

## LEXINGTON SCHOOL COMMITTEE POLICY

### MEDICATION POLICY

Date Approved by  
School Committee:

\_\_\_11/99\_\_\_

Signature of Chair:

\_\_\_ On File \_\_\_

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## I. BACKGROUND

The Massachusetts Department of Public Health requires that in order to dispense over-the-counter medications, a written order from either the private physician or from the school physician must be on file.

The school system can establish more rigid regulations, but cannot establish less stringent regulations according to Department of Public Health policies. The Lexington Public Schools have never authorized the school physician to write a blanket protocol for the administration of over-the-counter medications. Therefore, a written order from the student's private physician is required.

Note: In interpreting the Mass. General Law, medication is defined as both prescription and non-prescription medications by the National Guidelines for Administration of Medications in Schools (1991).

## II. APPLICATION

### A. Management of Medication Administration Program:

- (1) The school nurse shall be the supervisor of the medication administration program.
- (2) The school nurses, in consultation with the school physician, shall develop the policies and procedures relating to the administration of medication.
- (3) Medication Orders – Parental/Guardian Consent
  1. The school nurse shall insure that a proper medication order from a licensed prescriber is renewed as necessary, including the beginning of each academic school year. A telephone order for any change in medication shall be received only by the school nurse. The verbal order must be followed by a written order within three school days. Whenever possible, the medication order and the administration plan shall be developed before the student enters or re-enters school.
  2. In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:
    - a. Student's name.

- b. Name and signature of the licensed prescriber and telephone number.
  - c. Name of the medication.
  - d. Dosage of medication.
  - e. Frequency and approximate time of medication administration.
  - f. Date of the order and discontinuation date.
  - g. Diagnosis and other medical conditions requiring medication, if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential.
  - h. Specific direction for administration.
3. Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:
  - a. Any special side effects, contraindications and adverse reactions.
  - b. Any other medications being taken by the student.
  - c. Date of next scheduled visit, if known.
4. Special Medication Situations:
  1. Short-term medications, i.e., those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's order; if the nurse has a question, she may request a licensed prescriber's order.
  2. For "over-the-counter" medications, an order from the licensed prescriber is required in accordance with the regulations of the Board of Registration of Nursing.
  3. Investigational new drugs may be administered in the schools with a written order by a licensed prescriber, written consent of the parent/guardian and a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in the school setting.
5. Written authorization by the parent/guardian shall contain:
  - a. Parent/guardian's printed name, signature, and emergency phone number.
  - b. List of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medications not be documented.
  - c. Persons to be notified in case of a medication emergency, in addition to the parent or guardian and licensed prescriber.
6. Medication Administration Plan:

A medication administration plan shall be established for each student in collaboration with the school nurse and parent/guardian whenever possible. The student, whenever possible (the DOE requires student consent for age 18-21 and student participation in the plan after age 14 if appropriate), shall be involved in the decision-making process.

Prior to the initial administration of the medication, the school nurse shall assess the student's health status and develop a medication administration plan to include:

1. Name of student.
2. An order from a licensed prescriber, including telephone number.
3. Signed authorization of the parent/guardian, including home and business telephone numbers.
4. Any known allergies to food or medications.
5. Diagnosis, unless a violation of confidentiality or the parent/guardian or student requests that it not be documented.
6. Name of medication.
7. Dosage of the medication, frequency of administration.
8. Specific directions for administration.
9. Possible side effects, adverse reactions or contraindications.
10. Quantity of medication to be received by school from parent/guardian.
11. Required storage conditions.
12. Duration of prescription.
13. Plans, if any for teaching self-administration of medication.
14. When appropriate and with parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects.
15. List of other medications being taken by student, if not a violation of confidentiality or contrary to the request of the parent/guardian or student that such medication not be documented.
16. Plan for monitoring the effects of the medication.
17. Provision for medication administration in case of field trips and other short-term special school events.
18. The school nurse shall identify each student who receives medication.
  1. Significant observations relating to the medication effectiveness and/or adverse reactions or other harmful effects will be communicated to the student's parent/guardian.
  2. In accordance with standard nursing practice, the school nurse may refuse to administer any medication, which, based on her 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 and the reason for refusal explained.
  3. The school nurse shall have a current drug reference book available for her use.

## **B. Self Administration of Medications**

“Self administration” means that the student is able to consume or apply medication in the manner directed by the licensed prescriber, without additional assistance or direction. This option is limited to high school students and does not apply to psychotropic medications. At the middle school, students may only self administer inhalers, EpiPens, and enzymes with clear medication orders from their physician. At the elementary level, inhalers and EpiPens may be self administered as directed by the physician and with the approval of the nurse.

A student may be responsible for self-administration of his/her own medication after the school nurse has determined that the following requirements are met:

1. The student, school nurse and parent/guardian, where appropriate, enter into an agreement, which specifies the conditions under which medication may be self-administered.
2. The school nurse, if appropriate, develops a medication administration plan, which contains only those elements necessary to ensure safe self-administration of medications.
3. 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.
4. There is a 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.
5. If requested by the school nurse, the licensed prescriber will provide a written order for self-administration.
6. The student’s self-administration is monitored based on his/her abilities and health status.
7. With parent/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a medication.
8. As necessary, the school nurse will consult with teachers, student and parent/guardian to determine a safe place for storing medication being self-administered. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the medication shall be kept in the health room or a second readily available location.

### **C. Handling, Storage and Disposal of Medications**

1. All medications shall be delivered to the school under the following conditions:
  - The medication must be in a pharmacy or manufacturer labeled container.
  - The school nurse receiving the medication shall document the quantity of medication delivered.

2. All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective. Expiration dates shall be checked.
3. All medications to be administered shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. Medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator.
4. Parents or guardians may retrieve the medications from the school at any time.
5. No more than a thirty (30) school day supply of the medication for a student shall be stored at the school.
6. Where possible, all unused, discontinued or outdated medications shall be returned to the parent or guardian and the return appropriately documented. After discontinuation of a medication, if the parent/guardian has not picked up the medication within one week, the medication shall be discarded. All medications should be returned at the end of the school year.

**D. Documentation and Record-Keeping**

1. The school nurse shall maintain a medication administration record for each student who receives medication during school hours.
  - a. Such record shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization.
  - b. The medication administration plan shall include the information described earlier.
  - c. The daily log shall contain:
    - The dose or amount of medication administered.
    - The date and time of administration or omission of administration, including the reason for omission.
    - The full signature of the nurse administering the medication. If the medication is given more than once by the same nurse, she may initial the record, subsequent to signing a full signature.
  - d. The school nurse shall document in the medication administration record significant observations of the medication's effectiveness, as appropriate, and any adverse reactions, as well as any action taken.
  - e. All documentation shall be recorded in ink and shall not be altered.
  - f. The completed medication administration record shall be filed in the student's 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.

2. The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of medications without prior notice to ensure compliance with the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.

**E. Reporting and Documentation of Medication Errors**

1. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
  - a. Within appropriate timeframe.
  - b. In the correct dosage.
  - c. In accordance with accepted practice.
  - d. To the correct student.
2. In the event of a medication error, the school nurse shall notify the parent or guardian. The nurse shall document the effort to reach the parent or guardian. If there is a question of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.
3. Medication errors shall be documented by the nurse on the appropriate form. These reports shall be retained in the medication error file. They shall be made available to the Department of Public Health upon request. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health.

**F. Response to Medication Emergencies**

See First Aide Guide.

**G. Dissemination of Information to Parents or Guardians Regarding Administration of Medication**

An outline of the above medication policies is available to parents/guardians upon request. A summary of medication policies is outlined in the parents' newsletter at least annually.

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

Consultation with prescribing physician, parents, school nurse, principal, and Special Education administrator, if appropriate.

**I. Policy Review and Revision**

Review and revision of these policies shall occur as needed but at least every two years.

Also see:

Copy of Mass General, §§ 74-81C, “Professional Nursing” Defined  
Policy of the Board of Registration in Nursing for non-prescription medications.

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