failure to meet standards.	with the requirements for supervision as found in 244 CMR 3.05 (3).
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Case Example: Selecting the Right Person

The school administration may suggest the school secretary as a candidate to delegate medication administration to. However, the regular interruptions and distractions (i.e., answering the phone, receiving visitors, addressing concerns of student and staff, etc.) that a school secretary has, may impact his or her ability to administer medication safely. The more interruptions that occur during medication administration, the more likely medication errors are to be made.

Source: Executive Health, 2010



Student Considerations

The student's age, developmental level, cognitive abilities, gender, medical needs and stability and acuity of student's condition must be considered when determining the individual that the task will be delegated to.

For example, the student's age and gender should be considered if the task of an unsterile urinary catheterization is considered for delegation to an UAP.

Right Direction/Communication

Communication should be on a student-specific and UAP-specific basis with clear direction. The detail and method (oral and/or written) vary with the specific circumstances. Communication with UAP must include:

- specific data to be collected
- method and time for reporting
- expected results or potential complications

- timelines for communicating such information

Delegation is student specific with very specific and clear directions.



Case Example

A teacher, to whom the School Nurse delegated the administration of medication while on a field trips, forgot to give the 12 pm dose of Ritalin to a student. When she realized she'd forgotten, the teacher made the decision to give it at 2 pm, without consulting with the delegating nurse. The student was due to receive another dose of the medication again at 4 pm. As a result of this medication error (wrong time), the student would not be able to be administered another dose at 4 pm because it would be too close to the previous dose.

Who is responsible for this medication error? The School Nurse is responsible for this error because she wasn't clear in her instructions that it must be administered at noon nor what to do if the dose was missed.

School Nurse Manager	Applicable Regulations	School Nurse	Applicable Regulations
Communicate acceptable activities, UAP competencies and qualifications, and the supervision plan through a description of a nursing service delivery model, standards of care, role descriptions and policies/procedures.	Nursing Board: 244 CMR 3.05 (2)(d) The unlicensed person shall have documented competencies... on file with the employing agency. An administratively designated Nurse shall communicate this information to the ... Nurse who will be delegating..."	Communicate delegation decision on a patient-specific and UAP-specific basis. The detail and method (oral and/or written) vary with the specific circumstances.	Nursing Board: 244 CMR 3.05 (1) Supervision: Provision of guidance by a qualified licensed Nurse for the accomplishment of a nursing task or activity, with initial direction of the task or activity and periodic inspection of accomplishing the task or activity.

		<p>Situation specific communication includes:</p> <p>Specific data to be collected and method and time for reporting specific activities to be performed and any patient-specific instruction and limitation; and the expected results or potential complications and timelines for communicating such information.</p>	<p>Nursing Board: 244 CMR 3.02(3) (f) [& 3.03 (3)(g)] A registered Nurse [licensed practical Nurse] shall act within his/her generic and continuing education and experience to: (f) [(g)] collaborate, communicate and cooperate as appropriate with other healthcare providers to ensure quality and continuity of care.</p>
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Right Supervision/Evaluation

The right supervision and evaluation is essential to ensure the safety of the student. The nurse must:

- Provide directions and clear expectations of how the activity is to be performed:
 - monitor performance and intervene as necessary
 - obtain and provide feedback
 - ensure proper documentation

- Provide ongoing evaluation the entire delegation process:
 - evaluate the student
 - evaluate the performance of the activity
 - evaluate the outcome of delegation

Regulations state:

Supervision shall be provided by the delegating licensed Nurse or by other licensed Nurses designated by nursing service administrators or the delegating nurse. The supervising Nurse must know the expected method of supervision (direct or

indirect), the competencies and qualifications of UAP, the nature of the activities which have been delegated, and the stability/predictability of patient condition.

Nursing Service Administrator (NSA)	Applicable Regulations	School Nurse	Applicable Regulations
<p>Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the collective nursing care needs.</p>		<p>Supervise performance of specific nursing activities or assign supervision to other licensed nurses</p>	<p>Nursing Board: 244 CMR 3.05 (1) Supervision: Provision of guidance by a qualified licensed nurse for the accomplishment of a nursing task or activity, with initial direction of the task or activity and periodic inspection of the task being accomplished.</p> <p>244 CMR 3.5 (2) (e) "The qualified licensed nurse shall adequately supervise the performance of the delegated nursing activity in accordance with the requirements for supervision as found in 244 CMR 3.05 (3)."</p>
<p>Identify the licensed Nurses responsible to provide supervision by position, title, role delineation and competency. Provide directions and clear expectations of how the activity is to be performed:</p> <ul style="list-style-type: none"> - monitor performance and intervene as necessary; - obtain and provide feedback; - ensure proper documentation. 	<p>Nursing Board: 244 CMR 3.05 (3) "The ...Nurse shall provide supervision of all nursing activities delegated to an unlicensed person in accordance with the following conditions: The degree of supervision required shall be determined by the qualified licensed Nurse after an evaluation of appropriate factors involved, including, but not limited to the following:</p> <ul style="list-style-type: none"> (a) the stability of the condition of the patient; (b) the training and capability of the unlicensed person to whom the nursing task is delegated (c) the nature of the nursing task being delegated; 	<p>Provide directions and clear expectations of how the activity is to be performed.</p> <p>Monitor performance and intervene as necessary; obtain and provide feedback; ensure proper documentation</p>	<p>Nursing Board: 244 CMR 3.05 (3) "The ...Nurse shall provide supervision of all nursing activities delegated to an unlicensed person in accordance with the following conditions: The degree of supervision required shall be determined by the qualified licensed nurse after an evaluation of appropriate factors involved, including, but not limited to the following:</p> <ul style="list-style-type: none"> (a) the stability of the condition of the patient; (b) the training and capability of the unlicensed person to whom the nursing task is delegated; (c) the nature of the nursing task being delegated; (d) the proximity and availability of the ...Nurse to

	(d) the proximity and availability of the ...Nurse to the unlicensed person when performing the nursing activity."		the unlicensed person when performing the nursing activity."
Evaluate outcomes of patient community and use information to develop quality assurance and to contribute to risk management plans.		Evaluate the entire delegation process: - evaluate the patient; and - evaluate the performance of the activity. - evaluate the outcome of delegation.	Nursing Board: 244 CMR 3.02 [3.03] A registered Nurse [licensed practical Nurse] may delegate nursing activities to other...healthcare personnel, provided that the delegating registered [licensed practical] nurse shall bear full ...responsibility for: (1) making an appropriate assignment; (2) properly and adequately teaching, directing and supervising the delegatee; and (3) the outcomes of that delegation [all within the parameters of his/her generic and continuing education and experience.]

Parental Role in the Delegation of Administration of Medication in the School Setting

The delegation of any nursing task in the school setting requires parental or guardian permission. The parent has the right to know to whom you are delegating the task to because you are not only sharing personal health information with the UAP but also responsibility for their child's healthcare needs. It is required that the parent be informed of the name of the specific person to whom you are planning to delegate any nursing care.

However, it is important to note that nurses cannot take medical orders from parents or guardians. For example, a parent may not direct you to "hold off on administering a medication" because the student is not feeling well or received an additional dose at home. While this may seem reasonable from a clinical perspective, you are required to call the prescriber and get guidance or a change in the medication order.

Delegation of Medication Administration Training Programs

Training, evaluation and supervision are essential elements for any nursing delegation program.

Under regulation 105 CMR 210.00, all medications are to be administered in the school setting only by properly trained and supervised school personnel under the direction of the School Nurse.

At a minimum, the training program includes both content standards and a test of competency developed and approved by the Department of Public Health in consultation with the Board of Registration in Nursing.

Training for UAPs should include the five rights of medication administration.

Personnel designated to administer medications should be provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation (CPR) and other emergency training.

The School Nurse must document the training and retain evidence of competency of unlicensed personnel designated to assume the responsibility for any nursing activity including medication administration. Renewal training must take place at least annually with refresher courses provided throughout the school year as necessary.

MDPH Registration Process

The Massachusetts Department of Public Health has two forms of registration for delegation of medication administration.

Delegation Type	Registration Process
Residential School Programs	<p>The registration process is twofold:</p> <ul style="list-style-type: none"> • A programmatic approval by the School Health Unit results in the forwarding of your application to the MDPH Drug Control Program (DCP) for their approval; • Final approval is issued by MDPH DCP. For additional information, please visit their website at www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control <p>Registration for the delegation of medication administration becomes effective for one year on the issuance of a certificate by the DCP. There is an annual fee from the DCP for this approval and certificate.</p>
Public and Private Day School Registration for Delegation of Medication Administration	<p>This registration process is overseen by the School Health Unit. The registration lasts for two school years, does not require a fee, and includes registration of medication administration during/ before/ after school programs including extracurricular activities and off-campus events (i.e., field trips).</p>

An additional registration for the Training of Unlicensed School Staff to Administer Epinephrine via an Auto-injector may be required by the school:

Training of Unlicensed School Staff to Administer Epinephrine by Auto-injector to Students with Diagnosed Life Threatening Conditions	<p>This is an expedited registration completed by the School Health Unit. The registration is good for two school years and does not require a fee.</p>
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Application Process

The application process is as follows:

1. Request Application (new and/or renewal any registration) by fax or mail. (Request must be on school letterhead and requested by the School Nurse Manager – no emails will be accepted). A new application must be requested each time a new School Nurse Manager assumes this role.
2. Complete application including all required signatures.
3. Mail to MDPH School Health Unit along with attendance certificate from the Medication Administration and Delegation in the School Setting Workshop (attendance is required every five years for the School Nurse Manager responsible for the school or districts registration.) and a copy of the MA BORN license for the registered nurse assuming the responsibilities of nurse manager for the medication administration program.
4. MDPH School Health personnel review application and send certificates of registration to the School Nurse Manager.
5. If application is for a residential school, the application is then forwarded to DCP for additional approval and the Massachusetts Controlled Substance Registration (MCSR).

Note: Registration is mailed to the address indicated on the application.

Application Request (Step 1)

The School Nurse Manager should mail or fax a written request on the school's letterhead for an application for registration to:

School Health Unit
Department of Public Health
250 Washington Street, 5th Floor
Boston, MA 02108

Note: The request must be mailed or faxed. Email requests are not accepted.

The School Nurse Manager must submit the attendance certificate from the Medication Administration in a School Setting training along with his/her RN license.

The application requires the assurance that medically correct and administrative supportive policies, procedures and practices have been established prior to any delegation of nursing tasks, including medication administration in the school setting. Generally, this is the responsibility of the "School Nurse Manager" in the school district.

Change in School Nurse Managers

The MDPH School Health Unit must be notified if there is a change in the School Nurse Manager listed on the registration form. When there is a change, a new application for registration must be completed and approved. Registration is null and void when the signatory leaves the district. No delegation of any nursing tasks, including medication administration, can be done without a current registration.

Note: Until the MDPH has been notified of the signatory's departure, the School Nurse Manager whose name is on the registration with MDPH is still responsible for the registration for the school or district.

Student Situations

Field Trips and other School Sponsored Activities

Under federal and state regulations, it is required that public schools (and approved public and private state special education programs) provide the same services required by the student during the school day during any school event, including during school as well as in before/after school programs and extracurricular and off-campus events such as field trips. Therefore, School Nurses must take action to ensure medication is administered during these activities in alignment with the student's medication administration plan. A school may ask a parent or guardian to attend the field trip, but the school cannot require a parent or guardian to attend as criteria for the student's participation.

Planning for these activities must include:

- Assessment of each event to ensure that all students can participate, noting the location and distance from any emergency response should this be necessary.
- Written consent from parent/guardian to delegate any nursing tasks needed to be provided to a specific, designated adult.
- Medication administration plans, including emergency response plans, for students must be made available.

School Sponsored Events and Best Practices

- Always make an effort to have a School Nurse familiar with the student(s) attending.
- Assess each event and students participating as well as the location and distance from any emergency response.
- Written consent from parent/guardian to delegate any nursing tasks. Please note that personal health information will need to be shared with the UAP and parents must be made aware who this individual will be.
- Medication administration plan (including emergency action plan) for student must be available to the responsible staff.
- School Nurse must train individuals for child specific medication administration (there must be signed, written documentation of this training on file).

Tips for preparing for off-campus school events:

- Be prepared for the specific school activity. Collect medication and any required paperwork well in advance of the event with consideration of student privacy and confidentiality issues (i.e., do not collect this information at a public parent information event unless privacy is provided for confidential exchange of information).
- Don't assume chaperones are knowledgeable about the students or the school event!

- Ensure each student situation is appropriately managed.

When an off-campus event occurs out-of-state, School Nurses must review the requirements by each state's Board of Registration for Nursing where the trip is traveling to determine if the School Nurse accompanying the trip can practice nursing in that particular state. This includes the delegation of any medication administration to the student while out-of-state.



Field Trip Case Example

How do you manage a field trip situation for a child with intravenous infusions while off-campus?

This student will need a School Nurse (RN) to accompany him on the field trip. The school may need to arrange to have adequate EMS (including paramedics) response during the field trip.

Managing Life Threatening Anaphylactic Events in a School Setting

Life threatening anaphylactic responses are a significant concern for all schools. Epinephrine is the first medication that should be used in the emergency management of a child having a potentially life-threatening allergic reaction.

Under Massachusetts Regulation 105 CMR 210, the school or school district should be registered with the Department of Public Health for the 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 or other events outside of the regular school day.

The following conditions must be met by the school committee or, in the case of a non-public school, the chief administrative officer for training of personnel:

- Approved policies developed by the School Nurse Manager with assurance that the requirements in regulation are met.
- In consultation with the school physician, the School Nurse Manager has the final decision-making authority about the program. This person, or School Nurses designated by this person, selects the individuals authorized to administer epinephrine by auto-injector. Persons authorized to administer epinephrine must meet the requirements of section 210.004(B)(2).
- School personnel authorized to administer epinephrine by auto-injector have been trained and tested for competency by the School Nurse Manager or School Nurses.
- The School Nurses have documented the training and testing of competency of school staff in both content and skill.
- The School Nurses provide a training review and informational update at least twice a year and for each event as necessary.

Life Threatening Allergies & Auto-injector Training

Does your training include...

- Procedures for prevention of exposure to allergens and risk reduction
- Recognition of symptoms and severe allergic reactions
- Importance of following the medication administration plan
- Proper use of the auto-injector
- Storage, notification, administration and record keeping requirements
- Prevention of bullying in the school setting of students with allergic or other medical conditions

Note: Training should not be specific to a brand of auto-injectors. It must include procedures for all available auto-injectors.

School Policy

A school policy should include the following:

- Only properly trained school personnel may administer the medication (categories of unlicensed personnel to be determined by the School Committee)
- Training is provided by the School Nurse
- Training program includes content and competency test developed and approved by the MDPH
- School Nurse documents training and evidence of competency of unlicensed persons
- Annual training review and informational update for authorized school staff
- School Nurse provides unlicensed persons with names and locations of CPR certified personnel

School's Responsibility	Protocol Requirements
<p>The School has a responsibility for:</p> <ul style="list-style-type: none"> • Measures to prevent (or reduce) exposure to suspected allergens in the school setting • Providing time for school staff to be educated in prevention measures and to respond appropriately to life-threatening emergencies, including the training of the administration of epinephrine via auto-injectors • Nursing availability for response to any life-threatening situation • Education of parents including parents of non-allergy students concerning the risks of exposure • Completing the mandatory MDPH report of administration of epinephrine in the school setting 	<p>The School Nurse Manager must establish protocols for:</p> <ul style="list-style-type: none"> • Parental/ guardian permission for unlicensed staff to administer epinephrine • Obtaining physician's orders/ medical directives • Unlicensed school staff are evaluated for initial and continued competence • Proper storage and handling of epinephrine with ready access whenever the student is at school or attending a school event. • Notification of EMS whenever epinephrine is administered. • Completion of report to be filed with MDPH for administration of epinephrine in the school setting.

When an incident occurs:

When a life-threatening anaphylactic reaction occurs, staff must be able to recognize signs and symptoms of anaphylaxis.

If epinephrine is administered, immediate notification must include:

- The local emergency medical services system (generally 911)
- The student’s parent(s) or guardian(s)
- If the parent(s) or guardian(s) are not available, another designated responsible individual(s), the School Nurse
- The student’s physician

Checklist for Managing Life Threatening Allergies

- Approved policies & procedures
- School Nurse Manager oversight and management of the program
- Unlicensed personnel are trained to prevent risk of exposure to potential allergens, signs and symptoms of anaphylaxis, and to administer epinephrine via auto-injector by a School Nurse as per MDPH standards
- Storage plan limits access to appropriate personnel, but not locked
- Student risk reduction, prevention and preparation plans are in place in order to avoid future anaphylactic events.



Case Example

A teacher decides to reward students for good behavior by planning a movie with popcorn event in the classroom. The teacher purchased movie theater popcorn which contains peanut oil. To avoid a potential allergic reaction, the teacher sent students with peanut allergies to the library while the popcorn was being consumed.

How should this be managed differently in the future so that all students can participate in the event and students with allergies are not excluded?

Students with life threatening allergies are afforded rights under the Americans with Disabilities Act (ADA). Accommodations must be made for these students to participate in all classroom activities, including the one described above. Popcorn that is not popped in peanut oil but another non-allergic oil should be provided.



Field Trip Case Example

A child has been prescribed an inhaler. The inhaler is not brought to school by the child. The parent is contacted repeatedly but does not provide the inhaler use during school or school events. What should the School Nurse do?

In this situation, because school personnel are mandatory reporters, the School Nurse may be required to report the parent or guardian to the Department of Children and Families (DCF) for medical neglect in order to assess the family living situation and resources for medical care required for the student. In a situation such as this, it is best practice to call the parent first to inform them of the need to report the situation to DCF in order to secure adequate services for their child.

Management of Diabetes in the School Setting

Diabetes is a multifaceted, lifelong, disease and requires complex, individualized care. Adult supervision and involvement is recommended throughout childhood and adolescence. The sharing of diabetes decision-making tasks fosters communication between students, parents/guardians and members of the student's healthcare team to promote safe acute and chronic diabetes care outcomes for children and adolescents. In the school setting, this shared diabetes decision-making and supervision should be provided by a School Nurse daily.

Interdependence, not independence, in care should be stressed by School Nurses.

Diabetes requires attention to three major areas of concern: blood glucose (or sugar) levels, carbohydrate intake and the amount of exercise undertaken. These three elements need to be balanced and monitored carefully throughout the school day with the administration of prescribed insulin to ensure the health and safety of students with diabetes. For most students, this may require multiple insulin injections or other insulin-delivery systems to keep these three things in balance.

Whenever there is a child with diabetes in school, it is a best practice to have a full-time School Nurse available. This condition is too complex for unlicensed personnel to manage and treat for the best outcomes of the student.

Other Student Situations

Medical Marijuana

Chapter 369 "An Act for the Humanitarian Medical Use of Marijuana" allows for the controlled use of medical marijuana in the Commonwealth of Massachusetts. Although students and school staff who legally obtain a medical marijuana "registration card" from the Massachusetts Department of Public Health are allowed to possess and consume certain quantities of marijuana, doing so is not permitted under federal policy.

Marijuana is classified as a Schedule I drug according to the Controlled Substances Act. Thus, the use, possession, cultivation, or sale of marijuana violates federal policy. Federal grants are subject to school district compliance with the Drug Free Communities and Schools Act, and the Drug Free Workplace Act among other federally-funded programs. (The district is also subject to the Controlled Substances Act). MDPH has no control over federal laws and regulations and therefore each district will need to seek its own legal counsel as to how to manage this on its campus.

If you choose to accommodate legally recognized Massachusetts medical marijuana users in your district, a student must obtain a registration card (for children under the age of 18, this requires two physician signatures, one whom is a board-certified pediatrician) from the Massachusetts Department of Public Health; the "care-giver" (this may be the School Nurse or another staff member in the school since it is not considered a medication) in turn must also be registered with MDPH; this

information can be found on the MDPH website at:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/medical-marijuana/patients-and-caregivers.html>

Naloxone

Medical directives (standing orders) from a school physician are necessary to obtain this medication for use in the school setting. School Nurse protocols should be developed for administration and any training of UAPs in the school setting, including the need for immediate notification of emergency medical services.

Investigational Drugs

Investigational Drugs includes any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval. Investigational new drugs may be administered in the schools with (1) a written order by a licensed prescriber, (2) written consent of the parent or guardian, and (3) 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 a school setting.

Immunizations

Immunizations require all elements of any prescription. Plans for emergency medical response must also be in place with any needed medication prescribed as necessary.

Conclusion

Medication Administration and Delegation in a school setting is complex and requires a great deal of professional oversight by a highly qualified School Nurse.

As a School Nurse or School Nurse Manager, reduce risks related to medication administration and delegation by:

- Knowing your scope of practice and clearly understanding roles and responsibilities of all school personnel involved in any medication administration
- Being familiar with and following Federal, State and local laws and regulations
- Recognizing that the nurse is the final gatekeeper in medication administration
- Documenting often and thoroughly
- Reducing interruptions in the health office in order to reduce medication administration errors
- Being transparent in communication with students, parents and guardians and all school staff whenever medication administration is being done in the school setting.

Appendix Items

Resources

Federal Laws

- [Health Insurance Portability and Accountability Act \(HIPPA\)](#)
- [Family Education Rights and Privacy Act \(FERPA\)](#)
- [Individuals with Disabilities Education Act \(IDEA\)](#)
- [American Disabilities Act \(ADA\)](#)
- [Section 504: Protecting Students with Disabilities](#)
- [US Department of Education](#)

Massachusetts Laws and Regulations Affecting Medication Administration and Delegation

- [MGL Chapter 112 Section 80B: Nursing Practice](#)
- [244 CMR 3.05 Registered Nurse and Licensed Practical Nurse](#)
- [244 CMR 9.00 Nursing Standards of Conduct](#)
- [MGL C258 S2 Tort Claims Act](#)
- [MGL C71 S54B Self administration](#)
- [MGL C94C Controlled Substance Act](#)
- [105 CMR 210 The Administration of Prescription of Medications in Public and Private Schools](#)
- [105 CMR 700 Implementation of Controlled Substances Regulation \(105 CMR 700\)](#)

Resources: Medication Delegation to Unlicensed Assistive Personnel

- [Drug Control Program](#)
- [Delegation](#)
- [Activities that may not be Delegated \(244 CMR 3.05 \(5\)\)](#)
- [MDPH Guidelines for Reviewing and Approving Applications for Reviewing and Approving Applications to Register for Delegation of Prescription Medications to Unlicensed Personnel](#)

BORN Advisory Rulings and Alerts

- [Accepting, Verifying, Transcribing and Implementing Prescriber Orders](#)
- [Alerts: Important information for Nurses](#)
- [Delegation to Unlicensed Assistive Personnel Advisory Ruling](#)
- [Five Rights of Delegation](#)
- [Medication Administration of Over-the-Counter Drugs](#)

Professional Nursing Practice Organizations

- [American Nurses Association \(ANA\)](#)
- [National Association of School Nurses \(NASN\)](#)

Massachusetts Board of Registration in Nursing

- <http://www.mass.gov/dph/boards/rn>

Massachusetts Department of Public Health

- <http://mass.gov/dph>
- [School Health Services](#)

Other Massachusetts Laws, Regulations and Guidelines

- [Comprehensive School Health Manual](#)
- [Massachusetts General Laws](#)
- [Education Laws and Regulations](#)
- [Chapter 71 Public Schools](#)

Other Resources

- [School Health Institute for Education and Leadership Development \(SHIELD\) at Boston University](#)
- [Massachusetts School Nurse Organization](#)
- [Massachusetts School Nurse Research Network](#)

Life Threatening Allergy

- [Managing Life Threatening Food Allergies in Schools](#)
- [On-line epinephrine administration reporting](#)

- [On-line trainings by Dr. Michael Pistiner and Dr. John Lee](#)
- [A short orientation of food allergies for classmates of students with allergies](#)
- [A test on food allergies for middle and high school students, and adults](#)

Articles

- [Resha, C. \(2010\) Delegation in the School Setting: Is it a Safe Practice? The Online Journal of Issues in Nursing](#)
- [Block, D. \(2009\) Reflections on School Nursing and Delegation. Public Health Nursing \(26\) 2.](#)

Medication Administration Implementation Checklist

Essential Components of 105 CMR 210.000: The Administration of Prescription Medication in Public and Private Schools

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
210.003 Policies (at a minimum) include the following:				
1. Designation of a School Nurse as supervisor of the medication administration program in a school				
2. Protocols for documentation of the administration of medications				
3. Procedure for response to a medication emergency				
4. Protocols for storage of medications				
5. Process for reporting and documentation of medication errors				
6. Process for dissemination of information to parents or guardians				
7. Process for resolving questions between the school and a parent or guardian				
8. Process for providing for and encouraging the participation of the parent or guardian				
210.004: Policies Related to the Delegation of Medication Administration				
1. School Committee (or Board of Trustees) has approved categories of unlicensed school personnel to whom the School Nurse may delegate responsibility for medication administration.				
2. Individual approved to administer medication meets the following criteria: (a) is a high school graduate or its equivalent; (b) demonstrates sound judgment; (c) is able to read <i>and</i> write English; (d) is able to communicate with the student receiving the medication or has ready access to an interpreter when needed; (e) is able to meet the requirements of 105 CMR 210.000 and follow nursing supervision; (f) is able to respect and protect the student's				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
confidentiality; and (g) has completed an approved training program pursuant to 105 CMR 210.007.				
3. Requires a School Nurse to 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.				
4. The delegation of the administration of parenteral medications is not included (with the exception of epinephrine administered in accordance with 105 CMR 210.100).				
5. Requires any medications to be administered pursuant to p.r.n. ("as needed") orders administered by authorized school personnel only after an assessment by or consultation with the School Nurse for each dose.				
6. An updated list of unlicensed school personnel who have been trained in the administration of medications shall be maintained. Upon request, a parent shall be provided with a list of school personnel authorized to administer medications.				
210.005: Policies Related to the Responsibilities of the School Nurse Regarding Medication Administration				
1. The School Nurse has responsibility for the development and management of the medication administration program.				
2. The School Nurse, in consultation with the school physician, has final decision-making authority with respect to delegating administration of medications to unlicensed personnel in school systems registered with the Department of Public Health.				
3. Telephone orders or an order for any change in medication are received only by the School Nurse.				
4. Any verbal order is followed by a written order within three school days.				
5. The School Nurse has ensured that there is a proper medication order from a licensed prescriber which is renewed as necessary including the beginning of each academic year.				
6. Whenever possible, the medication order is obtained, and the medication administration plan specified in 105 CMR 210.005(E) developed before the student enters or re-enters school.				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
7. In accordance with standard medical practice, all medication orders from a licensed prescriber contain: <ul style="list-style-type: none"> (a) the student's name; (b) the name and signature of the licensed prescriber and business and emergency phone numbers; (c) the name, route and dosage of medication; (d) the frequency and time of medication administration; (e) the date of the order; (f) 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; (g) specific directions for administration. 				
8. The following additional information, as appropriate, has been obtained: <ul style="list-style-type: none"> (a) any special side effects, contraindications and adverse reactions to be observed; (b) any other medications being taken by the student; (c) the date of return visit, if applicable. 				
Special Medication Situations:				
1. For short-term medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container is used in lieu of a licensed prescriber's order.				
2. For "over-the-counter" medications, i.e., non-prescription medications, protocols that follow the Board of Registration in Nursing's protocols regarding administration of over-the-counter medications in schools have been established. <ul style="list-style-type: none"> (a) Investigational new drugs are administered in the schools with a written order by a licensed prescriber, (b) written consent of the parent or guardian, and (c) a pharmacy-labeled container for dispensing. 				
3. There is a written authorization by the parent or guardian which contains: <ul style="list-style-type: none"> (a) the parent or guardian's printed name and signature and a home and 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 medication not be documented) 				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
<p>(c) approval to have the School Nurse or school personnel designated by the School Nurse administer the medication</p> <p>(d) persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.</p>				
Medication Administration Plans:				
<p>1. A medication administration plan for each student receiving a prescription medication has been developed. (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).</p>				
<p>2. If appropriate, the medication administration plan has been 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.</p>				
<p>3. The medication administration plans include:</p> <ul style="list-style-type: none"> (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 parent or guardian, 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 parent, guardian 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 parent or guardian; (h) the required storage conditions; (i) the duration of the prescription; (j) the designation of unlicensed school personnel, if any, who will administer the medication to the student in the absence of the nurse, and plans for back-up if the 				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
designated personnel are unavailable; (k) plans, if any, for teaching self administration of the medication; (l) with parental 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 medication will take place; (n) a plan for monitoring the effects of the medication; (o) provision for medication administration in the case of field trips and other short-term special school events				
Procedures for Administration of Medications: The School Nurse has developed procedures for the administration of medications which includes the following:				
1. A procedure to ensure the positive identification of the student who receives the medication has been established.				
2. A system for documentation and record-keeping is established which meets the requirements of 105 CMR 210.009.				
3. A system of documenting observations by the nurse or school personnel and communicating significant observations relating to medication effectiveness and adverse reactions or other harmful effects to the child's parent or guardian and/or licensed prescriber is in place.				
4. Procedures for receipt and safe storage of medications are established.				
5. Procedures for responding to medication emergencies, <i>i.e.</i> any reaction or condition related to administration of medication which poses an immediate threat to the health or well-being of the student have been established. This includes: maintaining a list of persons, with their phone numbers, to be contacted as appropriate, in addition to the parent/guardian, School Nurse, licensed prescriber and other persons designated in the medication administration plan. Such persons may include other school personnel, the school physician, clinic or emergency room staff, ambulance services and the local poison control center.				
6. Procedures and forms for documenting and reporting medication errors are in place. The procedures shall specify persons to be notified in addition to the parent or guardian and Nurse, including the licensed prescriber or school physician if there is a question of potential harm to the				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
<p>student. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:</p> <ul style="list-style-type: none"> (a) within appropriate time frames; (b) in the correct dosage; (c) in accordance with accepted practice; (d) to the correct student. 				
<p>7. Procedures to review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future are established.</p>				
<p>Procedures for Delegation/Supervision: When a School Committee or Board of Trustees has registered with the Department of Public Health and authorized categories of unlicensed school personnel to administer medications, all personnel are under the supervision of the School Nurse for the purposes of 105 CMR 210.000.</p>				
<p>1. Sufficient School Nurse(s) are available to provide proper supervision of unlicensed school personnel.</p>				
<p>2. The School Nurse has selected, trained and supervises the specific individuals, who may administer medications. (When necessary to protect student health and safety, the School Nurse is able to rescind such selection.)</p>				
<p>3. The number of unlicensed school personnel to whom responsibility for medication administration may be delegated is determined by:</p> <ul style="list-style-type: none"> (a) the number, of unlicensed school personnel the School Nurse can adequately supervise on a weekly basis, as determined by the School Nurse; (b) the number of unlicensed school personnel necessary, in the nurse’s judgment, to ensure that the medications are properly administered to each student. 				
<p>4. A process is in place that requires that the first time that an unlicensed school personnel administers medication; the delegating Nurse provides supervision at the work site.</p>				
<p>5. The degree of supervision required for each student has been determined by the School Nurse after an evaluation of the appropriate factors involved in protecting the student’s health, including but not limited to the following:</p> <ul style="list-style-type: none"> (a) health condition and ability of the student; (b) the extent of training and capability of the unlicensed school personnel to whom the medication administration is delegated; (c) the type of medication; (d) the proximity and availability of the School Nurse to the 				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
unlicensed person who is performing the medication administration.				
<p>6. For the individual child, the School Nurse has:</p> <ul style="list-style-type: none"> (a) determined whether or not it is medically safe and appropriate to delegate medication administration; (b) has a process in place which requires the School Nurse to administer the first dose of the medication, if there is reason to believe there is a risk to the child as indicated by the health assessment, or the student has not previously received this medication in a setting; (c) established a process to review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom medication administration has been delegated; (d) provides ongoing supervision and consultation as needed to ensure that the student is receiving the medication appropriately. Supervision and consultation may include record review, on-site observation and/or assessment; (e) reviews all documentation pertaining to medication administration on a biweekly basis or more often if necessary. 				
7. For the purposes of 105 CMR 210.000, a Licensed Practical Nurse employed in the school setting functions under the general supervision of the School Nurse who has delegating authority.				
8. A current pharmaceutical reference is available for the School Nurses use.				
<p>210.006: Policies Related to the Self Administration of Medications by Students: For the purposes of 105 CMR 210.000, "self administration" shall mean that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction only when the following requirements are met:</p>				
1. The student, School Nurse and parent/guardian, where appropriate, have entered into an agreement which specifies the conditions under which medication may be self administered.				
2. The School Nurse, as appropriate, has developed a medication administration plan (105 CMR 2 10.005(E) with the elements necessary to ensure safe self administration.				
3. The School Nurse has evaluated the student's health status and abilities and has deemed self administration safe and appropriate. As necessary, the School Nurse shall observe				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
initial self administration of the medication.				
4. 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, and follows the school self administration protocols.				
5. 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, § 12F) or other authority permitting the student to consent to medical treatment without parental permission.				
6. A procedure has been established for documentation by the student of self administration of medication.				
7. A policy for the safe storage of self administered medication has been established. 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 is kept in the health room or a second readily available location).				
8. A plan to monitor the student's self administration, based on the student's abilities and health status has been established.				
9. With parental/guardian and student permission, as appropriate, the School Nurse has informed appropriate teachers and administrators that the student is self administering a medication.				
210.007: Policies Related to the Training of School Personnel Responsible for Administering Medications				
1. All medications are administered only by properly trained and supervised school personnel under the direction of the School Nurse.				
2. At a minimum, the training program includes both content standards and a test of competency developed and approved by the Department of Public Health in consultation with the Board of Registration in Nursing.				
3. Personnel designated to administer medications have been provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation (CPR). (Schools should make every effort to have a minimum of two school staff members with documented certification in CPR present in each school				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
building throughout the day).				
4. The School Nurse has documented the training and evidence of competency of unlicensed personnel designated to assume the responsibility for medication administration.				
5. The School Nurse provides a training review and informational update at least annually for those school staff authorized to administer medications.				
210.008: Policies Related to the Handling, Storage and Disposal of Medications				
1. A parent, guardian or parent/guardian-designated responsible adult delivers all medications to be administered by school personnel or to be taken by self medicating students, to the School Nurse or other responsible person designated by the School Nurse. (a) The medication is in a pharmacy or manufacturer labeled container. (b) The School Nurse or other responsible person receiving the medication documents the quantity of the medication delivered. (c) In extenuating circumstances, as determined by the School Nurse, the medication is delivered by other persons; provided, however, that the nurse has been notified in advance by the parent or guardian of the arrangement and the quantity of medication being delivered to the school.				
2. All medications are stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective.				
3. All medications are kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet is substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration are stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38°F to 42°F.				
4. Access to stored medications is 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 do not have access to other students' medications.				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
5. Parents or guardians may retrieve the medications from the school at any time.				
6. No more than a 30 school day supply of the medication for a student is stored at the school.				
7. All unused, discontinued or outdated medications are returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental 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 Drug Control.				
210.009: Policies Related to Documentation and Record-Keeping				
<p>1. Each school where medications are administered by school personnel must maintain a medication administration record for each student who receives medication during school hours.</p> <p>(a) The record at a minimum includes a daily log and a medication administration plan, including the medication order and parent/guardian authorization.</p> <p>(b) The medication administration plan includes the information as described in 105 CMR 210.005(E).</p> <p>(c) The daily log contains:</p> <ul style="list-style-type: none"> i. the dose or amount of medication administered; ii. the date and time of administration or omission of administration, including the reason for omission; iii. 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). <p>(d) The School Nurse documents 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.</p> <p>(e) All documentation shall be recorded in ink or secure electronic health record which cannot be altered.</p> <p>(f) With the consent of the parent, guardian, or student where appropriate, the completed medication administration record and records pertinent to self</p>				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
administration are 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, except as provided in 105 CMR 210.000.				
2. Medication errors, as defined in 105 CMR 210.005(F)(5), are 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 is reported to the Department of Public Health, Division of Drug Control. All medication errors resulting in serious illness requiring medical care are reported to the Department of Public Health, Bureau of Community Health and Prevention, School Health Unit.				
3. When requested, the school or district will comply with the Department of Public Health's reporting requirements for medication administration in the schools. (The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medications without prior notice to ensure compliance with 105 CMR 210.000).				
210.100: Policies Related to the Administration of Epinephrine				
1. The public school district or non-public school is registered with the Department 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. The following conditions must be met by the school committee or, in the case of a non-public school, the chief administrative officer: (a) has approved policies developed by the designated School Nurse Manager or, in the absence of a School Nurse Manager, a School Nurse with designated responsibility for management of the program governing administration of epinephrine by auto-injector. This approval must be renewed every two years.				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
<p>(b) in consultation with the Nurse Manager has provided written assurance to the Department that the requirements of the regulations will be met.</p> <p>(c) In consultation with the school physician, the School Nurse Manager has the final decision-making authority about the program. This person, or School Nurses designated by this person, selects the individuals authorized to administer epinephrine by auto-injector. Persons authorized to administer epinephrine must meet the requirements of section 210.004(B)(2).</p>				
<p>2. School personnel authorized to administer epinephrine by auto-injector have been trained and tested for competency by the School Nurse Manager or School Nurses in accordance with standards and a curriculum established by the Department.</p> <p>(a) The School Nurses have documented the training and testing of competency.</p> <p>(b) The School Nurses provide a training review and informational update at least twice a year.</p> <p>(c) The training, at a minimum, includes:</p> <ul style="list-style-type: none"> i. procedures for risk reduction; ii. recognition of the symptoms of a severe allergic reaction; iii. the importance of following the medication administration plan; iv. proper use of the auto-injector; and v. requirements for proper storage and security, notification of appropriate persons following administration, and record keeping. <p>(d) The school maintains and makes 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.</p>				
<p>3. When epinephrine is administered, immediate notification of the local emergency medical services system (generally 911) occurs, followed by notification of the student's parent(s) or guardian(s) or, if the parent(s) or guardian(s) are not available, another designated person(s), the School Nurse, the student's physician, and the school physician, to the extent possible.</p>				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
<p>4. Epinephrine is administered only in accordance with an individualized medication administration plan satisfying the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), updated every year, and includes the following:</p> <ul style="list-style-type: none"> (a) a diagnosis by a physician that the child is at risk of a life threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine; (b) written authorization by a parent or legal guardian (c) home and emergency number 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; (d) identification of places where the epinephrine is to be stored, following consideration of the need for storage: <ul style="list-style-type: none"> i. at one or more places where the student may be most at risk; ii. in such a manner as to allow rapid access by authorized persons, including iii. possession by the student when appropriate; and iv. in a place accessible only to authorized persons. 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; v. a list of the school personnel who would administer the epinephrine to the student in a life threatening situation when a School Nurse is not immediately available; vi. a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and vii. an assessment of the student’s readiness for self administration and training, as appropriate. 				
<p>5. Procedures are in place that are in accordance with standards established by Department that include the following:</p> <ul style="list-style-type: none"> (a) developing the medication administration plan for individual students; 				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
<ul style="list-style-type: none"> (b) developing general policies for the proper storage of medication, including limiting access to persons authorized to administer the medication and returning unused or outdated medication to a parent or guardian whenever possible; (c) recording receipt and return of medication by the School Nurse; (d) documenting the date and time of administration; (e) notifying appropriate parties of administration and documenting such notification; (f) reporting medication errors in accordance with 105 CMR 210.005(F)(5); (g) reviewing any incident involving administration of epinephrine to determine the adequacy of the response and to consider ways of reducing risks for the particular student and the student body in general; (h) planning and working with the emergency medical system to ensure the fastest possible response; (i) disposing properly of a used epinephrine injector; (j) submitting a written report to the Department of Public Health each time epinephrine is administered to a student or staff, on a form obtained from the Department; (k) permitting the Department of Public Health to inspect any record related to the administration of epinephrine without prior notice, to ensure compliance with 105 CMR 210.100. 				
<p>6. Epinephrine can be administered in accordance with these regulations in before and after school programs offered or provided by a school, such as athletic programs, special school events and school-sponsored programs on week-ends, provided that the public school district or non-public school is registered with the Department pursuant to section 210.100(A) and meets the requirements set forth in section 210.000(B) and provided the following requirements are met:</p> <ul style="list-style-type: none"> (a) the school committee or chief administrative officer in a non-public school has approved in the policy developed in accordance with section 210.100(A)(1), administration of epinephrine in such programs. The 				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
<p>policy has identified the school official(s), along with a School Nurse for each school designated by the School Nurse Manager for determining which before and after school programs and special events are to be covered by the policy;</p> <p>(b) the designated School Nurse approves administration of epinephrine in that program and selects the properly trained person(s) to administer the epinephrine;</p> <p>(c) the school complies with the requirements of 105 CMR 210.100 (A), including immediate notification of emergency medical services following administration of epinephrine,</p> <p>(d) the program is not licensed by another state agency, in which case the regulations promulgated by that state agency will apply.</p> <p>(e) In the event the student is accompanied by school personnel from the sending school, such personnel, whenever possible, will assume responsibility for ensuring that the epinephrine is brought, properly stored and administered as necessary, in accordance with the medication administration plan developed by the sending school.</p> <p>(f) In the event the student is not accompanied by school personnel from the sending school or such personnel are not trained in the administration of epinephrine, the receiving school may, in its discretion, assume responsibility for administering epinephrine, provided that:</p> <ol style="list-style-type: none"> i. the designated School Nurse in the receiving school is provided with adequate prior notice of the request, at least one week in advance unless otherwise specified by the designated School Nurse; ii. the designated School Nurse in the receiving school approves administration of epinephrine for that student; iii. 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. 				

REGULATION	Included (Y/N)	Incomplete	Evidence Noted	Comments
<p>(g) When the receiving school assumes responsibility for administering epinephrine, whenever possible, the student shall provide the designated School Nurse in the receiving school with a copy of the medication administration plan developed in accordance with section 105 CMR 210.005(E) in a timely fashion in accordance with procedures established by the nurse.</p> <p>(h) If no medication administration plan is provided, the student at a minimum shall provide to the designated School Nurse in the receiving school:</p> <ul style="list-style-type: none"> i. written authorization and emergency phone numbers from a parent or guardian; ii. a copy of a medication order from a licensed provider; iii. any specific indications or instructions for administration. 				