

Medication Administration Implementation Checklist

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

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

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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.				

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<p>7. In accordance with standard medical practice, all medication orders from a licensed prescriber contain:</p> <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. 				
<p>8. The following additional information, as appropriate, has been obtained:</p> <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:				
<p>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.</p>				
<p>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.</p> <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. 				
<p>3. There is a written authorization by the parent or guardian which contains:</p> <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) 				

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(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				

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designated personnel are unavailable; (k) plans, if any, for teaching self administration of the medication; (l) when appropriate, the location where the administration of the medication will take place; (m) a plan for monitoring the effects of the medication; (n) 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 student. A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication: (a) within appropriate time frames;				

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(b) in the correct dosage; (c) in accordance with accepted practice; (d) to the correct student.				
7. Procedures to review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future are established.				
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.				
1. Sufficient School Nurse(s) are available to provide proper supervision of unlicensed school personnel.				
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.)				
3. The number of unlicensed school personnel to whom responsibility for medication administration may be delegated is determined by: (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.				
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.				
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: (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 unlicensed person who is performing the medication administration.				
6. For the individual child, the School Nurse has: (a) determined whether or not it is medically safe and				

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<p>appropriate to delegate medication administration;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(e) reviews all documentation pertaining to medication administration on a biweekly basis or more often if necessary.</p>				
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.				
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:				
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 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				

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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 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.				

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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.				
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				

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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 administration are filed in the student's cumulative health record. When the parent, guardian or student, where appropriate, objects, these records shall be</p>				

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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. (b) in consultation with the Nurse Manager has provided written assurance to the Department that the requirements of the regulations will be met. (c) In consultation with the school physician, the School Nurse Manager has the final decision-making authority				

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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>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>				
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.				
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:				

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(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. 				
5. Procedures are in place that are in accordance with standards established by Department that include the following: <ul style="list-style-type: none"> (a) developing the medication administration plan for individual students; (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; 				

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<ul style="list-style-type: none"> (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 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; 				

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<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> <ul 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. <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</p>				

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<p>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. 				