

**POLICY AND PROCEDURES FOR THE  
ADMINISTRATION OF PRESCRIPTION MEDICATION  
AND FOR MANAGEMENT OF LIFE THREATENING FOOD ALLERGIES  
IN THE SCHOOL SETTING**

It is the policy of the Cambridge Public Schools to have procedures in place for the safe and proper administration of prescription medications to students attending the Cambridge Public Schools and for addressing issues relating to the management of life-threatening food allergies in the school setting. The procedures supporting this policy are set forth below.

**I. Prescription Administration Program**

- a. The school nurse, who is an employee of the City of Cambridge Department of Public Health, is designated as the supervisor of the prescription medication administration for the individual schools.
- b. The administration of prescription medication may be delegated by the school nurse to unlicensed school personnel, who may then dispense prescription medication under the supervision of the school nurse. Unlicensed school personnel may include health aides, administrative and teaching staff. The term “health aide” shall mean any unlicensed employee of the school district and/or the City of Cambridge Department of Public Health who is generally supervised by the school nurse, and performs those health-related duties defined by the school nurse, the School Committee, or Board of Health. For the purpose of administering emergency prescription medication to an individual child, including parental administration of medication, the school nurse may identify individual school personnel or additional categories. (*Refer to Section I, subsection (f) below*) Said school personnel shall be listed on the medication administration plan in the administration of emergency medication to a specific child. An individual in an approved category may be authorized to administer prescription medication if he/she meets the following criteria:
  - i. is a high school graduate or its equivalent;
  - ii. demonstrates sound judgment;
  - iii. is able to read and write English;
  - iv. is able to communicate with the student receiving the prescription medication or has ready access to an interpreter when needed;
  - v. is able to meet requirements of 105 C.M.R. 210.00 and is able to follow nursing supervision;
  - vi. is able to respect and protect the student’s confidentiality; and
  - vii. has completed training as required by 105 C.M.R. 210.007.
- c. A school nurse shall be on duty in the school system while prescription medications are being administered by designated unlicensed school personnel,

and available by telephone should consultation be required.

- d. The administration of parenteral medications may not be delegated, with the exception of epinephrine or other medication to be administered in a life-threatening situation where the child has a known allergy or pre-existing medical condition and there is an order for administration of the medication from a licensed prescriber and written consent of the parent or guardian.
- e. Prescription medications to be administered pursuant to p.r.n. (“as needed”) orders may be administered by authorized school personnel after an assessment by or consultation with the school nurse for each dose.
- f. For each school, an updated list of unlicensed school personnel who have been trained in the administration of prescription medications shall be maintained by the school nurse, and a copy forwarded to the school physician in the Department of Public Health. Upon request, a parent or guardian shall be provided with a list of school personnel authorized to administer prescription medications.

## II. Medication Orders

The school nurse, in consultation with the school physician, under the auspices of the Department of Public Health, shall have final decision-making authority with respect to delegating administration of prescription medications to unlicensed personnel in school systems registered with the Department of Public Health.

- a. The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed as necessary including the beginning of each academic year. A telephone order or an order for any change in prescription medication shall be received only by the school nurse. Any verbal order must be followed by a written order within three (3) school days. Whenever possible, the medication order shall be obtained, and the medication administration plan shall be developed before the student enters or re-enters school.
  - i. In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:
    - 1. the student’s name;
    - 2. the name and signature of the licensed prescriber and business and emergency phone numbers;
    - 3. the name, route and dosage of medication;
    - 4. the frequency and time of medication administration;
    - 5. the date of the order;
    - 6. a diagnosis and any other medical condition(s) requiring medication, if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential; and
    - 7. specific directions for administration.

- ii. Every effort shall be made to obtain from the licensed prescriber the following additional information, as appropriate:
  - 1. any special side effects, contraindication and adverse reactions to be observed;
  - 2. any other medication being taken by the student;
  - 3. the date of return visit, if applicable.
  
- b. Special Medication Situations.
  - i. For short-term prescription medication, i.e., those requiring administration for ten (10) school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's order.
  - ii. For "over-the-counter" medications, i.e. non-prescription medications, the school nurse shall follow the Board of Registration in Nursing's protocols regarding administration of over-the-counter medications in schools. School staff may not administer over-the-counter medications.
  - iii. Investigational new drugs may be administered in the schools with (1) a written order by a licensed prescriber, (2) written consent of the parent or guardian, and (3) a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in a school setting.
  
- c. The school nurse shall ensure that there is a written authorization by the parent or guardian which contains:
  - i. the parent or guardian's printed name and signature and a home and emergency phone number;
  - ii. 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;
  - iii. approval to have the school nurse or school personnel designated by the school nurse administer the prescription medication;
  - iv. persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

### III. Plan for the Administration of Medication

The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a prescription medication. 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. If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to the federal or state law, including Massachusetts special education law, the Individuals with

Disabilities Education Act (IDEA), or Section 504 of the Rehabilitation Act of 1973.

- a. Prior to the initial administration of the prescription medication, the school nurse shall assess the child's health status and develop a medication administration plan which includes:
  - i. the name of the student;
  - ii. a medication order from a licensed prescriber;
  - iii. the signed authorization of the parent or guardian;
  - iv. any known allergies to food or medication;
  - v. the diagnosis, unless a violation of confidentiality or the parent, guardian or student requests that it not be documented;
  - vi. any possible side effects, adverse reactions or contraindications;
  - vii. the quantity of prescription medication to be received by the school from the parent or guardian;
  - viii. the required storage conditions;
  - ix. the duration of the prescription;
  - x. the designation of unlicensed school personnel, if any, who will administer the prescription medication to the student in the absence of the nurse, and plans for back-up if the designated personnel are unavailable;
  - xi. with parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
  - xii. when appropriate, the location where the administration of the prescription medication will take place;
  - xiii. a plan for monitoring the effects of the medication;
  - xiv. provision for prescription medication administration in the case of field trips and other short-term school events. Every effort shall be made to obtain a nurse or school staff member trained in prescription medication administration to accompany students at special school events. When this is not possible, the school nurse may collaborate with another responsible adult for medication administration. Written consent from the parent or guardian for the named responsible adult to administer the prescription medication shall be obtained. The school nurse shall instruct the responsible adult on how to administer the prescription medication to the child.

#### IV. Handling, Storage and Disposal of Prescription Medications

- a. A parent, guardian or parent/guardian-designated responsible adult shall deliver all prescription 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.

- i. The prescription medication must be in a pharmacy or manufacturer labeled container.
  - ii. The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered.
  - iii. In extenuating circumstances, as determined by the school nurse, the prescription medication may be delivered by other persons provided, however, that the nurse is notified in advance by the parent or guardian of the arrangement and the quantity of prescription medication being delivered to the school.
- b. All prescription medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective.
- c. All prescription medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38° to 42° F.
- d. Access to stored prescription medications shall be limited to persons authorized to administer prescription medications. Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible.
- e. Parents or guardians may retrieve the prescription medications from the school with prior notice.
- f. No more than a 30 school day supply of the prescription medication for a student shall be stored at the school.
- g. Where possible, all unused, discontinued or outdated prescription medications shall be returned to the parent or guardian and the return appropriately documented.

V. Documentation and Record-keeping

- a. Each school where prescription medications are administered by school personnel shall maintain a medication administration record for each student who receives prescription medication during school hours.
  - i. Such record, at a minimum, shall include a daily log and a medication administration plan, including the medication order and parent/guardian

authorization.

- ii. The daily log shall contain:
    - 1. the dose or amount of prescription medication administered;
    - 2. the date and time of administration or omission of administration, including the reason for omission;
    - 3. the full signature of the nurse or designated unlicensed school personnel administering the prescription medication. If the prescription medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.
  - iii. The school nurse shall document in the medication administration record significant observations of the prescription medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
  - iv. All documentation shall be recorded in ink and shall not be altered.
  - v. With the consent of the parent, guardian or student where appropriate, the completed prescription medication administration record and records pertinent to self-administration shall be filed in the student's cumulative health record. When the parent/guardian or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential.
- b. Medication errors shall be 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 shall be reported to the Department of Public Health Division of Food and Drugs. 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.
  - c. The school district shall comply with the Department of Public Health's reporting requirements for prescription medication administration in the schools.

## VI. Administration of Epinephrine

- a. Properly trained school personnel, which may include health aides, administrative and teaching staff, cafeteria staff, school bus drivers, and school bus monitors, may administer epinephrine by auto injector in a life threatening situation, when a school nurse is not immediately available. Administration of epinephrine in accordance with this policy and the regulations of the Massachusetts Department of Public Health also shall apply to before and after school programs, including

athletic programs, special school events and other school-sponsored programs, that are supervised or directed by Cambridge Public School personnel or other persons hired or selected by the Cambridge Public Schools to supervise and direct such programs. For the purpose of administering epinephrine, the school nurse, in consultation with the school physician, will manage and have final decision-making authority about the epinephrine administration program and selection of persons authorized to administer epinephrine by auto injector. Any individual authorized to administer epinephrine by auto injector will be trained by a physician or school nurse and tested for competency in accordance with the standards and a curriculum approved by the Department of Public Health. The school nurse shall document the training and testing of competency and provide a training review and informational update at least twice a year and the training, at a minimum, shall include:

- i. proper use of the device;
  - ii. the importance of consulting and following the medication administration plan;
  - iii. recognition of the symptoms of a severe allergic reaction; and
  - iv. requirements for proper storage and security, notification of appropriate persons following administration and record keeping.
- b. Each school shall maintain and make available, upon request by parents/guardians or staff, a list of those school personnel authorized and trained to administer epinephrine by auto injector in an emergency, when the school nurse is not immediately available.
- c. Epinephrine shall be administered only in accordance with a medication administration plan, as required by 105 C.M.R. 210.005 (E) and 210.009 (A), that is updated on an annual basis and which shall include:
  - i. a diagnosis by a physician that the child is at high risk of a life threatening allergic reaction, and a medication order containing indications for administration of epinephrine;
  - ii. written authorization by a parent/guardian;
  - iii. a home and emergency number for the parents/guardians as well as the name(s) and phone number(s) of any other person(s) to be notified if the parents/guardians are not available;
  - iv. identification of places where the epinephrine is to be stored, following consideration of the need for storage at places where the student may be most at risk. The epinephrine may be stored at more than one location or carried by the student where appropriate.
  - v. Consideration of the ways and places epinephrine can be stored so as to limit access to appropriate persons, which shall not require the epinephrine to be kept under lock and key;
  - vi. A list of the school personnel who would administer the epinephrine to the student in a life threatening situation; and

- vii. A plan for risk reduction for the student, including a plan for teaching self-management, where appropriate.
- d. When epinephrine is administered, there shall be immediate notification of the local emergency medical services system followed by notification of the school nurse, the student's parents/guardians or, if the parents/guardians are not available, any other designated person(s), and the student's physician;
- e. The procedures, in accordance with standards established by the Department of Public Health, for the development of a medication administration plan shall be as set forth in Sections I through III of this policy.
- f. The procedures, in accordance with the standards established by the Department of Public Health, for the proper storage of medication shall be as set forth in Section IV of this policy.
- g. The procedures, in accordance with the standards established by the Department of Public Health, for recording receipt and return of medication by the school nurse shall be as set forth in Section IV of this policy.
- h. The procedures, in accordance with the standards established by the Department of Public Health, for documenting the date and time of administration shall be as set forth in Section V of this policy.
- i. The procedures for notifying appropriate parties of administration shall be that the school nurse, in accordance with procedures established by the Department of Public Health, shall notify appropriate parties, including classroom teacher, food service and transportation staff or other designated person(s) when a student has a medication administration plan or that plan has been implemented.
- j. The procedures, in accordance with the standards established by the Department of Public Health, for reporting medication errors shall be as set forth in Section V of this policy.
- k. The procedures for 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 shall be in accordance with the standards established by the Department of Public Health, and followed by the school nurse and school department.
- l. The procedures for planning and working with the emergency medical system to ensure the fastest possible response shall be in accordance with the standards established by the Department of Public Health.

VII. Food Allergy Program.

- a. In accordance with the Massachusetts Department of Elementary and Secondary Education's Guidelines on Managing Life Threatening Food Allergies in Schools, the Cambridge Public Schools shall have a food allergy program to ensure the safety and well-being of any individual with life threatening food allergies. The principals of this program, which shall be overseen by the school nurse, shall be that:
  - i. all staff will be trained to recognize allergic reactions
  - ii. all staff will be able to identify potential food allergens and assist children to avoid them
  - iii. all staff will know their role in responding to an allergic reaction.
  
- b. The Cambridge Public Schools recognizes that an effective food allergy program is a cooperative effort among school staff, parents/guardians and the school nurse. In order to facilitate the cooperative effort and nature of a food allergy program, the following will occur:
  - i. Schools will be expected to take the necessary steps to ensure that:
    - (a) foods served to food-allergic students do not have any food allergens to which the student is allergic;
    - (b) appropriate non-allergenic food substitutes are available;
    - (c) medications such as EpiPen's are available;
    - (d) all staff will be trained annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction
  - ii. Parents/guardians will be encouraged to:
    - (a) inform the school nurse, school principal and classroom teacher if their child has a food allergy;
    - (b) work with the school nurse, school principal and classroom teacher to develop and implement a plan for ensuring that their child is safe from potential allergens
    - (c) provide physician ordered emergency medications if indicated for their child's safety.
  - iii. The school that the child is attending, in conjunction with the school department's food service office, will ensure that:
    - (a) there will be a designated peanut-free table in each cafeteria, as needed;
    - (b) all food service staff will be trained annually to recognize symptoms of allergic reaction and to understand their role as a responder in the event of an allergic reaction;
    - (c) no food will be prepared with peanuts, peanut butter or peanut oil;
    - (d) peanut butter sandwiches will only be served as an alternative lunch item and must be specifically requested by a student.
  - iv. The school health nursing staff will:
    - (a) provide annual training for school staff, food service and transportation staff that will include information on food allergies, how to recognize an allergic reaction and how to respond in the event of an allergic reaction, including the use of

- an EpiPen;
  - (b) maintain an individual health care plan for each child with a documented food allergy, such plan to include an allergy action plan for addressing the management of anaphylaxis that contains the student's name, photo with the written permission of the parent/guardian, allergens, allergic reaction if known, risk reduction procedures, emergency procedures and required signatures;
  - (c) maintain emergency medication as ordered by the physician of each child with a food allergy;
  - (d) work with parents and school staff to set guidelines for classroom concerns that relate to food allergy.
- c. When an IHCP is developed for a student a meeting shall be conducted by the school nurse with the student's parents/guardians, the student (if appropriate), the school principal, the classroom teacher, food service manager and other school personnel as determined by the student's need to discuss measures to reduce exposure to allergens and the procedures to treat allergic reactions. The school nurse also shall provide appropriate staff with training regarding a student's life-threatening allergens, symptoms, risk reduction procedures, emergency procedures and how to administer an epinephrine auto-injector as detailed above in Section VI of this policy.
- d. The school nurse shall be authorized to administer epinephrine in order to manage anaphylaxis in individuals within unknown allergies.
- e. The school department in cooperation with the department of public health will collaborate with emergency response systems to confirm their availability and use of EpiPen and will review EpiPen administration and transport incidents as needed.

#### VIII. Policy Review

Pursuant to the requirements of 105 C.M.R. 210.003, the review and revision of this policy and any related procedures shall occur as needed but at least every two years.

*Adopted: December 16, 2003*

