



Policy and Procedures for Administration of Medications (105 CMR 210.000)

The River Valley Charter Public School Board of Trustees in consultation with the school administration, the School Physician, and the School Nurse Manager approves the following policy and procedures governing administration of medications in the school under its jurisdiction.

I. Management of the Medication Administration Program

- A. The school nurse leader shall be the supervisor of the medication administration program in the school.
- B. The school nurse leader, under the supervision of the school physician, shall develop and propose to the Board of Trustees policy and protocols relating to the administration of medications. Review and revision of such policies and procedures shall occur as needed but at least every two years. At a minimum, these policies shall include:
 - (1) designation of a medication program manager as supervisor of the medication administration program in a school;
 - (2) documentation of the administration of medications;
 - (3) response to a medication emergency;
 - (4) storage of medications;
 - (5) reporting and documentation of medication errors;
 - (6) dissemination of information to caregivers. Such information shall include an outline of a school's medication policies and shall be available to caregivers upon request;
 - (7) procedures for resolving questions between the school and a caregiver regarding administration of medications. Such procedures shall provide for and encourage the participation of the caregiver. Existing procedures for resolution of differences may be used whenever appropriate.
- C. Medication Orders/Caregiver Consent:
 - 1. The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed as necessary, preferably at the beginning of each academic year. A telephone

order or an order for any change in medication shall be received only by the school nurse. Any such verbal order must be followed by a written order within three school days. Whenever possible, the medication order shall be obtained, and the medication administration plan will be developed before the student enters or re-enters school.

- a. In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:
 1. the student's name,
 2. the name and signature of the licensed prescriber and business and emergency phone numbers,
 3. the name, route, and dosage of the medication,
 4. the frequency and time of medication administration,
 5. the date of the order,
 6. 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 caregiver or student to be kept confidential, and
 7. additional specific directions for administration (if necessary).
 - b. Caregivers are responsible for providing the following additional information if appropriate, from prescriber:
 1. any special side effects, contraindications, and adverse reactions to be observed,
 2. any other medications being taken by the student, and
 3. the date of most recent evaluation, and
 4. the next scheduled visit, if known.
 - c. Special Medication Situations:
 1. For short-term medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's order. If the nurse has a question, they may request a licensed prescriber's order.
 2. For "over-the-counter" medications, i.e., nonprescription medications, the school nurse shall follow the Board of Registration in Nursing's Advisory Ruling 92-05: Medication Administration of Over the Counter Drugs.
 3. For medications administered under a standing order, the school nurse shall follow the Board of Registration in Nursing's Advisory Ruling 9324: Accepting, Verifying, Transcribing, and Implementing Medication Orders. The school nurse shall obtain standing orders from the school physician and parental/guardian permission each new school year. Unlicensed school personnel can only administer a medication under a standing order that is specific to an individual patient (with the exception of an emergency rescue opioid antagonist) and under the delegation model.
 4. Investigational new drugs may be administered in the school with
 - a. a written order by a licensed prescriber,
 - b. written consent of the caregiver, and
 - c. a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in the school setting.
2. The school nurse shall ensure that there is a written authorization by the caregiver which

contains:

- a. the caregiver's signature and an emergency phone number,
- b. A list of all medications the student is currently receiving (if not a violation of confidentiality or contrary to the request of the parent, guardian, or student that such medication not be documented)
- c. approval to have the school nurse, or school personnel designated by the school nurse, administer the medication, and
- d. person(s) to be notified in case of a medication emergency, if the caregiver is unavailable

D. Medication Administration:

School Nurses shall administer medication according to proper medication orders, as delineated above.

1. The school nurse shall have access to current, peer-reviewed medication references.
2. The school nurse shall ensure the positive identification of a student prior to administering medication.
3. In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any medication, which, based on their individual assessment and professional judgment, has the potential to be harmful, dangerous, or inappropriate. In these cases, the caregiver and licensed prescriber shall be notified immediately by the school nurse.
4. For the purposes of medication administration, the Licensed Practical Nurse functions under the general supervision of the school nurse who has delegating authority. Under 105 CMR 210, a Licensed Practical Nurse may not delegate the administration of medications to unlicensed school personnel.
5. The caregiver shall provide a medication administration plan for each student receiving medication that is not part of school standard orders that are offered universally. The plan shall be agreed upon and signed by the caregiver and school nurse. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and their preferences respected to the maximum extent possible. If appropriate, the medication 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.
6. Prior to the initial administration of a medication associated with a medication plan, the school nurse shall assess the student's health status and develop a medication administration plan which includes:
 - a. the name of the student,
 - b. medication order from a licensed prescriber, which meets the requirements of 105 CMR 210.005 (D)(1),
 - c. the signed authorization of the caregiver, which meets the requirements of 105 CMR 210.005 (D)(3),
 - d. any known allergies to food or medications,

- e. the diagnosis, unless a violation of confidentiality or the caregiver or student requests that it not be documented,
 - f. any possible side-effects, adverse reactions, or contraindications,
 - g. the quantity of prescription medication to be received by the school from the caregiver,
 - h. required storage conditions (if applicable),
 - i. the duration of the medication order,
 - 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 designated person(s) are unavailable,
 - k. plans, if any, for teaching self-administration of the medication,
 - l. when appropriate, the location where the administration of the medication will take place,
 - m. a plan for monitoring adverse effects of the medication, and
 - n. The school nurse has final decision making authority for the provision of medication administration in the case of field trips and other short term special school events, which may include nursing staffing, delegation of medication administration, or a combination of both.
 - o. With caregiver permission, other persons to be notified of medication administration and possible adverse effects of the medication.
7. The school nurse will communicate significant observations relating to medication effectiveness and adverse reactions or other harmful effects to the student's caregiver and/or licensed prescriber.
- E. Delegation/Supervision: (This section applies to school districts or private schools which have been registered by the Massachusetts Department of Public Health to permit school nurses to delegate responsibility for administration of medication to trained nursing-supervised unlicensed school personnel.)

The River Valley Charter Public School Board of Trustees authorizes that the responsibility for the administration of medication may be delegated to the following categories of unlicensed school personnel according to criteria delineated in CMR 210.004 (B)(2): administrative staff, teaching staff, and licensed health professionals. These personnel shall be under the supervision of the school nurse for the purposes of 105 CMR 210. The Board of Trustees, in consultation with the Board of Health where appropriate, shall provide assurances that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel. Responsibilities for supervision, at a minimum, shall include the following:

- 1. After consultation with the school director, the school nurse shall select, train, and supervise the specific individuals who may administer medications.
- 2. The number of unlicensed school personnel to whom responsibility for medication administration may be delegated is determined by:
 - a. number of unlicensed school personnel the School Nurse can adequately supervise, as determined by the School Nurse: and
 - b. The number of unlicensed school personnel necessary, in the nurse's judgment, to ensure that medications are properly administered to each student.

3. The school nurse shall support and assist persons who have completed the training specified in 105 CMR 210.007 to prepare for and implement their responsibilities related to the administration of medication.
4. The first time that an unlicensed school personnel administers medication, the delegating school nurse shall provide supervision at the work site. In extenuating circumstances, as determined by the school nurse, the skills competency for a PRN emergency rescue medications administered through inhalation or through the mucous membranes of the nose, digestive tract, or lungs (such as inhalers and nasal preparations of glucagon and diazepam) or, in the case of injectable glucagon, an FDA approved, pre-dosed autoinjector, may be demonstrated without administration of the medication to the student. When a PRN emergency rescue medication is administered, the medication plan shall address notification of the local emergency medical services system, followed by notification of the student's caregiver.
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:
 - 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; and
 - d. the proximity and availability of the School Nurse to the unlicensed person who is performing the medication administration.
6. For the individual student, the School Nurse shall:
 - a. determine whether or not it is medically safe and appropriate to delegate medication administration;
 - b. administer the first dose of medication, if there is reason to believe there is a risk to the student as indicated by the health assessment, or the student has not previously received this medication in any setting. In extenuating circumstances, as determined by the school nurse, PRN emergency rescue medications administered through inhalation or through the mucous membranes, of the nose, digestive tract, or lungs (such as inhalers and nasal preparations of glucagon and diazepam) or, in the case of injectable glucagon, and FDA approved, pre-dosed autoinjector, are not required to be administered, the medication plan shall address notification of the local emergency medical services system, followed by notification of the student's caregiver;
 - c. review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom medication administration has been delegated;
 - d. provide 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. review all documentation pertaining to medication administration on a biweekly basis or more often if necessary.
7. Training of School personnel responsible for administering medications
 - a. All medications are administered only by properly trained and supervised school personnel

- under the direction of the School Nurse
- b. At a minimum, the training program includes content standards and a demonstration of competency developed and approved by the Department of Public Health in consultation with the Board of Registration in Nursing
 - c. Personnel designated to administer medications have been provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation (CPR).
 - d. The School Nurse has documented the training and evidence of competency of unlicensed personnel designated to assume the responsibility for medication administration.
 - e. The School Nurse provides a training review and informational update at least annually for those staff authorized to administer medications.

For the purpose of administering emergency medication to an individual student, including parenteral administration (i.e., by injection) of epinephrine pursuant to 210.004(A)(4), the school nurse may identify individual unlicensed school personnel who may be trained pursuant to 105 CMR 210.007 or 105 CMR 210.010, in the case of epinephrine, or 105 CMR 210.011, in the case of an emergency rescue opioid antagonist. Said unlicensed school personnel shall be listed on the medication administration plan and receive training in the administration of emergency medication to a specific student.

1. The school nurse, in consultation with the school physician, shall have final decision-making authority with respect to delegating administration of medications to unlicensed personnel in school systems registered with the Department of Public Health.
2. The following criteria must be met, at minimum, for an unlicensed individual to administer medication:
 - a. Individual demonstrates sound judgment
 - b. Individual is able to read and write in the language in which the medication order is written
 - c. Individual is able to communicate with the school nurse orally and in writing
 - d. Individual is able to communicate with the student receiving the medication or is able to access an interpreter when needed.
 - e. Individual is able to meet the requirements of 105 CMR 210.000 and follow nursing supervision
 - f. Individual is able to respect and protect the student's confidentiality and
 - g. Individual has completed an approved training program pursuant to 105 CMR 210.007 or completed an approved training program pursuant to 105 CMR 210.010 in the case of epinephrine.
3. The School Nurse selects, trains, and supervises specific individuals, who may administer medications. When necessary to protect student health and safety, the School Nurse may rescind such selection. When medication administration is delegated by the school nurse to the unlicensed personnel, such personnel shall be under the supervision of the school nurse for the purposes of medication administration.
4. A School Nurse shall be on duty in the school system while medications are being administered by designated unlicensed school personnel, or be available should consultation be required.

The consultation may be in person or virtual (telephonic or web based).

5. The administration of parenteral medications may not be delegated or administered by training, with the exception of epinephrine or injectable glucagon in an FDA approved, pre-dosed autoinjector administered in accordance with the restrictions outlined in 105 CMR 210.
6. With the exception of emergency, rescue medications, which may be administered under the delegation model according to the student's emergency medication plan without a separate nursing assessment, delegation of medication administration will be used for scheduled medications only. PRN medications require a nursing assessment, which is outside the scope of practice of unlicensed school personnel. Consultation with a school nurse is required for each dose of PRN medication administered.
7. Neither prescription medication nor over the counter medications may be administered by delegation by unlicensed personnel without student specific medication orders from a licensed prescriber.
8. The name of the unlicensed school personnel administering medication by delegation must be identified in the student health record.

II. Self-Administration of Medications

"Self-administration" means that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction. A student may be responsible for taking their own medication after the school nurse has determined that the following requirements are met:

- A. the student, school nurse and caregiver, where appropriate, enter into an agreement, which specifies the conditions under which medication may be self-administered, which may include the conditions under which a student may self-carry medications for the purpose of administration by another, or whether the medication being self administered is being taken or applied by the student themselves or with an FDA-approved medical device;
- B. the school nurse will be provided with proposed medication administration plan by caregiver, which contains elements necessary to ensure safe self-administration of medication;
- C. the student's health status and abilities have been evaluated by the prescribing provider who then deems self-administration of the medication safe and appropriate. When possible, the school nurse shall observe initial self-administration of the medication;
- D. the school nurse is reasonably assured that the student is able to identify the appropriate medication, and knows the frequency and time of day for which the medication is ordered, as well as the indication, and symptoms that would necessitate them to seek evaluation;
- E. there is written authorization from the student's caregiver that the student may self-administer medication, unless the student has consented to treatment under M.G.L. c. 112, s. 12F or other authority permitting the student to consent to medical treatment without caregiver permission;

- F. if requested by the school nurse, the licensed prescriber provides a written order for self-administration,
- G. the student follows an agreed upon procedure for safe self-administration of medication,
- H. the school nurse establishes a policy for the safe storage of self-administered medication and, as necessary, consults with teachers, the student and caregiver, if appropriate, to determine a safe place for storing the medication for the individual student, while providing for accessibility if the student's health needs require it. This information will be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a back-up supply of the medication shall be kept in the health room or a second readily available location.
- I. the student's self-administration is monitored by student, caregiver, and/or health care providers based on their abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, reminding the student to take the medication, visual observation to ensure compliance, recording that the medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the medication,
- J. with caregiver and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering and/or self-carrying a medication.

III. Handling, Storage and Disposal of Medications

- A. A care-giver or caregiver-designated responsible adult shall deliver all medications to be administered by school personnel or to be taken by self-medicating students (if required by the self-administration agreement) to the school nurse or other person designated and trained by the school nurse to receive medication.
 - 1. The medication must be in a pharmacy or manufacturer labeled container specific to the medication.
 - 2. The school nurse or other responsible person receiving the medication shall verify the quantity of the medication delivered.
 - 3. In extenuating circumstances, as determined by the school nurse, the medication may be delivered by other persons; provided, however, that the nurse is notified in advance by the caregiver of the arrangement and the quantity of medication being delivered to the school.
- B. All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective. Expiration dates shall be checked. Expired medications will not be administered. Caregiver is responsible for providing non-expired medication.
- C. All medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 36 to 46 degrees Fahrenheit. Medication

requiring freezer storage shall be stored in either a locked box in a freezer or in a locked freezer maintained at temperatures between -13 degrees Fahrenheit to 14 degrees Fahrenheit.

- D. Access to stored medications shall be limited to persons authorized to administer medications. Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medicating shall not have access to other students' medications.
- E. Caregivers may retrieve the medications from the school at any time.
- F. No more than a thirty (30) school day supply of the medication for a student shall be stored at the school, with the exception of multidose devices, which may contain more.
- G. Unused, discontinued or outdated medications shall be returned to the caregiver and the return appropriately documented. All medications should be returned at the end of the school year. School nursing staff are not responsible for disposing of nor destroying medications. When extenuating circumstances exist, school personnel may dispose of student medication that has not been retrieved by the caregiver on or after July 1st, in accordance with state regulations.

IV. Documentation and Record-Keeping

- A. The school nurse shall maintain a medication administration record, compliant with 105 CMR 210.008 for each student to whom a school staff member administers medication.
 - 1. Such record, at a minimum shall include a daily log and a medication administration plan, including the medication order and caregiver authorization.
 - 2. The medication administration plan shall include the information described in 105 CMR 210.005(E).
 - 3. The daily log shall contain:
 - a. the dose or amount of medication administered,
 - b. the date and time of administration or omission of administration, including the reason for omission and action taken post omission, and
 - c. a mechanism for identifying the person administering each dose of 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. In an electronic health record, an electronic signature is acceptable.
 - 4. The school nurse shall document within the medication administration record significant observations of the medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
 - 5. All documentation shall be recorded in a manner that prevents alteration or destruction of the record.
 - 6. With the consent of the caregiver, or student where appropriate, the completed medication administration record and records pertinent to self-administration shall be filed in the student's cumulative health record. When the parent, guardian, or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential,

except as provided in 105 CMR 210.

- B. Those individuals granted medical administration responsibility when offsite/off campus will be provided a form to use for recording administration of medication. The information will be returned to the school nurse and stored in a locked file for the totality of the student's tenure at the school.
- C. The school district shall comply with the Department of Public Health's reporting requirements for medication administration in the schools.
- D. 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 the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.

V. Reporting and Documentation of Medication Errors

- A. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
 - 1. within appropriate time frames (the appropriate time frame should be addressed in medication administration plan),
 - 2. in the correct dosage,
 - 3. in accordance with accepted practice, and
 - 4. to the correct student.
- B. In the event of a medication error, the school nurse shall notify the caregiver immediately. If there is a question of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician, as well as determine the necessity for visit to an emergency health facility.
- C. Medication errors shall be documented by the school nurse on the accident/incident report form. These reports shall be retained in the following location: in the Health Office medication error file and/or the student health record. They will be made available to the Department of Public Health upon request. All medication errors resulting in serious illness requiring medical care or ongoing assessment shall be reported as instructed to the Department of Public Health. All suspected diversion or tampering of drugs will be reported to the Department of Public Health, Drug Control Program.
- D. The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.

VI. Response to Medication Emergencies

- A. If a severe adverse reaction to a medication occurs, i.e., severe allergic reaction, difficulty breathing, severe vomiting, chest pain, loss of consciousness, etc., 911 will be called, and the student will be transported to the nearest medical facility or facility of the caregiver's request if possible. The EMS staff will have the final decision as to where the student is transported.
- B. Caregivers will be notified of the event, and where their student was transported so they can meet them at the facility. The school nurse, RVCS administration, and the medication prescriber will also

be notified.

- c. A list of First Aid and CPR trained staff shall be available to staff and every effort will be made to have First Aid and CPR staff available where medication administration is taking place.

VII. Administration of Epinephrine to Individuals Experiencing Life-Threatening Allergic Reactions

- A. When a school district/school is registered with the Department of Public Health the school nurse may train unlicensed personnel to administer epinephrine via FDA approved pre-dosed formulations in a life-threatening situation during the school day, when a nurse is not immediately available, including field trips, to individuals with diagnosed life-threatening allergies. The following conditions must be met:
 - 1. The Board of Trustees has approved policies developed by the medication program manager governing the administration of epinephrine. This approval must be renewed every year.
 - 2. The Board of Trustees has provided written assurance that the school will register with the MDPH and that the requirements of 105 CMR 210 will be met.
 - 3. In consultation with the School Physician, the School Nurse Manager has provided written assurance to the Department that the requirements of the regulations will be met.
 - 4. In consultation with the school physician, the School Nurse manager oversees and has the final decision making authority about the program.
- B. The school personnel authorized to administer epinephrine by auto injector are trained and tested for competency by the designated school nurse leader or responsible school nurse, or school nurses designated by this person, in accordance with standards and curriculum established by the Department.
 - 1. The designated school nurse leader or responsible school nurse, or school nurses designated by this person, shall document the training and testing of competency.
 - 2. The designated school nurse leader or responsible school nurse, or a designee, shall provide a training review and informational update at least twice per year.
 - 3. The training, at a minimum, shall include:
 - a. procedures for risk reduction,
 - b. recognition of symptoms of a severe allergic reaction,
 - c. the importance of following the medication administration plan,
 - d. proper use of the administration device, and
 - e. requirements for proper storage and security of medication, notification of appropriate persons following administration, and record keeping.
 - 4. The school shall maintain and make available, upon request by caregivers or staff, a list of those school personnel authorized and trained to administer epinephrine by auto-injector in an emergency, when the school nurse is not immediately available.
- C. Epinephrine shall be 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, which includes the following:
 - 1. a diagnosis by a physician that the student is at risk of a life-threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine,
 - 2. written authorization by a caregiver,

3. home and emergency number for the caregiver(s), as well as the name(s) and phone number(s) of any other person(s) to be notified if the caregiver(s) are unavailable,
 4. identification of places where the epinephrine is to be stored, following consideration of the need for storage:
 - a. at one or more places where the student may be most at risk,
 - b. in such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate, and
 - c. in a place accessible only to authorized people. The storage locations(s) should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse.
 - d. Epinephrine auto-injectors are located throughout the building as follows:
 1. in the Health Office
 2. on the wall in the Annex hallway
 3. on the wall outside the Before Care room
 4. in the rooms of individuals with known life threatening allergies
 5. a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens and
 6. an assessment of the student's readiness for self-administration and training as appropriate.
- D. When Epinephrine is administered, there shall be immediate notification of the local emergency medical services system (911), followed by notification of the student's caregivers, or if the caregivers are not available, any other designated person(s), the school nurse, the student's physician, and the school physician, to the extent possible. Because of the danger of biphasic reactions, the student should be transported by trained emergency medical personnel to the nearest emergency medical facility.
- E. Procedures shall be established for:
1. developing the medication administration plan;
 2. developing general policies for proper storage of medication, including limiting access persons authorized to administer the medication and returning unused or outdated medication to the caregiver whenever possible,
 3. recording receipt and return of medication by the school nurse,
 4. documenting the date and time of administration,
 5. notifying appropriate parties of administration and documenting such notification,
 6. reporting medication errors in accordance with 105 CMR 210.005(F)(5),
 7. 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,
 8. planning and working with the emergency medical system to ensure the fastest possible response,
 9. proper disposal of a used epinephrine auto-injector,
 10. submitting a written report to the Department of Public Health each time epinephrine is administered to a student or staff, in accordance with 105 CMR 210.009(C), and
 11. 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.
- F. Epinephrine may be administered in accordance with 105 CMR 210 in before school or after school

programs offered or provided by a school, such as athletic programs, special events and school sponsored programs on weekends, provided that the public school district 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:

1. The Board of Trustees has approved a policy developed in accordance with section 210.100(A)(1), administration of epinephrine in such programs. The policy has identified the school official(s) along with a School Nurse for determining which events are to be covered by the policy
 2. the designated school nurse approves administration of epinephrine in that program and selects the properly trained person (s) to administer epinephrine
 3. the school complies with the requirements of 105 CMR 210.100(A), including immediate notification of emergency medical services following administration of epinephrine,
 4. the program is not licensed by another state agency, in which case the regulations promulgated by that state agency will apply.
 5. In the event the student is accompanied by school personnel from the 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 school.
 6. In the event the student is not accompanied by school personnel from the school or such personnel are not trained in the administration of epinephrine, a receiving school may, in its discretion, assume responsibility for administering epinephrine, provided that:
 - a. 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
 - b. the designated School Nurse in the receiving school approves administration of epinephrine for that student
 - c. the caregiver (or student with permission to self carry) has provided the School Nurse (or a person trained by the School Nurse to administer epinephrine) with the medication to be administered.
- G. When a 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.
- H. If no medication plan is provided, the student at a minimum shall provide to the designated School Nurse in the receiving school:
1. written authorization and emergency phone numbers from a caregiver
 2. a copy of a medication order from a licensed provider
 3. any specific indications or instructions for administration.
- I. Administration and storage of epinephrine shall be governed solely by 105 CMR 210.010.

VIII. Administration of Emergency Rescue Opioid Antagonist

- A. River Valley Charter School may register with the Department for the limited purpose of permitting properly trained unlicensed school personnel to administer any available, FDA-approved, pre-dosed form of an emergency rescue opioid antagonist (hereafter, any available, FDA-approved, pre-dosed form of an emergency rescue opioid antagonist will be referred to solely as an emergency rescue opioid antagonist for the purposes of 105 CMR 210.011) in a life-threatening situation during regular school activities when a school nurse is not immediately available, including field trips, provided that the following conditions are met:
1. The Board of Trustees approves policies developed by the medication program manager governing administration of an emergency rescue opioid antagonist. This approval must be renewed every year;
 2. The Board of Trustees provides an assurance to the Department that the requirements of 105 CMR 210.000 will be met through registration with the Department;
 3. In consultation with the school physician, the medication program manager oversees and has final decision-making authority about the emergency rescue opioid antagonist program;
 4. The unlicensed school personnel authorized to administer an emergency rescue opioid antagonist are trained by the school nurse, or a training provider designated by the school nurse, in accordance with standards established by the Department;
 - (a) the training, at a minimum, shall include:
 1. recognition of the symptoms of an opioid overdose; and
 2. proper use of the administration method.
 - (b) the medication program manager, or school nurses designated by this person, shall document the training and evaluation of competency.
 - (c) the school shall maintain and make available upon request by caregivers or staff documentation of those unlicensed school personnel authorized and trained to administer an emergency rescue opioid antagonist when the school nurse is not immediately available.
 5. When an emergency rescue opioid antagonist is administered:
 - (a) there shall be immediate notification of the local emergency medical services system, followed by notification of a student's caregiver as appropriate, the school nurse, and other individuals as warranted and deemed appropriate by the school nurse; and
 - (b) the medication program manager will report the administration of an emergency rescue opioid antagonist to the Department of Public Health as directed each time an emergency rescue opioid antagonist is administered during regular school activities, in accordance with 105 CMR 210.009(C).
 6. All school staff, regardless of licensure, should follow a medication order for the administration of an emergency rescue opioid antagonist; and

7. Identification of places where the opioid antagonist is to be stored, following consideration of the need for storage:
 - (a) at one or more places students and visitors are most likely to be located;
 - (b) in such a manner as to allow rapid access by trained persons, including possession by the student when appropriate; and
 - (c) in a place that minimizes risk of unintended use. The storage location(s) should be secure but not locked.
- B. Any individual, including unlicensed school personnel, may carry and administer an emergency rescue opioid antagonist on school grounds or at school events, as permitted by the statewide standing order and within M.G.L. c. 94C, §§ 19(d) and 34A(e).
- C. Administration and storage of an emergency rescue opioid antagonist in schools shall be governed by 105 CMR 210.011.

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

The Medication Administration Policy shall be available to community members upon request. In addition, it shall be posted in the school's caregiver portal and/or website.

Caregivers are encouraged to ask questions regarding this policy and its procedures. Should a caregiver have questions or wish to raise concerns, written inquiries are preferred, and will be responded to in writing within two school days of receipt.

APPENDIX

Definitions

As used in 105 CMR 210.000, the following words, unless the context clearly requires otherwise, shall have the following meanings:

Administration of Medication means the direct application of a medication by inhalation, ingestion, or by any other means to the body of a person.

Caregiver means a parent or guardian of a student.

Controlled Substance shall have the meaning as defined in M.G.L. c. 94C, § 1.

Cumulative Health Record means the collection of an individual student's medical documentation relevant to the health of the student maintained by a school or school district which may include historical and ongoing medications, applicable diagnosis information, allergies and other relevant medical conditions, immunization records, health screenings, health office visits notes, and contact information for the student's health care providers. The records may be maintained in a paper or electronic format or a combination of both.

Delegation shall have the meaning as defined in 244 CMR 10.01: Definitions. The delegating nurse must provide adequate supervision of all nursing activities delegated to unlicensed persons. Delegation is the most common model under which unlicensed school personnel can administer medications in schools.

Department means the Massachusetts Department of Public Health.

Drug shall have the meaning as defined in M.G.L. c. 94C, § 1.

Emergency Rescue Medication means a schedule II-VI medication which is administered in the event of an allergic reaction, hypoglycemia, apparent opioid overdose, asthma or other loss of consciousness and/or acute respiratory event, in order to prevent imminent death or serious injury or illness. Examples may include, but are not limited to:

- (1) epinephrine in an FDA-approved, pre-dosed auto-injector or FDA-approved, pre-dosed forms that are administered through the mucous membranes of the nose, digestive tract, or lungs;
- (2) opioid antagonists in an FDA-approved, pre-dosed auto-injector or FDA-approved, pre-dosed forms that are administered through the mucous membranes of the nose, digestive tract, or lungs;
- (3) glucagon in an FDA-approved, pre-dosed auto-injector or FDA-approved, pre-dosed forms that are administered through the mucous membranes of the nose, digestive tract, or lungs;
- (4) atropine, pralidoxime chloride or other designated nerve agent antidotes that are in an FDA-approved, pre-dosed form;
- (5) rescue inhalers; and
- (6) other medications in FDA-approved, pre-dosed forms that are administered through the mucous membranes of the nose, digestive tract, or lungs.

Investigational New Drug means 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.

Licensed Practical Nurse means an individual who is a graduate of an approved practical nursing program, and who is currently licensed as a practical nurse pursuant to M.G.L. c. 112.

Licensed Prescriber means a health care provider who is legally authorized to prescribe medication pursuant to M.G.L. c. 94C and applicable federal laws and regulations.

Medical Device means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory for use as outlined in 21 U.S.C. § 321.

Medication means any controlled substance in schedules II-VI or FDA-approved over-the-counter medication with a drug fact sheet.

Medication Program Manager means a School Nurse that has assumed responsibility for a school or district medication program by registering with the Department of Public Health.

Parenteral Medication means any medication administered in a manner other than by the digestive tract or topical application, as by intravenous, intramuscular, subcutaneous, or intradermal injection.

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Massachusetts or in another state.

Pro re nata (abbreviated p.r.n.) means "as needed."

Regular School Activities means all instructional/academic activities, as well as all activities organized or sanctioned by the school including, but not limited to, day and overnight field trips, school-provided transportation, interscholastic sporting events, after school or extracurricular clubs or organizations, and proms or other social events organized as part of the instructional/academic portion of the school.

School Nurse means a nurse practicing in a school setting, who is:

- (1) a graduate of an approved school for professional nursing;
- (2) currently licensed as a Registered Nurse pursuant to M.G.L. c. 112; and
- (3) hired in the following manner:

School Nurse Leader shall be hired by the School Director.

Part-time or substitute nurses may be hired by the School Nurse Leader, with the approval of the School Director.

School Physician means a physician appointed by a School Committee or Board of Health in accordance with M.G.L. c. 71, §§ 53, 53A, and 53B or, in the case of a non-public, by the

governing body.

Self-administration shall have the meaning as defined in 105 CMR 700.001.

Self-carry means storage of limited quantities of medications including, as appropriate, multi-dose medications on a student's person, at the discretion of the school nurse, as outlined in 105 CMR 210.006.

Supervision means guidance by a qualified school nurse, provided through any communication medium, to accomplish a task, with initial direction and instruction concerning the task and periodic inspection and oversight of activities related to the task.

Unlicensed School Personnel means any individual employed by or through contract with the school committee or in the case of a non-public school, by the governing body, who does not hold a healthcare license in Massachusetts that authorizes the licensee to administer medications.