

## ADMINISTRATION OF MEDICATIONS

The following are regulations regarding administration of medications in the Wareham School System. No medications will be administered unless these guidelines are followed.

Whenever possible, medications should be given at home with every effort made to avoid administration during school hours.

### PHYSICIAN-PARENT/GUARDIAN RESPONSIBILITY

1. A parent or guardian must bring the medication to the school nurse's office. **Do not send any medications to school with your child.** This includes aspirin, Tylenol and cough preparations, (drops, lozenges, cough medications) as well as prescription drugs. The Nurse will document the quantity of medication received on the Medication Administration log.
2. The medication authorization form must be completed and signed by both a parent/guardian and a physician request form if the medication is not received in a properly labeled prescription bottle with a current date.
3. The parent/guardian authorization form is acceptable without a signed physician request if the medication is received in a properly labeled prescription bottle with a current date.
4. All medication - prescriptions or otherwise - **must** be in a container with the original label and child's name.

The School Health Department does not provide aspirin, Tylenol, cough medicines or other over the counter products. These will not be administered without a doctor's order.

### **Students with asthma may be allowed to carry their emergency inhalator with them provided:**

- a. the prescription label is on the canister
- b. the physician/parent (guardian) form is signed and on file with the nurse indicating the doctor feels that the medical situation and the child's knowledge of his/her medical needs warrants the carrying of the medication

### **Following consultation with the school nurse, students who fall into the following exceptions may self-administer medications:**

- a. Students with cystic fibrosis may possess and administer prescription enzyme supplements.
- b. Students with diabetes may possess and administer glucose monitoring tests and insulin delivery systems.

### **Administration of Epinephrine in Life Threatening Situation**

Wareham Public Schools are registered with the Massachusetts Department of Public Health for the limited purpose of permitting unlicensed, properly trained, school personnel to administer epinephrine (by auto-injector) to students with a diagnosed life threatening allergic condition when a school nurse (RN) is not immediately available.

The unlicensed school personnel authorized to administer epinephrine are trained by a physician or school nurse (RN). Competency is maintained by regular in-service training, demonstrations, and opportunity for practice once a year in accordance with standards and a curriculum established by Massachusetts Department of Public Health. The school nurse documents the training.

The school nurse provides a training review and informational update for unlicensed personnel at least twice a year.

The school maintains a list of unlicensed school personnel authorized and trained to administer epinephrine in an emergency, when a school nurse is not immediately available.

Epinephrine is administered only in accordance with a written medication administration plan developed by the school nurse, satisfying the requirements of 105 CMR 210.005(E) and 210.009(A) (6), and updated annually, which includes the following:

- a. Diagnosis by a physician that the student is at high risk of a life-threatening allergic reaction, and a medication order containing indications for administration of epinephrine.
- b. Written authorization by a parent or guardian.
- c. Home and emergency phone number(s) for the parent/guardian, as well as the name(s) and phone number(s) of any other person(s) to be notified if the parents are unavailable.
- d. Names of school personnel who have received training in administration of epinephrine by auto-injector to the individual student.
- e. 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 when appropriate.
- f. 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. Epi-Pens will be available in the main office at each school building.
- g. Plan for risk reduction for the student, including a plan for teaching self-management, where appropriate.

When epinephrine is administered, there shall be immediate notification of the local emergency medical services system generally (911) followed by notification of the school nurse, the student's parents or, if the parents are not available, any other designated person(s), and the student's physician.

#### **Administration of Naloxone (Narcan)**

EMS/911 is immediately called and informed that an overdose of opioid is suspected compromising the respiratory/cardiac status of the individual. Police and EMS will therefore both be activated. The Wareham Public Schools, in conjunction with the School Physician and School Nurses, may stock nasal Naloxone (Narcan) and trained medical personnel and first responders may administer nasal Naloxone (Narcan) to a person in the event of respiratory depression, unresponsiveness or respiratory/cardiac arrest when an overdose of opioid is suspected. School nurse substitutes may also be

trained in the administration of Naloxone (Narcan) and be aware of this policy. School Nurses will report Naloxone (Narcan) administration per MA Department of Public Health School Health regulations.

**Wareham Public Schools allows administration of medications in school by licensed registered nurses according to pertinent laws and regulations:**

The Administration of Prescription Medications in Public and Private Schools M.G.L. 94.C, MA Department of Public Health regulations 105 CMR 210.100, 105 CMR 700.00, and the Governor's Public Health Emergency Declaration outlined in the Acts of 2012, Chapter 192, Sections 11 & 32 and updated on March 27, 2014, and the Wareham Public School signed school physician order.

For further discussion on the topic of medication administration, please refer to The Comprehensive School Health Manual published by the MDPH (1995), Chapter 6 "Nursing Practice in the School Setting", pp. 6-8 to 6-32.

ADOPTED: MARCH 8, 1989  
Review by SCPRSCP 2/5/92  
Review by Elizabeth S. Dunn, RN 5/14/92  
AMENDED: SEPTEMBER 23, 1992  
Reviewed by SCPRSCP 5/2/00  
Reviewed by SCPRSCP 11/7/00  
Amended by SCPRSCP December 5, 2000  
AMENDED: DECEMBER 13, 2000  
Reviewed by SCPRSCP 11/12/02  
Reviewed by SCPRSCP 2/11/03  
AMENDED: FEBRUARY 26, 2003  
Reviewed by SCPRSCP 2/5/08  
AMENDED: MARCH 12, 2008  
Reviewed by SCPRSCP 11/4/08  
AMENDED: NOVEMBER 12, 2008  
Reviewed by SCPRSCP 1/18/11  
AMENDED: JANUARY 27, 2011  
Reviewed by SCPRSCP 3/3/15  
AMENDED: March 18, 2015  
Reviewed by SCPRSCP 5/16/16  
AMENDED: May 25, 2016

**AUTHORIZATION FOR EPINEPHRINE ADMINISTRATION**

**PARENT OR GUARDIAN**

I request that \_\_\_\_\_ be given \_\_\_\_\_  
Child's Full Name Name of Medication

as prescribed by \_\_\_\_\_ at \_\_\_\_\_  
Physician's Name Time of Day

I accept full responsibility and relieve the Wareham School System, school personnel, and the Town of Wareham of any liability regarding the administration.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Please Print Doctor's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**ALLERGY:** \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency contact to be notified if parents are unavailable:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

**Medication Order for Anaphylaxis**

To be completed by a Licensed Prescriber:  
Physician, Nurse Practitioner, or others Authorized by Chapter 94C

Name of Student \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ Grade \_\_\_\_\_  
Name of Licensed Prescriber \_\_\_\_\_ Title \_\_\_\_\_  
Business Telephone # \_\_\_\_\_ Emergency Telephone # \_\_\_\_\_  
Type of Allergy \_\_\_\_\_  
Other Medical Condition(s) \* \_\_\_\_\_  
Other Medications Taken by Student \* \_\_\_\_\_

In the event of exposure to allergen:

- Do immediately.
- Do when signs/symptoms of allergic reaction appear.

1) Administer Oral Benadryl \_\_\_\_\_ c.c./ mg. p.o.  
2) If signs/ symptoms worsen or are unresolved with oral Benadryl within \_\_\_\_ minutes  
or ORAL BENADRYL NOT ORDERED please administer :

- Epi-Pen IM
- Epi-Pen Jr. IM

3) If signs/ symptoms worsen or are unresolved with Epi-Pen/ Epi-Pen JR. IM within  
\_\_\_\_\_ minutes administer repeat dose of:

- Epi-Pen IM
- Epi-Pen Jr. IM

**Life threatening allergic reactions are given epinephrine immediately. 911 called whenever epinephrine is administered.**

Other order(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special side effects, contraindications, or possible adverse reactions to be observed: \_\_\_\_\_

\_\_\_\_\_ Consent for self-administration (provided that R.N. determines it is safe and appropriate)

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

\* If not in violation of confidentiality

Dear Parent/Guardian:

According to your child's health record, your child has an allergy to \_\_\_\_\_ . Due to the unpredictable nature and serious consequences of an allergic reaction we want to be prepared in the event your child is exposed to the allergen.

Allergic reactions can occur at any time and reactions that may have been minimal in the past can become life threatening without warning. In the case of food allergies, the specific allergen that causes your child's allergy may be used in another food and your child would not be aware of it until they had an allergic reaction.

For those reasons we request that you discuss your child's reaction with your health care provider to determine the best treatment plan for your child. The Wareham School District requires the following completed forms be on file in your child's health record:

1. Signed medication order for oral Benadryl and/or EpiPen(Jr) from your health care provider.
2. Signed consent form for oral Benadryl and/or EpiPen(Jr) from a parent/guardian.

We recommend that the parent/guardian meet directly with the school nurse to complete the protocols that outline the care to be provided to your child in the event of an allergic reaction. Each health office has oral Benadryl available for student use. If your child requires an EpiPen, we require that you provide the school with at least one kit for your child's personal use.

Due to the seriousness of the situation, we request that you act quickly to ensure the appropriate documentation from your health care provider. We will work in collaboration with your child's teacher(s) school administration, and staff to provide your child with the safest school environment possible. If you have any questions, please contact your school nurse.

High School (508) 291-3510 ext. 711  
Middle School (508) 291-3550 ext. 6108  
Minot Forest School (508) 291-3555 ext. 5158  
John W. Decas School (508) 291-3586 ext. 15

**AUTHORIZATION FOR MEDICATION ADMINISTRATION**

**PARENT OR GUARDIAN**

I request that \_\_\_\_\_ be given \_\_\_\_\_  
Child's Full Name Name of Medication

as prescribed by \_\_\_\_\_ at \_\_\_\_\_  
Physician's Name Time of Day

I accept full responsibility and relieve the Wareham School System, school personnel, and the Town of Wareham of any liability regarding the administration.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Nurse

**This section must be completed for any medication not in a labeled prescription bottle.**

**PHYSICIAN**

I request that \_\_\_\_\_ receive the following:  
Name of Child

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be taken during school hours: \_\_\_\_\_

Duration of treatment: \_\_\_\_\_

Possible side effects and adverse reactions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date