

**Prescription and OTC Medication Administration Policy for:
MATCH CHARTER PUBLIC SCHOOL****Introduction:**

This policy governs the administration, handling, storage, and documentation of prescription and over-the-counter (“OTC”) medications at Match Charter Public School (“Match” or the “School”). It ensures compliance with Massachusetts Department of Public Health (the “Department”) regulations 105 CMR 210.000 and applies to all school-administered and student self-administered medications during regular school activities and events. This Prescription and OTC Medication Administration Policy shall be approved by the Match Board of Trustees on an annual basis.

A. Management of the Medication Administration Program:

The school nurse leader shall be the medication program manager and supervisor of the medication administration program at Match. The COO, the school nurse leader the school physician, and the School Wellness Committee shall collaborate to propose to the Match Board of Trustees policies and protocols relating to the administration of medications in accordance with 105 CMR 210.000. This policy shall be made available to caregivers and the Department upon request and shall be reviewed and revised every two years or as needed. The medication program manager shall be responsible for the development and management of the medication administration program.

Registration Requirement: Match is registered with the Department for medication administration and delegation to unlicensed personnel and shall renew such registration annually as required by 105 CMR 210.003(C).

- I. **Medication Orders:** The school nurse leader shall ensure that the School is in receipt of a proper medication order from a licensed prescriber, which is renewed as necessary, including the beginning of each academic year prior to administering any medication. A telephone order or an order for any change in medication must be received directly by the school nurse leader in order to be valid. Any such verbal order must be followed by a written or electronic order within three school days. Whenever possible, the medication order shall be obtained, and the medication administration plan shall be developed, before the student enters or reenters school.
 - a. The medication order should be submitted on a form provided by Match and/or at a minimum, containing all the following information:
 - i. The student's name;
 - ii. the name and signature of the licensed prescriber and business and emergency phone numbers;
 - iii. the name of the medication;
 - iv. the route and dosage of medication;
 - v. the frequency and time of medication administration;
 - vi. the date of the order and discontinuation date;
 - vii. 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 caregiver or student to keep confidential; and
 - viii. specific directions for administration.

- b. Every effort shall be made to obtain from the licensed prescriber the following additional information, as appropriate:
 - i. any special side effects, contraindications and adverse reactions to be observed;
 - ii. any other medications being taken by the student; and
 - iii. the date of the next scheduled visit, if known.
 - c. Special medication situations:
 - i. *For 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, they may request a licensed prescriber's order.
 - ii. *For over-the-counter medications*, the school nurse shall follow the Board of Registration in Nursing's Advisory Ruling 92-05: Medication Administration of Over-the-Counter Drugs.
 - iii. *For medications administered under a standing order*, the school nurse shall follow the Board of Registration in Nursing's Advisory Ruling 93-24: Accepting, Verifying, Transcribing and Implementing Medication Orders. Unlicensed school personnel can only administer a medication under a standing order that is specific to an individual patient and under the delegation model.
 - iv. *Investigational new drugs* may be administered in the schools with (a) a written order by a licensed prescriber, (b) written consent of the caregiver, and (c) 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.
- II. **Caregiver Consent:** The school nurse shall ensure that there is a written authorization by the caregiver.
 - a. Such authorization should be obtained on the School form, and/or must contain:
 - i. The caregiver's printed name, signature, and an 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 caregiver or student that such medications not be documented);
 - iii. approval to have the school nurse or school personnel designated by the school nurse administer the medication; and
 - iv. persons to be notified in case of a medication emergency if the caregiver is unavailable.
- III. **Medication Administration Plan:** The school nurse, in collaboration with the caregiver whenever possible, shall establish a medication administration plan for each student receiving medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and their preferences respected to the maximum extent possible. Students 18 years of age or older are considered adults and caregiver involvement is not required. If appropriate, the medication administration plan shall be referenced in any other health or educational plan the student may have.
 - a. Prior to the initial administration of the medication, the school nurse shall assess the student's health status and develop a medication administration plan, which shall include:
 - i. the name of the student;

- ii. a medication order from a licensed prescriber that includes the information required under Section A(I)(a), above;
 - iii. the signed authorization of the caregiver that includes the information required under Section A(II), above;;
 - iv. any known allergies to food or medications;
 - v. the diagnosis, unless a violation of confidentiality or the caregiver or student requests that it not be documented;
 - vi. any possible side effects, adverse reactions or contraindications;
 - vii. the quantity of medication to be received by the school from the caregiver;
 - viii. the required storage conditions;
 - ix. the duration of the prescription;
 - x. 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 designated persons are unavailable;
 - xi. plans, if any, for teaching self-administration of the medication
 - xii. with caregiver permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
 - xiii. when appropriate, the location where the administration of the medication will take place;
 - xiv. a plan for monitoring the effects of the medication; and
 - xv. the school nurse has final decision-making authority for the provision of medication administration in the case of field trips and other short-term special school events, which may include nursing staffing, delegation of medication administration, or a combination of nursing staffing and delegation of medication administration.
- IV. **Procedures for Administering Medications:** The medication program manager shall develop a procedure to ensure the positive identification of the student who receives the medication, as well as a system for documenting and communicating observations relating to medication effectiveness and adverse reactions to the child's caregiver and/or licensed prescriber.
- a. The medication program manager may refuse to administer or allow to be administered any medication, which, based on their individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the caregiver and licensed prescriber shall be notified immediately by the school nurse and the reason for refusal explained.
 - b. The medication program manager shall have a current pharmaceutical reference available for their use and shall utilize such reference as necessary.
- V. **Delegation of Authority to Administer Medications:** Match is registered with the Department for delegation of medication administration to unlicensed personnel, and shall renew such registration annually. The School may delegate the responsibility for the administration of medication to administrative staff, teaching staff, licensed health personnel and secretaries. The school nurse, in consultation with the school physician, shall have final decision-making authority with respect to delegating the administration of medications to unlicensed personnel. A school nurse must be on duty at Match and available by phone or virtual consultation while medications are being administered by designated unlicensed school personnel.

- a. For the purpose of administering emergency medication to an individual child, including parenteral administration of epinephrine, the school nurse may identify individual school personnel or additional categories. Said school personnel must be listed on the student's medication administration plan and receive training in the administration of emergency medication to that student.
 - b. Unlicensed personnel may be authorized to administer medication if they fall into one of the categories listed above, and meet the following requirements:
 - i. demonstrates sound judgment;
 - ii. is able to read and write in the language in which the medication order is written;
 - iii. is able to communicate with the school nurse orally and in writing;
 - iv. is able to communicate with the student receiving the medication or has ready access to an interpreter when needed;
 - v. is able to meet the requirements set forth in this policy and applicable law (105 CMR 210.000) and follow nursing supervision;
 - vi. is able to respect and protect the student's confidentiality; and
 - vii. has completed a Department-approved training program pursuant to Section VI(c) below.
 - c. The administration of parenteral medications may not be delegated, with the exception of epinephrine and injectable glucagon in an FDA-approved, pre-dosed autoinjector as set forth in Section (F) below.
 - d. With the exception of emergency rescue medications, which may be administered under the delegation model according to the student's emergency medication plan without a separate nursing assessment, 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.
 - e. Neither prescription medication nor over-the-counter medications can be administered by delegation by unlicensed school personnel without student-specific medication orders from a licensed prescriber.
 - f. The school nurse shall maintain an updated list of unlicensed school personnel who have been trained in the administration of medications. Upon request, a caregiver shall be provided with a list of school personnel authorized to administer medications.
- VI. **Supervision of Unlicensed Personnel:** Authorized unlicensed personnel administering medications shall be under the supervision of the school nurse. The Board of Trustees of the School has determined that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel. Responsibilities for supervision at a minimum shall include the following:
- a. After consultation with the principal, the school nurse shall select, train and supervise the specific individuals in those categories of school personnel meeting the criteria set forth in Section (A)(V), above, who may administer medications. When necessary to protect student health and safety, the school nurse may rescind such selection.
 - b. The number of unlicensed school personnel to whom responsibility for medication administration may be delegated is determined by:
 - i. the number of unlicensed school personnel the school nurse can adequately supervise on a weekly basis as determined by the school nurse; and
 - ii. the number of unlicensed school personnel necessary, in the nurse's judgment, to ensure that the medications are properly administered to each student.

- c. The school nurse shall supervise the training of the designees consistent with the following requirements:
 - i. The training shall include, at a minimum, content standards and a test of competency developed and approved by the Department.
 - ii. The school nurse shall document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for medication administration.
 - iii. The school nurse shall provide a training review and informational update, at least annually, for those school staff authorized to administer medications, and shall review and document their competency annually.
- d. The school nurse shall support and assist persons who have completed the training to prepare for and implement their responsibilities related to the administration of medication.
- e. The first time that an unlicensed school personnel administers medication, the delegating nurse shall provide supervision at the work site.
- f. The degree of supervision required for each student shall be 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:
 - i. the health condition and ability of the student;
 - ii. the extent of training and capability of the unlicensed school personnel to whom the medication administration is delegated;
 - iii. the type of medication; and
 - iv. the proximity and availability of the school nurse to the unlicensed person who is performing the medication administration.
- g. Personnel designated to administer medications shall be 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.
- h. For the individual child, the school nurse shall:
 - i. determine whether or not it is medically safe and appropriate to delegate medication administration;
 - ii. administer the first dose of the medication, if:
 - 1. there is reason to believe there is a risk to the child as indicated by the health assessment; or
 - 2. if the student has not previously received this medication in any setting;
 - iii. review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom medication administration has been delegated;
 - iv. provide 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 student assessment; and
 - v. review all documentation pertaining to medication administration on a weekly basis or more often as necessary.

B. Self-Administration and Self-Carry 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. Under certain circumstances, especially for students with certain chronic medical conditions, it may be in the student's best interest to self-administer their own medication.

- I. The school nurse may permit a student to self-administer medication if the following requirements are met:
 - a. The student, school nurse and caregiver, where appropriate, enter into an agreement that specifies the conditions under which medication may be self-administered, which may include the conditions under which a student may self-carry medication for the purpose of administration by another, or whether the medication being self-administered is being taken or applied by the student themselves or with an FDA-approved medical device;
 - b. the school nurse, as appropriate, develops a medication administration plan consistent with Section A(III) above, which contains only those elements necessary to ensure safe self-administration of medication;
 - c. the school nurse has evaluated the student's health status and abilities and has deemed the self-administration of medication to be safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the medication;
 - d. 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 self-administration protocols contained herein;
 - e. there is written authorization from the student's caregiver that the student may self-medicate, unless the student has legal authority to consent to medical treatment without caregiver permission;
 - f. if requested by the school nurse, the licensed prescriber provides a written order for self-administration;
 - g. the student follows a procedure for documentation of self-administration of medication;
 - h. the school nurse establishes a policy for the safe storage of self-administered medication and, as necessary, consults with teachers, the student and caregiver, if appropriate, to determine a safe place for storing the medication for the individual student, while providing for accessibility if the student's health needs require it. 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 shall be kept in the health room or a second readily available location;
 - i. the school nurse develops and implements a plan to monitor the student's self-administration based on the student's abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, reminding the student to take the medication, visual observation to ensure compliance, recording that the medication was taken, and notifying the caregiver or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the medication; and

- j. with caregiver and student permission, if required by law, the school nurse may inform appropriate teachers and administrators that the student is self-administering a medication.

C. Handling, Storage and Disposal of Medications

- I. **Handling of Medication:** Medications must be delivered to Match in the following manner:
 - a. A caregiver or caregiver-designated responsible adult shall deliver all medications to be administered by school personnel or to be taken by self-medicating students (if required by the self-administration agreement) to the school nurse or other responsible person designated and trained by the school nurse.
 - b. The medication must be in a pharmacy or manufacturer labeled container.
 - c. The school nurse or other trained person receiving the medication shall document the quantity of the medication delivered.
 - d. In extenuating circumstances, as determined by the school nurse, the medication may be delivered by other persons; provided, however, that the nurse is notified in advance by the caregiver of the arrangement and the quantity of medication being delivered to the school.

- II. **Storage of Medication:** The School will store medications in the following manner:
 - a. 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.
 - b. All 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. Medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures between 36°F (2°C) to 46°F (8°C). Medications requiring freezer storage shall be stored in either a locked box in a freezer or in a locked refrigerator maintained at temperatures between -13°F (-25°C) to 14°F (-10°C).
 - c. Access to stored medications shall be 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 shall not have access to other students' medications.
 - d. Caregivers may retrieve the medications from the School at any time.
 - e. No more than a thirty (30) school day supply of the medication for a student shall be stored at the School, with the exception of multidose devices, which may contain more than a 30-day supply.

- III. **Disposal of Medications:** Match will dispose of medications in the following manner:
 - a. Where possible, all unused, discontinued or outdated medications shall be returned to the caregiver and the return appropriately documented.
 - b. In extenuating circumstances, with caregiver consent when possible, such medications may be destroyed by the school nurse in accordance with any applicable policies of the Department's Drug Control Program.

- c. Used epinephrine injectors or other similar objects shall be disposed of in accordance with all applicable policies of the Department, Drug Control Program.
- d. Medications should be returned at the end of the school year.

D. Documentation and Record-Keeping

- I. **Medication Administration Record:** The School shall maintain a medication administration record for each student who receives medication during school hours. The school nurse shall document 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. All documentation shall be recorded in a manner that prevents alteration or destruction of the record and shall be maintained securely. The record shall also include:
 - a. A daily log that contains:
 - i. the dose or amount of medication administered;
 - ii. the date and time of administration or omission of administration, including the reason for omission and action taken post omission; and
 - iii. a mechanism for identifying the person administering each dose.
 - b. the medication administration plan, if applicable;
 - c. the medication order; and
 - d. caregiver authorization.
- II. **Record Retention and Reporting:** The Medication Administration Record shall be maintained and shared in compliance with the following:
 - a. With the consent of the caregiver, or student where appropriate, the completed medication administration record and records pertinent to self-administration shall be filed in the student's cumulative health record. When the caregiver or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential.
 - b. Match shall comply with the Department's reporting requirements for medication administration in the schools. The Department 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.
- III. **Reporting and Documentation of Medication Errors**
 - a. A medication error includes any failure to administer medication as prescribed for a particular student, such as failure to administer the medication:
 - i. within appropriate time frames (the appropriate time frame should be addressed in the medication administration plan);
 - ii. in the correct dosage;
 - iii. in accordance with accepted practice; or
 - iv. to the correct student.
 - b. In the event of a medication error, the school nurse shall notify the caregiver immediately. The school nurse shall document the effort to reach the caregiver. If there is a question of potential harm to the student, the nurse shall also notify the student's licensed prescriber or school physician.
 - c. Medication errors shall be documented by the school nurse on the accident/incident report form. These reports shall be retained in the student health record. These reports

shall be made available to the Department upon request. All medication errors resulting in serious illness requiring medical care or ongoing assessment shall be reported to the Department, Drug Control Program. All suspected diversion or tampering of drugs shall be reported to the Department, Drug Control Program.

- d. The school nurse, in collaboration with the Chief Operating Officer as necessary, shall periodically review reports of all medication errors and take necessary corrective steps to ensure appropriate medication administration in the future.

IV. **Documentation of Receipt and Return of Medication**

The school nurse shall maintain a secure log documenting the receipt of all medications, including the date received, medication name, quantity, and expiration date; the return of medications to parents/guardians or authorized representatives; and, if applicable, the proper destruction of expired or unused medications. All documentation shall be maintained in a secure location.

E. **Response to Medication Emergencies**

- I. **Medication Emergencies:** In the event of a medication emergency, such as a reaction or condition which poses an immediate threat to the health or well-being of the student, please refer to the Match Medical Emergency Policy, as well as the policies contained in the Match Student Health Handbook for information regarding health emergencies. The School will maintain a list of persons, with their phone numbers, to be contacted as appropriate, in addition to the caregiver, school nurse, licensed prescriber and other persons designated in the medication administration plan, including other unlicensed school personnel, the school physician, clinic or emergency room staff, ambulance services and the local poison control center. In all cases, the following actions will minimally be taken:
 - a. Emergency Medical Services will be contacted if warranted (i.e. calling 9-1-1);
 - b. Caregivers will be contacted followed by the licensed prescriber;
 - c. Poison Control will be contacted if applicable (i.e. calling 1-800-222-1222) and instructions will be followed;
 - d. Close observation of the student will be provided and if necessary, the child will be dismissed to caregiver. If further medical evaluation is deemed necessary, the child will be referred to the prescribing physician; and
 - e. The emergency event will be documented.

F. **Administration of Epinephrine by Auto-injector to Individuals Experiencing Life Threatening Allergic Reactions**

- I. **Delegation of Administration to Unlicensed Personnel:** Match is registered with the Department to allow the school nurse to train unlicensed personnel to administer epinephrine by auto-injector in a life-threatening situation during the school day, including field trips and extracurricular activities. The Match Board of Trustees shall provide written assurance to the Department that the requirements of 105 CMR 210.010 are met. The training program is managed, with full decision-making authority, by the school nurse in consultation with the school physician, and the school nurse shall select the individuals authorized to administer epinephrine by auto injector. Persons authorized to administer epinephrine shall meet the following requirements
 - a. The requirements set forth in Section A(V), above;

- b. Such personnel shall be trained and tested for competency by the school nurse in accordance with standards and a curriculum established by the Department. Such training and testing will be documented by the school nurse.
- c. The school nurse or their designee shall provide a training review and informational update at least twice a year. The training, at a minimum, shall include:
 - 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;
 - v. requirements for proper storage and security;
 - vi. notification of appropriate persons following administration; and
 - vii. record-keeping.
- d. The school shall maintain and make available, upon request by caregivers 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.

II. Epinephrine Administration:

- a. Epinephrine shall be administered in accordance with a student's individualized medication administration plan, which shall be updated every year and must include the following:
 - i. 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;
 - ii. written authorization by a caregiver;
 - iii. home and emergency number for the caregiver, as well as the names(s) and phone number(s) of any other person(s) to be notified if the caregiver is unavailable;
 - iv. identification of places where the epinephrine is to be stored, following consideration of the need for storage:
 - 1. at one or more places where the student may be most at risk;
 - 2. in such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate; and
 - 3. 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 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.
- b. When epinephrine is administered, there shall be immediate notification of the local emergency medical services system (i.e. 911), followed by notification of the student's caregiver or, if the caregiver is not available, any other designated person(s), the school nurse, the student's physician, and the school physician, to the extent possible. Because of the danger of biphasic reactions, the child should be transported by trained emergency medical personnel to the nearest emergency medical facility. The appropriate reporting

form shall also be completed and sent to the Department each time epinephrine is administered to a student or staff. In addition, the Department may inspect any School record related to the administration of epinephrine without prior notice. All related documentation shall be maintained securely in a manner that prevents alteration.

- c. Following any incident involving the administration of epinephrine, the school nurse shall meet with the individual who administered the epinephrine and the school principal to determine the adequacy of the response and to consider ways of reducing risks for the particular student and the student body in general. The school nurse shall also work with the emergency medical system to ensure the fastest possible response.
- d. Epinephrine may be administered by the school nurse to previously undiagnosed individuals who experience their first life threatening allergic event in the school setting. Match has an order signed by the school physician that authorizes the administration of epinephrine in this manner and such order shall be updated as necessary.

III. **Special Events:** Epinephrine may be administered at special events and programs offered by Match, including before- and after-school programs, athletic events and weekend events.

- a. Epinephrine may be administered to a *Match student* if the following requirements are met:
 - i. the school nurse, in collaboration with the Chief Operating Officer, shall identify which programs and special events are to be covered by this policy and the school nurse designates the properly trained individuals to administer epinephrine at those programs and events;
 - ii. the requirements set forth in Section (F)(I) herein are met, except that a school nurse is not required to be on duty and available by telephone during the program or event; and
 - iii. the program in question is not licensed by another state agency, in which case the regulations promulgated by that state agency will apply.
- b. Epinephrine may be administered at Match special events and programs to students *from another school or school district*, provided that the following requirements are met:
- c. The requirements set forth in Sections F(III)(A) herein are met.
- d. In the event the student is accompanied by school personnel from the sending school, such personnel, whenever possible, shall assume responsibility for ensuring that the epinephrine is brought, properly stored and administered as necessary, in accordance with that student's medication administration plan.
- e. 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, Match may, in its discretion, assume responsibility for administering epinephrine, provided that:
 - i. the school nurse is provided with adequate prior notice of the request, which shall be at least one week in advance unless otherwise specified by the school nurse;
 - ii. the school nurse approves administration of epinephrine for that student;
 - iii. the school nurse selects properly trained person(s) to administer the epinephrine; and

- iv. the student provides the school nurse, or the person(s) selected by the school nurse to administer epinephrine, with the medication to be administered.
- f. If Match assumes responsibility for administering epinephrine, whenever possible, the student shall provide the school nurse with a copy of the student's medication administration plan. The plan shall be provided to the school nurse in timely fashion, in accordance with procedures established by the nurse. If no medication administration plan is provided, the student, at a minimum, shall provide to the school nurse:
 - i. written authorization and emergency phone numbers from a caregiver;
 - ii. a copy of a medication order from a licensed provider; and
 - iii. any specific indications or instructions for administration.

G. Administration of Emergency Rescue Opioid Antagonist

Match has registered with the Department for the limited purpose of permitting properly trained unlicensed school personnel to administer any available, FDA-approved, pre-dosed form of an emergency rescue opioid antagonist in a life-threatening situation during regular school activities when a school nurse is not immediately available, including field trips, provided that the following conditions are met:

I. Requirements:

- a. In consultation with the school physician, the medication program manager oversees and has final decision-making authority about the emergency rescue opioid antagonist program;
- b. The unlicensed school personnel authorized to administer an emergency rescue opioid antagonist are trained by the school nurse in accordance with standards established by the Department, which, at a minimum, shall include:
 - i. recognition of the symptoms of an opioid overdose; and
 - ii. proper use of the administration method.
- c. The school nurse shall document the training and evaluation of competency, and make available upon request by caregivers or staff documentation of those unlicensed school personnel authorized and trained to administer an emergency rescue opioid antagonist when the school nurse is not immediately available.
- d. When an emergency rescue opioid antagonist is administered:
 - i. there shall be immediate notification of the local emergency medical services system (generally 911), followed by notification of a student's caregiver as appropriate, the school nurse, and other individuals as warranted and deemed appropriate by the school nurse; and
 - iv. the medication program manager will report the administration of an emergency rescue opioid antagonist to the Department as directed each time an emergency rescue opioid antagonist is administered during regular school activities.
- g. All school staff, regardless of licensure, should follow a medication order for the administration of an emergency rescue opioid antagonist;
- a. Identification of places where the opioid antagonist is to be stored, following consideration of the need for storage:
 - i. at one or more places students and visitors are most likely to be located;
 - ii. in such a manner as to allow rapid access by trained persons, including possession by the student when appropriate; and

- iii. in a place that minimizes risk of unintended use. The storage location(s) should be secure but not locked.

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