



SHIELD

School Health Institute for Education and Leadership Development

MEDICATION ADMINISTRATION IN A SCHOOL SETTING

School Nursing Practice in Massachusetts



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Overview

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

Pre-kindergarten through grade 12 students have a wide range of medication needs. Student health care continues to increase in complexity as new technologies and drugs come onto the market.

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

- The regulations and oversight of medication administration and delegation in the state of Massachusetts (MA)
- The School Nurse's role and responsibilities
- A checklist to ensure compliance with [MA State 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

This 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 their duties.

Re-training every three years is mandatory for School Nurse Managers who are responsible for a school district's medication program and who are listed on the MA Department of Public Health (MDPH) application for registration for delegation of medication administration and epinephrine training 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 activities (school-sponsored), all off-campus school trips (i.e., field trips), and all other school-sponsored events.

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

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Glossary of Terms

ADA	Americans with Disabilities Act
ADHD	Attention Deficit Hyperactivity Disorder
ANA	American Nurses Association
ASERP	Approved Private Special Education School Residential Programs
BORN	Board of Registration in Nursing
CMR	Code of Massachusetts Regulations
CPR	Cardiopulmonary Resuscitation
DCF	Department of Children and Families
DDS	Department of Developmental Services
DESE	Department of Elementary and Secondary Education
DMH	Department of Mental Health
DOE	Department of Education
DYS	Department of Youth Services
EEC	Department of Early Education and Care
EMS	Emergency Medication Response
IHP	Individualized Healthcare Plan
LPN	Licensed Practical Nurse
MA	Massachusetts
MAP	Medication Administration Plan
MAR	Medication Administration Record
MCSR	Massachusetts Controlled Substances Registration
MDPH	Massachusetts Department of Public Health
MGL	Massachusetts General Laws
NASN	National Association of School Nurses
NBCSN	National Board for Certification of School Nurses
SHU	School Health Unit
RN	Registered Nurse
UAP	Unlicensed Assistive Personnel

A Note About Resources

Throughout this eBook there are references to laws, regulations, websites, and various resources, such as reporting forms, sample policies, and training tools.

SHIELD maintains a comprehensive list of resources on its [Medication Admin and Delegation](#) webpage. These resources are curated and regularly updated. **We recommend bookmarking this page for easy access.**

In addition to SHIELD's [website](#) and [Medication Admin and Delegation](#) webpage, we also recommend bookmarking these following key websites and webpages:

- [MDPH School Health Services](#)
 - [Medication Administration: Management of medication administration in the school setting](#)

- [MA Board of Registration in Nursing \(BORN\)](#):
 - [Advisory Rulings for the Board of Registration in Nursing](#)
 - [Five Rights of Delegation](#)
 - [Nursing Practice](#)



School Nursing Regulations

Governance

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

The Massachusetts Board of Registration in Nursing (BORN) outlines the standards of conduct for all licensed nurses in MA regulation [244 CMR 9.00](#). Each nurse licensed by BORN and engaged in nursing practice is responsible for knowing and understanding the standards of conduct for nurses detailed 244 CMR 9.00, as well as all of the state laws and regulations governing nursing practice. 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 standards of conduct establish that the School Nurse is responsible for the program, policies, and execution of the safe administration of medication to students.

MA regulation [603 CMR 7.00: Educator Licensure and Preparation Program Approval Regulations](#) 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 NBCSN certification can be found in the [Resources section](#) of the Appendix.

Medication administration in both public and private school settings is governed by MA regulation [105 CMR 210.000](#). This regulation provides the minimum standards for the safe and proper administration of 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 this regulation. Use the [Medication Administration Implementation Checklist](#) at the end of this eBook to compare your school's or district's policies against the state regulation. The School Nurse, as the designated manager of the medication administration program, is responsible for their school's full adherence to 105 CMR 210.000.

There are also 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 (DESE) and local boards of health.

Below you will find a summary of regulations that relate to 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 Educational 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 Ch71 s54B) • Controlled Substances Act (MGL Ch94C) • Nurse Practice Act (MGL Ch112 s80B) • Tort Claims Act (MGL Ch258 s2) • The Administration of Prescription Medications in Public and Private Schools (105 CMR 210.000) • Implementation of Controlled Substances (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 MA regulations and supporting public agencies. Additional information regarding these regulations can be found in the [Resources section](#) of the Appendix.

MA Board of Registration in Nursing (BORN)

BORN's mission 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 involving nurses.

MA regulation [244 CMR 9.00](#) outlines the standards of conduct for School Nurses.

A nurse is responsible for meeting the 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 with or having inadequate knowledge of a standard or regulation is not a valid defense for violating it.

In addition to promulgating regulations, BORN also issues advisory rulings and memos. Advisory rulings affecting medication administration in schools include:

- [AR 92-05: Medication Administration of Over the Counter Drugs](#)
- [AR 9324: Accepting, Verifying, Transcribing, and Implementing Prescriber Orders](#)
- [AR 9803: Delegation to Unlicensed Assistive Personnel](#)

A full list of rules and regulations can be found on [BORN's website](#). Additional links to BORN resources are provided on [SHIELD's website](#).

Standard 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 students?

School Nurses are required to know the necessary information to perform their job functions. Sources used to acquire that information must be reliable and evidence-based. Nurses must also be physically competent to perform their duties.

Under the Code of Conduct, a nurse licensed by BORN shall not abuse, neglect, mistreat, abandon, or otherwise harm a patient (student). It is important that nurses understand BORN’s definition of these terms and how they relate to the day-to-day experience of working in a school environment.

Term	Definition Under BORN
Abuse	<p>Abuse is 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 (e.g., "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 is the unjustified failure to provide treatment, services, or both necessary to maintain the health, safety, or both of a patient.</p> <p><i>In practice:</i> <i>If you advised a student to take a medication/ treatment and they refused, document and report the refusal to the prescriber and parent/ guardian. Failure to document and report will expose you to liability.</i></p>
Mistreatment	<p>Mistreatment is 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 restraints as a behavioral intervention may be considered mistreatment.</i></p>
Abandonment	<p>Abandon is 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 that 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 that student.</i></p>

A nursing license from the state of MA is limited to performing nursing duties when physically located in MA. During times when a School Nurse is responsible for students traveling to other states (e.g., field trips), the School Nurse must understand and abide by the laws and requirements concerning the scope of practice for nursing in that state, which can be determined by contacting that 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 for Certification of School Nurses and Other Professional Nursing Practices

Nurses working in a school setting are encouraged to obtain certification through the National Board for 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 Nationally Certified School Nurse (NCSN) status as the equivalent of National Teacher Certification.

A full list of certification requirements can be found on [NBCSN's website](#).

Requirements for Certification

- Licensed as a RN
- Academic transcript (Bachelor's Degree in Nursing, or higher)
- Clinical requirement of 1,000 hours worked within 3 years
- Pass national certification exam

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 \(NASN\)](#)

More information on these organizations can be found in the [Resources section](#) of the Appendix.

MA Department of Elementary and Secondary Education (DESE)

DESE also has a set of laws and regulations that affect School Nurse practice. It is important for School Nurses and Nurse Managers to know these, in addition to the laws that affect nursing practice.

Requirements to be a School Nurse in MA

MA regulation [603 CMR 7.00: Educator Licensure and Preparation Program Approval Regulations](#), promulgated by DESE, outline the requirements to be a School Nurse in the state of MA. There are two levels of licensure – 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 MA. 2. A Bachelor's or Master's Degree in Nursing. 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"> 1. Possession of an initial license. 2. Three years of employment as a School Nurse. 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.

The nurse assigned to a building and reported to DESE as the School Nurse must be DESE-licensed or eligible upon hire. However, a school system may hire additional Registered Nurses (RNs) who are not DESE-licensed or eligible and/or Licensed Practical Nurses (LPNs) to work alongside the RN in a limited capacity. For example, this would allow for an RN with an Associate’s Degree serving as a second nurse or as a floating nurse, or a LPN hired to support a special needs child with multiple health issues who requires one-on-one care.

Per the Nurse Practice Act, LPNs cannot practice as autonomously and independently as an RN. Rather, an LPN can only assume limited responsibilities under the direction of an RN. The RN 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, MA regulation [105 CMR 210.000: The Administration of Prescription Medications in Public and Private Schools](#) requires that the nursing care provided by an LPN be under the general supervision of the School Nurse, and that an LPN may not delegate the administration of medication.

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

Registered Nurse (RN)	Licensed Practical Nurse (LPN)
<p>Holds ultimate responsibility for care</p> <p>Scope includes: Nursing care, health maintenance, teaching, counseling, plans and restoration for optimal functioning and comfort</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Complete health assessments and create health plans • Plan and implement care - prescribed medical or therapeutic regimes, scientific principles, recent advances and current research • Provide and coordinate health teaching • Evaluate outcomes • May delegate the administration of medication when appropriate • May delegate tasks to unlicensed staff when appropriate 	<p>Bears full responsibility for the quality of health care they provide</p> <p>Scope includes: Participation in nursing care, health maintenance, teaching, counseling, collaborative planning and rehabilitation, to the extent of their education</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Participate in planning and implementing interventions including recent advances and current knowledge in the field • Incorporate medical regimens • Participate in health teaching • When appropriate, evaluate outcomes, initiate or encourage change in a plan • May NOT delegate the administration of medication • May delegate tasks to unlicensed staff when appropriate

MA Regulations for Administration of Prescription Medications in Schools

MA regulation 105 CMR 210.000 provides the 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 105 CMR 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 regulation ([Medication Administration Implementation Checklist](#)) is found later in this eBook.

It is the responsibility of the School Nurse to execute each aspect of the regulation correctly within their school.

105 CMR 210.000



School Nurses must follow each requirement outlined 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 local ordinance and school committee policies, local government can also impact school nursing practice.

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

To ensure school policies are in compliance with state and federal laws, School Nurses should work collaboratively with their school committee on policies that govern school health services, including medication administration and other nursing practices.



Medication Administration

Medication Administration Overview

MA regulation [105 CMR 210.000](#) defines 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, and for ensuring that the policies comply with state laws and regulations within the school they serve.

The options for medication administration in the school setting that are permitted under 105 CMR 210.000 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. Student self-administration, with permission from the parent/guardian and approval of the School Nurse.
4. Training of unlicensed school personnel in the administration of epinephrine via an auto-injector to those with a prescription.
5. The [Medication Administration Program](#) through a Caring Together contract with the Department of Mental Health (DMH) and the Department of Children and Families (DCF). If your residential school has a Caring Together contract, review the [Approved Private Special Education School Residential Programs \(ASERP\) Medication Administration Advisory](#) written by MDPH, DMH, and DCF. A copy of this document is also available on SHIELD's [Medication Admin and Delegation](#) webpage.

Note: Both the 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 the School Committee (Directors), and current registration with MDPH after certain conditions are met.

It is important to note that 105 CMR 210.000 stipulates 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 MDPH. The School Nurse is responsible for developing a student's medication plan and the procedures for the administration of the medication, including an emergency action plan, if required.

Medication Administration Plan:

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

MAP Checklist

Ensure medication plans include:

- Student name
- Order from a licensed prescriber
- Signed authorization from the parent/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/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 regulation, procedures must include:

- Two forms of student identification (e.g., asking the student their name and a photo in the medication administration log)
- A system for record keeping
- A system for documenting observations related to medication effectiveness or adverse reactions
- Safe storage, including medications that require refrigeration
- Emergency response – includes a list of people to be contacted in case of a reaction (and their phone numbers), in addition to the parent/guardian, School Nurse, licensed prescriber, and other people designated in the MAP

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

- Processes for receiving medication orders, documenting medication administration, and reporting medication errors

The Poison Control Center (1-800-222-1222) should be contacted if there are any concerns about a student inadvertently receiving the wrong medication or the wrong dose. Poison Control Center agents are available to respond and guide you through what emergency actions must take place. Be sure to have the medication in hand when you call the Poison Control Center, as 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 may have 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 the student is facing
- 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 students' parent/guardian immediately, and report and document the error according to 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 via completion and submission of the required form (also available on SHIELD's Medication Admin and Delegation webpage)

Most school districts will also have policies in place that should be followed in the case of a medication error, and will likely require an accident form be completed. Additionally, the MDPH Drug Control Program, school administrators, and the local police should always be notified if there is diversion or drug loss.

Prescription Medication Administration

[105 CMR 210.000](#) outlines requirements for 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 MAPs at the beginning of the academic year.

For short-term medications (10 school days or less), a pharmacy-labeled container can be used in lieu of a licensed prescriber's order if the label contains all of the elements of a prescription, and has not expired.

Prescription Orders

Ensure the following are included in all prescriber orders:

- Student's name
- Name and signature of the licensed prescriber, and their business and emergency phone numbers
- Name, route, and dosage of the 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 watch for
- Any other medications being taken by the student
- The date of return visit, if applicable

Eight Rights of Medication Administration

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

1. **Right student:** Use two identifiers to ensure it is the right student (even if you see them every day!). Confirm the right student each time with the medication bottle (e.g., never pre-pour medications).
2. **Right medication:** Be aware of any allergies a student may have to the medication. The School Nurse is responsible for verifying that the medication being administered to a student is correct. If there are questions, the School Nurse should check a reliable pill identifier resource to confirm medications. Nurses should not accept or administer any medication that has been prepared by someone else (e.g., food prepared by parent/guardian containing a medication).
3. **Right dose:** Confirm appropriateness of the dose for the individual student using a current drug reference.
4. **Right route:** Confirm that the student can take or receive the medication by the ordered route.

5. **Right time:** Confirm both when the last dose was given and the 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. Chart the medication administration as close as possible to the actual administration.
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 observations of the 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., if ibuprofen was administered for menstrual cramps, the School Nurse must document a response to the intervention – an appropriate response may be, "Returned to class; no further complaints voiced.")

Over-the-Counter and Other Medications

BORN has established protocols regarding administration of over-the-counter medications in schools in two advisories:

- [AR 92-05: Medication Administration of Over the Counter Drugs](#)
- [AR 9324: Accepting, Verifying, Transcribing, and Implementing Prescriber Orders](#)

Links to these advisories can also be found on SHIELD's [Medication Admin and Delegation](#) webpage.

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 parent/guardian 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: This list contains some of the most common over-the-counter medications, but 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 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 that can be delegated. 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 parents/guardians apply it in the morning before school.

Complementary/Alternative Modalities

A School Nurse may be asked to administer homeopathic medicines, herbal medicines, and/or dietary supplements (e.g., vitamins, minerals, herbs, amino acids). These may be administered by a School Nurse provided the medication/supplement in question meets the definition of a drug under 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."

Additionally, there must be an order from an authorized prescriber with the minimum required elements of a prescription, as well as a parent/guardian consent on file. If an order does not exist, parents/guardians may be allowed to come to the school and administer the treatment themselves.

Medication Administration Record

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

- A MAP
- A licensed prescriber's order
- Parent/guardian authorization
- A list of student allergies

A medication administration record (MAR) must be kept for each student who receives medication during school hours. Schools and the district must comply with MDPH's reporting requirements for medication administration. MDPH may, without prior notice, inspect any individual student's MAR or any record relating to the administration or storage of medications 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 MAR and records pertinent to self-administration are filed in the student's cumulative health record. If 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 [244 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 parent/guardian permission.

Medication Administration Record Keeping

Are you meeting the following record-keeping requirements?

- Daily log and MAP (including order and parent/guardian authorization)
- Daily log contains:
 - Dose administered
 - Date and time of administration, or omission of administration (and 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

- **School-based Health Centers:** School-based health centers that are individually funded by community health centers or hospitals, that provide primary medical care at school are also governed by HIPAA regulations.

More relevant information pertaining to student records can be found in the [Resources section](#) of the Appendix.

Communication Methods

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

When choosing a communication method with other healthcare prescribers or 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/guardians. Considerations include:

- **Fax:** A dedicated line and use of a cover sheet is required (i.e., School Nurses should not send/receive faxes from the main office fax machine).
- **Email:** Use of email should be avoided as email is not private. Emails are considered public documents, especially for those working for public agencies (i.e., public schools). Prior to emailing a parent/guardian regarding a student's health issue, you must obtain the parent/guardian'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 up by a written or faxed order within 3 school days. *Note: When using the telephone, the School Nurse should use the school phone, not their personal phone.*
- **Voicemail:** Anything on the internet is public information, and is not private. Many voicemail systems are now internet-based, so if you leave a voicemail message for a parent/guardian, be very careful that personal health information is not disclosed. It is a best practice to obtain parent/guardian permission before leaving a voicemail.

Handling and Storage of Medication

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

Delivery of Medication

A caregiver or caregiver-designated responsible adult 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 School 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 of the information necessary to administer it properly. The prescription must be reasonable based on the School 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 must document the quantity of the medication that was delivered.

Storage of Medication

Medications must be stored in a locked cabinet that is substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator. Best practice requires medications be double-locked, which can be achieved by locking the health office when the RN leaves. A significant number of diversions (loss or theft) of drugs occurs in schools. In order to prevent this from occurring:

- Access to keys should only be given to authorized people
- No more than 30 days' supply can be stored at the 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 people have key access
- No more than a 30-day supply can be stored
- The expiration date is not exceeded
- Medications are stored at the appropriate temperature (38°F to 42°F for medications requiring refrigeration)

Parents/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/guardian. Medications being returned should be appropriately documented.

In extenuating circumstances, with parent/guardian 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 Poison Control Center (1-800-222-1222) readily available to assist with the management of any inappropriately administered medication.



Tip

To reduce the 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.

MGL Ch 71, s54B states the following about self-administration:

- Students with asthma or other respiratory diseases cannot be prohibited from possessing and administering prescription inhalers.
- Students with life-threatening allergies cannot be prohibited from possessing and administering epinephrine auto-injectors.
- Students with cystic fibrosis cannot be prohibited from possessing and administering prescription enzyme supplements.
- Students with diabetes cannot be prohibited from possessing and administering a glucose monitoring test and insulin delivery system which may include their cellular phone.

The regulation specifies that self-administration is based on ability and competency, not grade or age.

School Policies for Self-Administration

Schools must have policies in place if self-administration of medications is to be permitted. With self-administration, the School Nurse is responsible for documentation and for ensuring the student is capable of self-care (any condition). Therefore, School Nurses should establish regular check-ins with students when self-administration occurs. Note that regardless of the parent/guardian and physician's input, the School Nurse is responsible for the student's care, and is the final decision-maker about what check-ins are needed.

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

- The School Nurse has developed a MAP 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's self-administration protocols.
- There is written authorization from the student's parent/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.
- The School Nurse will monitor the student's self-administration.
- With parent/guardian and student permission (as appropriate), the School Nurse has informed appropriate teachers and administrators that the student is self-administering a medication.
- If requested by the School Nurse, the licensed prescriber provides a written order for self-administration.

Self-Administration Policies

Do your school policies include...

- Nurse authorization?
- Parent/guardian consent and student agreement?
- Evaluation of health status and ability to self-administrate?
- A plan for teaching administration and observation of initial dose?
- A procedure for documenting and monitoring compliance with the plan for administration and drug effectiveness?
- Well-defined storage and access?



Delegation of Medication Administration

How To Delegate in a School Setting

Under [105 CMR 210.000](#), 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 provided the school district or non-public school registers with MDPH School Health Unit. Even when delegation takes place, the School Nurse maintains the ultimate authority for the administration of the medication.

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

The regulations stipulate:

- Schools must be registered with MDPH
- Unlicensed personnel are under the supervision of the School Nurse who must be on duty and available for consultation while medication is being administered (telephone consultation is allowed)
- The School Nurse selects, trains, and supervises unlicensed staff to whom they will delegate
- On-site supervision required for the first time an unlicensed person administers medication
- The amount of on-going supervision varies per condition of student, ability of unlicensed person, and type of medication
- Delegation of medication administration should never be used as an option for solving insufficient School Nurse staffing in the school setting

Delegation of Selected School Nursing Activities

The Nurse Practice Act, defined in [MGL Ch 112, s80B](#), establishes the standard that holds each licensed nurse directly accountable for the safety of the nursing care they deliver. The Board's regulations stipulate that School Nurses are also responsible for all of the nursing care that a student receives under their 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 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 unlicensed assistive personnel (UAP) in any given situation is within the specific scope of the individual licensed nurse's professional judgment. For guidance when deciding whether or not a task or medication is appropriate to delegate, refer to BORN's [Five Rights of Delegation](#) framework for delegation decision-making and accountability and BORN's [Advisory Ruling 9803: Delegation to Unlicensed Assistive Personnel](#).
- The School Nurse must first assess a student's nursing care needs before delegating any nursing activity.
- It must be recognized that UAP do not have enough nursing knowledge to make nursing judgments.
- The School Nurse must determine if the UAP has documented competency to perform the delegated activity safely. The employing agency must maintain

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 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 (e.g., record review, on-site observation and/or assessment) as needed to ensure that the student is receiving the medication appropriately
- Reviewing all documentation pertaining to medication administration on a biweekly basis, or more often if necessary

such documentation and make it available to the individual nurse delegator, and parents/guardians upon request.

- The School Nurse must determine and provide the appropriate degree of supervision required based upon the stability of the student'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. Similarly, nurses may not delegate the formulation of nursing care plans or evaluation of students' response to care. Health teaching and health counseling, as it relates to nursing and nursing services, may also not be delegated.

244 CMR 3.05 and 244 CMR 9.00:

Under [244 CMR 3.05](#) and [244 CMR 9.00](#), a School Nurse may delegate nursing activities to other healthcare personnel, however, the delegating nurse still bears the full and ultimate responsibility for:

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

These regulations further state that the activity to be delegated must be within the nurse's scope of practice; 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 well defined and understood by all involved. Professional nursing staff can delegate certain nursing activities within the scope of their practice. Only the licensed professional nurse can make decisions concerning such delegation.

Training Versus Delegation of Nursing Activities

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

- Must have school policies and protocols that permit such training of unlicensed school staff for certain nursing activities (i.e., the administration of epinephrine via an auto-injector)
- Do not bear the responsibility and/or accountability for the outcome of the medication administration or nursing activity for which they are permitted to train unlicensed individuals in the school setting, as long as the training is documented and within the standards of nursing practice

- Retain responsibility and accountability for their nursing judgments, actions, competence, and documentation for the content taught to unlicensed staff
- Must use applicable training requirements as established by the MDPH 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).

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
- Demonstrate sound judgment
- Have completed an approved training program led by the School Nurse
- Is able to:
 - Read and write in English
 - Communicate with the student receiving the medication, or have access to an interpreter when needed
 - Follow nursing supervision
 - Respect and protect the student's confidentiality

Roles and Responsibilities Related to Delegation

Whether or not to delegate is the School Nurse's responsibility, and one that is dependent on the:

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

It is important to note that the School Nurse does not delegate nursing care, only specific nursing tasks. Per BORN, only certain tasks may be delegated.

The following 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 should never replace qualified licensed nurses, but rather be a way to provide additional services under the licensed nurse) • Documentation of employee competencies • District policies on medication administration, delegation, and training • Sufficient time to properly train, supervise, and evaluate unlicensed school staff in any delegated nursing tasks
School Nurse Manager	<p>The School Nurse Manager develops and implements 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 • Advocating for safe staffing levels <p>The School Nurse Manager collaborates with the School Committee, administrators, and School Physician to set policies that:</p> <ul style="list-style-type: none"> • Outline protocols for medication administration in school setting • Define which medications may be delegated • Designate how medications may be administered • Ensure training of designees • Authorize the School Nurse Manager to supervise and evaluate the entire medication administration program • Establish a record-keeping system
School Nurse (RN)	<p>For each individual student, the School Nurse must:</p> <ul style="list-style-type: none"> • Complete an individualized healthcare plan (IHP), including a MAP in collaboration with student’s prescriber • Give the first dose of medication/first treatment (<i>note: medications or treatments that have not been initially administered in another setting should not be administered in the school setting</i>) • Determine whether to delegate administration and/or treatments, and to whom • Evaluate each student’s readiness for self-administration in the school setting. • Ensure that each medication order: <ul style="list-style-type: none"> ○ Originated from an authorized prescriber ○ Is reasonable, based on nurse’s knowledge and student needs ○ Is compliant with school policies 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 cannot be delegated:

- Nursing activities which require nursing assessment and judgment during implementation
- Physical, psychological, and social assessment which require nursing assessment, intervention, and follow-up
- Formation of the IHP and evaluation of student response to the care provided
- Administration of medications, except as permitted under [MGL Ch 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

BORN's Five Rights of Delegation framework for decision-making and accountability identifies the five key elements of any delegated act:

1. Right Task
2. Right Circumstances
3. Right Person
4. Right Direction/Communication
5. Right Supervision/Evaluation

A School Nurse must consider 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 UAP job description/role delineation
- Appropriate delegation activities are identified for specific students
- Appropriate activities for delegation consideration include those:
 - Which frequently occur in the daily care of a 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

Note: Delegating medications such as Diastat or PRN medications may not be the right task in a typical school setting. Delegation requires that the School Nurse must observe the UAP delivering the first dose of a delegated medication. In a typical school setting, seizures are relatively rare, so it would be difficult to train and observe administration by the UAP. With regard to PRN medications, it may be impractical to arrange an observation, and the student may need to be assessed, which can only be done by the School Nurse.

School Nurse Manager	Applicable Regulations	School Nurse	Applicable Regulations
Appropriate activities for delegation consideration are identified in UAP job description/role delineation	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 students	244 CMR 3.05 (2)(a)(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	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	244 CMR3.05 (2)(d): "The unlicensed person shall have documented competencies ...on file with the employing agency."

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, as the standard of care in school is different from the home. For example, a caregiver may want a teacher assigned a task because the student's babysitter performs this task in their home. The School Nurse must consider not only the complexity of the task, but the teacher's job description and responsibilities. The Student Nurse may determine that the classroom is too busy for the teacher to safely perform the task and monitor the student's response.

School Nurse Manager	Applicable Regulations	School Nurse	Applicable Regulations
Assess the health status of the student community, analyze the data, and identify collective nursing care needs, priorities, and necessary resources		Assess health status of individual student(s), analyze the data, and identify student-specific goals and nursing care needs	<p>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."</p> <p>244 CMR 3.05 (2)(b): "The qualified licensed nurse must make an assessment of the patient's nursing care needs prior to delegating."</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	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."	Match the complexity of the activity with the UAP competency and with the level of supervision available.	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."
Provide appropriate preparation in management techniques to deliver and delegate care		Provide appropriate supervision for the safe and effective performance	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,

		of the activity, and determination of the student response	including....the proximity and availability of the .. nurse to the unlicensed person when performing the nursing activity. 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: (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 the unlicensed person when performing the activity."
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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 the UAP
- Identify the UAP's competency on an individual, task, and student-specific basis
- Evaluate the UAP's performance based on standards, and take steps to remedy failure to meet standards
- Consider the UAP's other job duties and responsibilities (i.e., secretaries may not be the right person because they have many responsibilities that impact their ability to administer medication safely)

The more interruptions that occur during medication administration, the more likely a medication error will be made.

School Nurse Manager	Applicable Regulations	School Nurse	Applicable Regulations
<p>Establish organizational standards consistent with applicable laws and rules which identify educational and training requirements and competency measurements of School Nurses and UAPs</p>		<p>Instruct and/or assess, verify, and identify the UAP's competency on an individual, task, and student-specific basis</p>	<p>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: (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."</p>
<p>Incorporate competence standards into institutional policies; assess School Nurse and UAP performance; perform evaluations based upon standards; and take steps to remedy failure to meet standards, including reporting School Nurses who fail to meet BORN standards</p>		<p>Implement own professional activities based on assessed needs and professional standards, and take steps to remedy failure to meet standards; perform evaluations of UAP performance based on standards, and take steps to remedy failure to meet standards</p>	<p>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 with the requirements for supervision as found in 244 CMR 3.05 (3)."</p>

Student Considerations



The student's age, developmental level, cognitive abilities, comfort level, 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 comfort level 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. For example, UAPs must know when to contact the nurse for guidance and what to do if a medication error, such as a missed dose, is made. The delegating nurse is responsible for maintaining a record of the training and a checklist of competencies completed by the UAP to document proper training and delegation steps were completed.

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	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 student-specific and UAP-specific basis (the detail and method [i.e., oral, written] may vary with the specific circumstances)	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 student-specific instruction and limitation; and the expected results or potential complications and timelines for communicating such information.</p>	<p>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 of delegated activities are essential to ensuring the safety of the student. The School Nurse must:

- Provide clear directions and expectations of how the activity will 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 the UAP, the nature of the activities which have been delegated, and the stability/predictability of the student’s condition.

School Nurse Manager	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>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</p> <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>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: (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 the unlicensed person when performing the nursing activity."</p>	<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>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: (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 the unlicensed person when performing the nursing activity."</p>
<p>Evaluate outcomes of student community and use</p>		<p>Evaluate the entire</p>	<p>244 CMR 3.02 [3.03]: A registered Nurse [licensed practical Nurse] may delegate</p>

<p>information to develop quality assurance and to contribute to risk management plans</p>		<p>delegation process</p> <p>Evaluate the student; evaluate the performance of the activity; evaluate the outcome of the delegation</p>	<p>nursing activities to other...healthcare personnel, provided that the delegating registered [licensed practical] nurse shall bear full ...responsibility for:</p> <p>(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.]</p>
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Parent/Guardian Role in Delegation of Medication Administration in the School Setting

The delegation of any nursing task in the school setting requires parent/guardian permission. Parents/guardians have the right to know to whom you are delegating medication administration tasks to because you are not only sharing personal health information with the UAP, but also the responsibility for their child’s healthcare needs. It is required that parents/guardians be informed of the name of the specific person to whom you are planning to delegate any of their child’s nursing care.

It is important to note, however, that School Nurses cannot take medical orders from parents/guardians. For example, a parent/guardian may not direct you to hold off on administering a medication to their child because the student is not feeling well or received an additional dose at home. While that request may seem reasonable from a clinical perspective, you are required to call the prescriber to 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 [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 must include both content standards and a test of competency developed and approved by MDPH in consultation with BORN.

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

UAPs 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 UAP training and retain evidence of competency of any UAP that is 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

[MGL Ch 94](#) allows only licensed healthcare professionals to administer prescription medications, unless the school/district registers for delegation to unlicensed personnel and/or the application for training unlicensed personnel to administer epinephrine via autoinjector with the MDPH School Health Unit. All primary and secondary public and non-public school districts wishing to delegate and/or train unlicensed personnel must apply, without exceptions.

To register with the department, complete the application, which includes reviewing policies with signatories and obtaining their signatures. Email medication.delegation@mass.gov the signed application(s) and certificates of attendance from the two mandatory BU SHIELD courses, *Medication Administration in a School Setting: School Nurse Practice in Massachusetts* and *Medication Administration in Schools: What School Nurse Managers Need to Know*. You will receive an email of approval with a MCSR attached.

Registrations are submitted *annually* and expire 365 days from the date of the MCSR approval. Registrations may be submitted at any time during the year; early registration is recommended as it takes several weeks to complete the process.

To prevent gaps in registration, MDPH provides the option for a back-up Nurse Manager to be listed on the application in the event the original Manager leaves their position. This nurse must also complete both MDPH Medication Administration trainings and submit their certificates.

Change in School Nurse Managers

If there is a change in the Medication Manager, the MDPH School Health Unit must be notified. If there was no back-up Medication Manager named by the district on its application, their registration is null and void when the signatory leaves, and the district must submit a new application for registration with the new Medication Manager's name. No delegation of any medications can be done without a current registration.

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

See the *MDPH Medication Administration and Epinephrine Training Registration Guidance Document* for details on how to register. This document and application materials can be found on the [MDPH Register to Delegate the Administration of Prescription Medications in Schools webpage](#). Links to these resources are also found on the SHIELD Medication and Admin Delegation webpage.



Student Situations

Field Trips and other School-Sponsored Activities

Under federal and state regulations, it is required that public schools (including charter schools, collaborative schools, and state-approved special education school/Chapter 766 schools) provide the same services that are required by the student during the school day during any school event, including before/after school programs, extracurricular activities, 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 MAP. A school may ask a parent/guardian to attend the field trip, but the school cannot require a parent/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 medical response (EMS), should this be necessary. Always consider cell phone service to activate EMS as part of this assessment.
- Written consent from parent/guardian to delegate any nursing tasks to a specific, designated adult.
- Student MAPs, including emergency response plans, must be available

School-Sponsored Events and Best Practices

- Always try to have a School Nurse familiar with the student(s) in attendance at events.
- Assess each event and the students participating, as well as the location and distance from any emergency response.
- Get written consent from parent/guardian to delegate any nursing tasks at the event. Note that personal health information will need to be shared with the UAP. Parents/guardians must be notified who the delegated UAP will be.
- Student MAPs (including emergency response plans) must be available to the responsible staff.
- School Nurse must train UAPs for child-specific medication administration (signed, written documentation of this training must be kept 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 in a way that respects student privacy and confidentiality (i.e., do not collect this information at a public parent/guardian information event, unless privacy is provided for the 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 of 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.

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 [105 CMR 210.00](#), the school or school district should be registered with the MDPH School Health Unit 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 the regulation are met.
- In consultation with the School Physician, the School Nurse Manager has the final decision-making authority about all aspects of the school/district’s medication 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 a Registered Nurse (RN).
- 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 and Auto-injector Training

Training should include...

- Procedures for prevention of exposure to allergens and risk reduction
- Recognition of symptoms and severe allergic reactions
- Importance of following the MAP
- 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 medication (categories of UAP to be determined by the School Committee)
- Training is provided by a School Nurse
- Training program includes content and competency test developed and approved by MDPH
- School Nurse documents training and evidence of competency of UAPs
- Annual training review and informational update for authorized school staff
- School Nurse provides UAPs with names and locations of CPR-certified personnel

School Responsibility	Protocol Requirements
<p>The School is responsible 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 epinephrine administration via auto-injectors • Nursing availability for response to any life-threatening situation • Educating all parents/guardians, including those of non-allergy students, about the risks of exposure to allergens • Completing a 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"> • Parent/guardian permission for UAPs to administer epinephrine • Obtaining physician’s orders/ medical directives • Evaluating UAPs 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:

- Activation of EMS (generally 911)
- The student's parents/guardians
- Another designated responsible individual, if parent/guardian is not available
- The School Nurse
- The student's physician

Checklist for Managing Life-Threatening Allergies

- Approved policies and procedures
- School Nurse Manager oversight and management of the program
- UAPs 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 that limits access to appropriate personnel, but is not locked
- Student risk reduction, prevention, and preparation plans are in place in order to avoid future anaphylactic events.

Diabetes Management 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, it is expected that diabetic care is supervised by a professional nurse. As a reminder, nursing assessment and parenteral medication administration are tasks that cannot be delegated. Interdependence, not independence, in care should be stressed by the School Nurse. 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.

Other Student Situations

Medical Marijuana

[Chapter 369 of MA Session Laws of 2012](#), entitled “An Act for the Humanitarian Medical Use of Marijuana” allows for the controlled use of medical marijuana in the Commonwealth of MA. Although students and school staff who legally obtain a medical marijuana registration card from MDPH are allowed to possess and consume certain quantities of marijuana, doing so inside of a municipal building is currently not permitted under federal Drug-Free Workplace Act policies.

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 MA medical marijuana users in your district, a student must obtain a registration card (for children under the age of 18), which requires two physician signatures – one of whom must be a board-certified pediatrician – from MDPH. The caregiver (the School Nurse or another school staff member, as marijuana is not considered a medication) in turn must also be registered with MDPH. This information can be found on MDPH’s [Caregivers of the Medical Use of Marijuana Program](#) webpage.

Naloxone

Naloxone is an opioid antagonist that blocks the effects of opioids such as heroin, oxycodone, hydrocodone, fentanyl, codeine, and methadone. Naloxone can reverse the life-threatening effects of overdose from heroin or opioid painkillers and has been used to save thousands of lives in Massachusetts.

Naloxone is the only Schedule VI controlled substance in Massachusetts that can be prescribed to someone other than the ultimate user. The MA Controlled Substances Act, MGL Ch94C, 19(d), authorizes naloxone to be prescribed or dispensed to a person for use on someone else “so long as that person is in a position to assist a person at risk of experiencing an opiate-related overdose”. In addition, MGL Ch94C, s19B(g) and 34A(e) permits anyone acting in good faith to receive a prescription for naloxone, possess it, and administer it to anyone appearing to experience an opiate-related overdose. Pursuant to MGL Ch94C, s19B, MDPH issued a statewide standing order to authorize the dispensing of naloxone in the Commonwealth by any licensed pharmacists. The statewide standing order authorizes licensed pharmacists to dispense naloxone without a prescription to any person at risk of experiencing an opioid-related overdose, as well as persons in a position to assist an individual experiencing an opioid-related overdose.

Because naloxone is treated differently than any other prescription medication, and because any person can possess and administer naloxone, pursuant to the standing order, it is the policy of the MDPH School Health Unit (SHU) that **individual** possession and use of naloxone is not covered by 105 CMR 210.000. This means that an individual school community member may carry and administer naloxone on school grounds or at school events, as permitted within MGL Ch94C, s19(d) and 34A(e).

Additionally, MDPH SHU registered schools/districts can purchase and store naloxone. Medical directives (standing orders) from a School Physician are necessary to obtain naloxone for use in the school setting. In this instance, only authorized healthcare providers may administer naloxone to someone believed to be experiencing an opiate-related overdose per 105 CMR 210.000.

To order naloxone from the MA State Office of Pharmacy Services (SOPS), your school or district will need a Massachusetts Controlled Substance Registration for Schools (MCSR for School) which covers naloxone. You must register with the MDPH School Health Unit for medication delegation/epinephrine training to obtain a MCSR for School. **Schools do NOT need a separate naloxone MCSR.** Information on how to register is detailed in the [MDPH Registration Process](#) section above.

Naloxone information and resources are available on SHIELD's Medication Admin and Delegation webpage.

Investigational New Drugs

Investigational new drugs (IND) includes any medication with an approved 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, but which has not yet received FDA approval. IND may be administered in the school setting with: (1) a written order by a licensed prescriber, (2) written consent of parent/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 IND in a school setting.

Immunizations

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

Potential for Harm

Note that there may be circumstances where the School Nurse determines that administration of a medication presents a potential for harm. The School Nurse may refuse to administer these medications:

105 CMR 210.005 (H):

“In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any prescription medication which, based on her/his individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse.”

Conclusion

Medication administration and delegation in the 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, you can reduce risks related to medication administration and delegation by:

- Knowing your scope of practice
- Clearly understanding the roles and responsibilities of all school personnel involved in any aspect of medication administration
- Being familiar with, and following, federal, state, and local laws and regulations related to medication administration and delegation
- Recognizing that the School 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
- Maintaining transparent communication with students, parents/guardians, and all school staff whenever medication administration is being done in the school setting

Student Situations

Resources

Medication Administration and Delegation

SHIELD maintains a comprehensive list of resources on its [Medication Admin and Delegation](#) webpage. These resources are curated and regularly updated. Resources related to medication administration and delegation include the following:

- [BORN Advisory Rulings and Alerts](#)
- [MDPH – Reporting Forms and Sample Policies](#)
- [Medication Administration Laws and Regulations](#)
- [MDPH Medication Delegation and Administration Application Information](#)
- [Medication Delegation to Unlicensed Assistive Personnel](#)
- [Naloxone](#)
- [Nurse Training Materials: Medication Administration in a School Setting](#)
- [National Association of School Nurses Tools](#)

In addition to SHIELD's [website](#) and [Medication Admin and Delegation](#) webpage, we recommend bookmarking these following key websites and webpages:

- [MDPH School Health Services](#)
 - [Medication Administration: Management of medication administration in the school setting](#)
- [MA Board of Registration in Nursing \(BORN\):](#)
 - [Advisory Rulings for the Board of Registration in Nursing](#)
 - [Five Rights of Delegation](#)
 - [Nursing Practice](#)

Medication Administration Implementation Checklist

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

Use this tool to assess if your district/school policies are in compliance.

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
(c) approval to have the School Nurse or school personnel designated by the School Nurse administer the medication (d) persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.				
Medication Administration Plans:				
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).				
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.				
3. The medication administration plans include: (a) the name of the student, (b) a medication order from a licensed prescriber, which meets the requirements of 105 CMR 210.005(D)(1); (c) the signed authorization of the 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. 				