



Chapter 6

NURSING PRACTICE IN THE SCHOOL SETTING

Networking With Colleagues in the Health Care Field

School Nurse Staffing

School Nursing Practice and Education

DOE Licensure (“Certification”) of School Nurses

Standards of Professional School Nursing Practice

The Nursing Process and Documentation

Delegation of Nursing Activities

Medication Administration

Summary

Resources: Massachusetts Agencies and Organizations

Resources: National Agencies and Organizations

References

Exhibits

About The Information in This Manual

From time to time, the Massachusetts Department of Public Health may update some of the materials. Please check the School Health Manual online to see if there are any recent updates.

Please be certain to check for new laws and regulations that may be in effect after publication of this Manual. You may find the Massachusetts General Laws online at <http://www.mass.gov/legis/laws/mgl/> and the Code of Massachusetts Regulations at <http://www.lawlib.state.ma.us/cm.html>. These sites are periodically updated, but are not the official version of the Massachusetts General Laws (MGL) or Code of Massachusetts Regulations (CMR). You should always refer to an official edition of the MGL and CMR. Official editions may be found at the Statehouse Bookstore and many public and law libraries.

Chapter 6

NURSING PRACTICE IN THE SCHOOL SETTING

At a Board of Directors meeting in 1999, the National Association of School Nurses (NASN) adopted the following definition of school nursing:

“School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy and learning.”

In Massachusetts, school nursing is one of the most comprehensive and rapidly evolving nursing specialties, moving from an unrecognized component of the health care delivery system to an active partner in the provision of care to the Commonwealth’s children and adolescents. While school nurses in Massachusetts actively assume the responsibilities described in the NASN definition, they have also expanded their public health role.

This expansion of the scope of school nursing practice is a consequence of the redefinition of the role of school health services. Because children spend many hours of every weekday in schools, the school is increasingly regarded as the logical site for prevention, early intervention, referral, and primary care. As growing numbers of children with complex health needs are mainstreamed, schools provide an increasingly diverse and challenging range of health services. In addition, because schools serve large populations of children, they offer newly recognized opportunities to address a range of public health issues such as asthma surveillance, infection control, and overweight prevention (see also Chapter 1).

As school health services broaden and become more complex, so too does the scope of school nursing practice (see also Chapter 1). In a single day, the school nurse may be called upon to exercise skills in assessment, first aid, counseling, health education, specialized treatments (often previously performed only in a formal health care setting), case management, and public health surveillance. School nurses, as public health nurses, must serve as health program managers for large student populations. In this capacity, they must understand the principles of public health and evidence-based practice, as well as assessment, program planning, implementation, and evaluation. As relatively autonomous professionals, with onsite responsibility for serving students with a wide range of health risks, illnesses, and disabilities, both physical and behavioral, school nurses must continuously update and expand their clinical skills. To effectively manage all of these aspects of school nursing practice, school nurses must incorporate information-management technology into their daily activities and future planning.

The expanded scope of school nursing practice requires unprecedented levels of communication and cooperation. Collaboration has become the hallmark of effective school nursing practice. School nurses must work in concert with members of the coordinated school health team, families, primary care

providers, community service providers, and local health and safety authorities to ensure the well-being of individual students and the school population as a whole.

As a consequence of their extensive firsthand knowledge of changes and trends in the health needs of children and adolescents and their experience in working collaboratively with the formal health care delivery system, the input of school nurses is now often actively sought at both community and state levels when health initiatives for youth are developed.

NETWORKING WITH COLLEAGUES IN THE HEALTH CARE FIELD

Unlike their colleagues in hospitals and community nursing services, school nurses practice in a setting where the primary focus is education rather than health. Many schools have only one nurse. Because nurses may not have ready access to professional resources for consultation on health issues, updating skills and knowledge through continuing education and networking becomes critical. Some recommended avenues for informal professional development and cultivation of resources include:

- **Networking with other school nurses.** Developing opportunities to consult with colleagues in the school nursing specialty is essential to maintaining skills and ensuring support in a very challenging role. In addition, the sharing of successful programs, policies, and procedures can promote the general improvement of school health programs throughout the Commonwealth. Networking may take the form of regular regional meetings, telephone consultation, continuing education, e-mail exchanges, sharing of resources such as videos, or joint participation in research studies. Nurses from different schools may also participate in peer evaluation.
- **Collaborating with school-based health centers (SBHCs).** In schools with school-based health centers, collaboration between the school nurse and the SBHC staff is critical and should ideally begin when the SBHC is still in the planning stages. The school nurse has unique opportunities to identify children who need primary care providers and can work with families to enroll their children in the SBHC. In addition to serving as consultative resources for each other, the SBHC staff and school nurses may partner to implement important schoolwide initiatives, such as health fairs, overweight prevention programs, asthma management programs, and support groups for students.
- **Linking with local health care providers.** Informing local health care providers about the school health program is essential to incorporating school health into the community health care delivery system. School nurses are encouraged to introduce themselves to a range of health and human-services providers, including oral health professionals, within the communities served by the school district. Nurses should have business cards and school letterhead stationery with their identifying information for use when communicating with providers and families.
- **Linking with local hospitals.** The school nurse should establish contacts with the local hospital, especially the pediatric department, including its ambulatory and emergency divisions. This contact facilitates collaboration on individual student care, as well as population-based issues. It may also result in other benefits, such as access for the school nurse to hospital-sponsored educational conferences and course enrichment opportunities for pediatric residency programs that include school health components. A school nurse can potentially both offer such programs experience-based input and facilitate clinical practice for pediatric residents in the school setting.

Chapter 6 NURSING PRACTICE IN THE SCHOOL SETTING

- **Linking with local schools of nursing.** School nurses should develop partnerships with nursing experts in local colleges and universities. Most schools of nursing in Massachusetts currently place their students in public or nonpublic schools for at least a portion of their pediatric clinical experience. Formal memoranda of agreement with the institution of higher education could include the college providing “in-kind” contributions to the district’s school nurses, such as consultation; continuing education; tuition waivers; and assistance with studies, program evaluation, and research.
- **Collaborating with local boards of health (BOHs).** The local board of health, like the school health program, is a public health agency serving a large population of community residents. It is responsible for implementing local and state health regulations, including isolation and quarantine regulations (which often affect schools). School nurses should initiate collaboration by including local BOH representatives on the school health advisory committee and communicating issues pertaining to the health of the community.
- **Collaborating on emergency response and bioterrorism planning.** School nurses are encouraged to participate on local planning committees (with both BOH and public safety representatives) for infectious-disease emergencies and bioterrorism response. Emergency response/bioterrorism planning is one area in which school nurses may also be called upon to collaborate with community authorities in new ways. Most local public health departments would need additional numbers of public health nurses and volunteer nurses to adequately respond to a bioterrorist attack or other large-scale health emergency. The National Association of School Nurses supports the use of school nurses, a skilled workforce, as responders in a mass casualty event, whether it is naturally occurring or as a result of bioterrorism.
- **Joining local coalitions.** Membership participation in local planning committees and coalitions addressing issues affecting the health of students and their families is key to successful community collaborations. Because the school nurse has daily experience with issues such as tobacco control, teen pregnancy prevention, and behavioral/emotional health, she/he is in a unique position to provide consultation to others. Since such committees/coalitions are likely to include representatives of the business community, civic groups, and faith-based organizations, they can provide helpful connections and resources for current and future school-health initiatives.
- **Collaborating on research in school health.** Research on school health, especially focusing on health and educational outcomes, is essential to guiding program development and enhancing the implementation of evidence-based practice. As more grants become available to study school health, school nurses are strongly encouraged to apply for them, either on their own or in partnership with local institutions of higher education specializing in nursing, medicine, health education, health policy, and economics. Implementing a study in the school setting requires administrative approval and possibly parental consent and Institutional Review Board (IRB) approval for human subject research. As in any true partnership, both the school nurse and the research partner should share in the publication and presentation of study findings.

Collaboration and coordination with colleagues on the school staff (e.g., special education, guidance, social work) and with external providers of school-based student services (e.g., mental health) are discussed in Chapter 2.

SCHOOL NURSE STAFFING

M.G.L. c.71, s.53 requires each school committee to appoint one or more school physicians and registered nurses, assign them to public schools within its jurisdiction, and provide all proper facilities for the performance of their duties. The physicians and nurses must be licensed in Massachusetts.

Deployment of school nurses to schools should be based on the results of a health needs assessment of the student population (see Chapter 2). The 1998 report to the Massachusetts Legislature, *Options for Developing School Health Services in Massachusetts*, recommends one fulltime equivalent (FTE) registered nurse (meeting the DOE licensure requirements) in each building with 250 to 500 students. In buildings with more than 500 students, there should be one fulltime equivalent and 0.1 FTE for each additional 50 students above 500. For buildings with fewer than 250 students, the ratio is calculated at 0.1 FTE for each 25 students.

SCHOOL NURSING PRACTICE AND EDUCATION

School nurses are professional registered nurses issued a license by the Massachusetts Board of Registration in Nursing. M.G.L. c.112, s.80B, the Nurse Practice Act, authorizes the legal practice of nursing in the Commonwealth. The regulations governing nursing practice and nursing education are contained in the Board's regulations at 244 CMR 3.00 – 9.00. The scope of legal nurse practice, including criteria for delegation, is found at 244 CMR 3.00. The statutes and the regulations hold each nurse responsible for his/her own practice. The Accepted Standards of Practice apply in the school setting, just as they would in any other health care arena. Increasingly, nurse practitioners (NPs) are involved in school-based health centers as well as in general school health programs. Regulations including the legal scope of advanced nursing practice governing the NP are contained in the Board's regulations at 244 CMR 4.00.

The dynamic, comprehensive, and expanding nature of school nursing practice demands an appropriate educational and skill level. Massachusetts's colleges of nursing, like their counterparts in other states, have developed baccalaureate, masters, and school nurse practitioner programs responsive to the educational needs of nurses practicing in the school setting. Some school nurses also participate in doctoral programs.

Because of the diversity and complexity of issues affecting children, adolescents, and their families, all school nurses need to continuously participate in educational programs from a variety of fields: health (physical and psychosocial), education, public health, health policy, and law/legislative process (as pertains to current laws and regulations that impact the health of school-age children). To equip themselves to function effectively as managers of school health service programs, school nurses are also encouraged to increase their skills in leadership, program planning, research, and evaluation, and their knowledge of information management systems. Additionally, grant writing and public relations skills may also be helpful in obtaining funding for new programs and relating programming information to the school and community populations, respectively.

DOE LICENSURE ("CERTIFICATION") OF SCHOOL NURSES

All school nurses working in the public schools of Massachusetts are required to be licensed with the Department of Education, as are all administrators, teachers and other support personnel. The Education Reform Act of 1993 amended the Teacher Certification Act to include school nurses. The Department of

Chapter 6 NURSING PRACTICE IN THE SCHOOL SETTING

Education (DOE), in collaboration with the Department of Public Health (DPH), the Massachusetts School Nurse Organization, and other organizations, developed requirements for an initial license and a professional license for school nurses, similar to those for teachers and other support personnel. These regulations have been in effect since 1994 and have been periodically revised. School nurses must first meet the requirements for initial licensure and, after 5 years (see renewal criteria below), meet the requirements for professional licensure.

The requirements for an initial license are:

- (1) a valid license to practice as a Registered Nurse in Massachusetts;
- (2) a bachelor's or master's degree in nursing;
- (3) a minimum of 2 full years of employment as a Registered Nurse in a child health, community health, or other relevant clinical nursing setting;
- (4) completion of an orientation program, based on the requirements for delivery of school health services, as defined by the Department of Public Health; and
- (5) a passing score on the communication and literacy skills test.

The initial license is valid for 5 years of employment and may be renewed at the discretion of the Commissioner of Education for an additional 5 years. This license is equivalent to a provisional educator certificate with advanced standing, as defined in M.G.L. c.71, s.38G.

Requirements for a professional license are:

- (1) possession of an initial license;
- (2) three years of employment as a school nurse; and
- (3) completion of one of the following:
 - (a) achievement and maintenance of certification or licensure by a nationally recognized professional nursing association as a school nurse, community health nurse, or pediatric/family/school nurse practitioner; or
 - (b) a master's degree program (that may include credits earned in a master's degree program for the initial license) in community health, health education, nursing, or public health.

The professional license is valid for 5 years and is renewable for additional 5-year terms, as set forth in 603 CMR 44.00. This license is equivalent to a standard educator certificate, as defined in M.G.L. c.71, s.38G.

Application for licensure as a school nurse is made through DOE, which has the authority to promulgate and implement the licensure regulations. Complete information about licensure, including how to use the Educator Licensing and Recruitment (ELAR) system, may be found at the DOE website, <http://www.doe.mass.edu/educators>, and an explanation of the licensure system written for school nurses may be found on the website of the Massachusetts School Nurse Organization at <http://www.msno.org/certify.html>. ELAR, part of the state's e-government initiative, allows prospective Massachusetts "educators" (which includes all professional support personnel such as school nurses) to apply for licensure, renew professional-level license(s), track licensure progress, and view or edit licensure files online.

STANDARDS OF PROFESSIONAL SCHOOL NURSING PRACTICE

In 2000, the Board of Directors of the National Association of School Nurses (NASN) approved the following Standards of Professional School Nursing Practice, which build upon *Standards of Clinical Nursing Practice* 2nd Edition, published in 1998 by the American Nurses Association. Both sets of standards include two sections, "Standards of Care" and "Standards of Professional Performance."

Standards of Care

- **Standard I. Assessment:** The school nurse collects client data.
- **Standard II. Diagnosis:** The school nurse analyzes the assessment data in determining nursing diagnoses.
- **Standard III. Outcome Identification:** The school nurse identifies expected outcomes individualized to the client.
- **Standard IV. Planning:** The school nurse develops a plan of care/action that specifies interventions to attain expected outcomes.
- **Standard V. Implementation:** The school nurse implements the interventions identified in the plan of care/action.
- **Standard VI. Evaluation:** The school nurse evaluates the client's progress toward attainment of outcomes.

Standards of Professional Performance

- **Standard I. Quality of Care:** The school nurse systematically evaluates the quality and effectiveness of school nursing practice.
- **Standard II. Performance Appraisal:** The school nurse evaluates one's own nursing practice in relation to professional practice standards and relevant statutes, regulations, and policies.
- **Standard III. Education:** The school nurse acquires and maintains current knowledge and competency in school nursing practice.
- **Standard IV. Collegiality:** The school nurse interacts with and contributes to the professional development of peers and school personnel as colleagues.
- **Standard V. Ethics:** The school nurse's decisions and actions on behalf of clients are determined in an ethical manner.
- **Standard VI. Collaboration:** The school nurse collaborates with the student, family, school staff, community, and other providers in providing student care.
- **Standard VII. Research:** The school nurse promotes use of research findings in school nursing practice.
- **Standard VIII. Resource Utilization:** The school nurse considers factors related to safety, effectiveness, and cost when planning and delivering care.
- **Standard IX. Communication:** The school nurse uses effective written, verbal, and nonverbal communication skills.
- **Standard X. Program Management:** The school nurse manages school health services.
- **Standard XI. Health Education:** The school nurse assists students, families, school staff, and community to achieve optimal levels of wellness through appropriately designed and delivered health education.

Note: The language of standards IX, X, and XI was developed from *School Nursing Practice: Roles and Standards* (Proctor, Lordi & Zaiger 1993).

The full text of the standards can be found in *Scope and Standards of Professional School Nursing Practice (2001)*, available from NASN at <http://www.nasn.org/publications/cataloglist.htm>. See Exhibit 6-1 for the ANA Code of Ethics for Nurses.

THE NURSING PROCESS AND DOCUMENTATION

The nursing process can be defined as a thought pattern that allows the nurse to think critically and systematically to make accurate clinical judgments. The components of the nursing process include:

Chapter 6 NURSING PRACTICE IN THE SCHOOL SETTING

- **Assessment.** Systematic collection of health data from students, families, health care providers, school staff, and community agencies.
- **Diagnosis.** Analysis and interpretation of collected data and subsequent formation of an appropriate plan of care.
- **Identification of outcomes.** Identification of measurable, appropriate, individualized, reasonable, and attainable goals within acceptable time frames.
- **Planning.** Selection of interventions to produce the desired measurable outcomes, including but not limited to independent nursing strategies, prescribed medical or other therapeutic regimes, evidence-based best-practice recommendations, and current advances in school health delivery.
- **Implementation.** Provision, coordination, supervision, and delegation (as appropriate) of skills, tasks, or activities to support the designed plan of care.
- **Evaluation.** Appraisal of the outcome and implementation of necessary, appropriate adjustments to the plan of care to achieve or maintain optimal health.

Communication is central to nursing. The plan of care and the student's response are communicated through complete, accurate, and legible documentation in all records required by federal, state, and local laws and by individual school system policies and procedures. The school nurse has a duty to document each time she or he plans and/or delivers care to a student. The adage "If it is not documented, it was not done" applies here. An individual health record should exist for each student. A system of documentation should include, at minimum, some recording of the trigger for care, subjective and objective data, analysis of the data, a proposed plan responding to collected data, and a decision regarding when to reassess or follow up. (See Chapter 2 for more information on student health records and electronic recordkeeping.)

DELEGATION OF NURSING ACTIVITIES

The Massachusetts Board of Registration in Nursing (Board) is authorized to promulgate regulations concerning nursing practice and nursing education that are consistent with the statutes. These regulations have the same force and effect as law. Information about the Board and its regulations can be found at <http://www.mass.gov/dpl/boards/rn/index.htm>.

The Board's regulations regarding delegation to and supervision of unlicensed assistive personnel (UAP) are found at 244 CMR 3.05. The regulations give the nurse a framework for deciding how and when to delegate. In the school setting, these decisions are always the responsibility of the individual school nurse, who is directly accountable for the safety of the school's nursing care, including the outcomes of the delegated act.

Key Features of the Nurse Practice Act and Delegation Regulations

The definition of the practice of nursing found at M.G.L. c.112, s.80B states in part that the practice of nursing "involves clinical decision making leading to the development and implementation of a strategy of care to accomplish defined goals." It goes on to state:

"The practice of registered nurses shall include, but not be limited to:

- (1) the application of nursing theory to the development, implementation, evaluation and modification of plans of nursing care for individuals, families, and communities;*

Chapter 6 NURSING PRACTICE IN THE SCHOOL SETTING

- (2) *coordination and management of resources for care delivery; and*
- (3) *management, direction, and supervision of the practice of nursing, including the delegation of selected activities to unlicensed assistive personnel.”*

The language on delegation is found in the Board’s regulations at 244 CMR 3.05: Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel. It states:

“The qualified licensed nurse (Registered Nurse/Practical Nurse) within the scope of his/her practice is responsible for the nature and quality of all nursing care that a patient/client receives under his/her direction.

Assessment/identification of the nursing needs of a patient/client, the plan of nursing actions, implementation of the plan, and evaluation of the plan are essential components of nursing practice and are functions of the qualified licensed nurse. The full utilization of the services of a qualified licensed nurse may permit him/her to delegate selected nursing activities to unlicensed personnel.

Although unlicensed personnel may be used to complement the qualified licensed nurse in the performance of nursing functions, such personnel cannot be used as a substitute for the qualified licensed nurse. The following sections govern the licensed nurse in delegating and supervising nursing activities to unlicensed personnel. Delegation by Registered Nurses or Licensed Practical Nurses must fall within their respective scope of practice as defined in M.G.L. c.112, s.80B, paragraphs 1 and 2. Said delegation must occur within the framework of the job description of the delegatee and organizational policies and procedures and also must be in compliance with 244 CMR 3.05(4) and (5).”

Regulations 244 CMR 3.05(4) and (5) detail what may and may not be delegated by the licensed nurse. The regulations at 105 CMR 210.005(G) serve as a guide for the nurse’s responsibilities in regard to developing a plan to monitor unlicensed school staff to whom medication administration or other nursing activities are delegated, as well as a plan for addressing problems when they are identified.

Please note: Massachusetts Department of Education sets the licensure requirements for school nurses and restricts them to registered nurses. Although the Licensed Practical Nurse may not function as a school nurse, she/he may provide 1:1 or 1:2 nursing for children with special medical needs in the school setting.

Delegation means the legal authority of a licensed person to transfer the performance of a selected activity to an unlicensed person, and these statutes and regulations allow the school nurse to use delegation as an appropriate tool. But delegation is also much more than a tool; it is a management strategy that, when used correctly, supports the delivery of safe and effective nursing care services. Safety and effectiveness are achieved and maintained by adhering to the following criteria:

- The nurse delegating the activity is directly responsible for the care to be delivered.
- The nurse delegating has the final decision as to what activity can safely be delegated.
- The nurse assesses before delegation begins.
- The activity to be delegated is reasonable.
- The activity itself is within the nurse’s legal scope of practice.
- The unlicensed person has documented competencies necessary for the proper performance of the activity.
- The nurse will adequately supervise the delegated activity.

Supervision is key to successful delegation. The type of supervision and the degree to which the licensed nurse must supervise is a nursing judgment based on an evaluation of the following factors:

- the stability of the person receiving the care;
- the training and capacity of the unlicensed person to whom the nursing task is delegated;
- the nature of the task being delegated; and
- the proximity and availability of a qualified licensed nurse to the unlicensed person performing the task or activity.

Decision-Making Guidelines

School nurses can minimize health risk or liability related to any delegated activity by following some simple decision-making guidelines:

- **Always assess the individual student's needs prior to delegating any activities.** If a particular activity requires nursing assessment or judgment during implementation, that activity should not be delegated. Similar tasks or activities may have different requirements for nursing assessment or judgment during implementation because of different patient needs, the training of the unlicensed person, or the nurse's own ability to be readily available.
- **Delegate only to persons who have received the appropriate training to carry out a particular activity.** Failure to determine a person's ability to complete a delegated task leaves the nurse susceptible to making an inappropriate delegation decision.
- **Develop a plan to monitor unlicensed school staff to whom medication administration or other nursing activities are delegated, and have a plan for addressing problems when they are identified.** The regulations at 105 CMR 210.005(G) serve as a guide for the nurse's responsibilities in this area. Absent or inadequate monitoring or supervision may result in the nurse failing to identify problems. Unrecognized problems and/or failure to follow through on identified problems may put the patient and nurse at risk.

When an activity is delegated to an unlicensed person, the school nurse should consider the following questions:

- Is there a written plan of care?
- How much supervision will be required?
- When will I reassess or reevaluate?
- Have I made it clear when the unlicensed person must consult with me?
- Have I provided specific instructions about what the unlicensed person should document?
- Have I documented assessments, evaluation plan, and supervision criteria to the unlicensed person?

Activities That May Not Be Delegated

Although the Board's regulations provide guidelines for when to delegate, under 244 CMR 3.05(5) they also include specific criteria regarding those nursing activities that *may not* be delegated. In addition to activities that require nursing assessment and judgment during implementation, these include:

- physical, psychological, and social assessment that requires nursing assessment intervention, referral, or follow-up;
- formulation of the plan of nursing care and evaluation of the patient's or client's response to the care provided; and
- administration of medications, except as permitted by M.G.L. c.94C.

School nurses (registered nurses) are the only category of nurses authorized under Chapter 94C to delegate to unlicensed personnel the administration of medications. There is consistency between the

Regulations Governing the Administration of Prescription Medications in Public and Private Schools (105 CMR 210.000) and those of the Board of Registration in Nursing. For the purposes of 105 CMR 210.000, a Licensed Practical Nurse functions under the general supervision of the school nurse, who has supervisory authority.

MEDICATION ADMINISTRATION

Because many children with conditions requiring medications and other medical technologies are attending school, medication administration is an important issue. While every attempt should be made to schedule medication administration outside the school day, this may not be possible due to the growing numbers of before- and after-school programs, as well as a diversity of both daily and “prescribed as needed” (p.r.n.) medications.

Over-the-Counter Medications

The Massachusetts Board of Registration in Nursing, which governs nursing practice, has promulgated regulations regarding the nurse’s administration of all medications, including over-the-counter medications. The Board issued an Advisory Ruling on Nursing Practice Concerning the Administration of Over-the-Counter Medications in June 1992 and revised it in July 2002.

“Advisory Ruling 9207:

Medication Administration in Massachusetts Schools According to Protocols Written by a Duly Authorized Prescriber

Authority: *The Massachusetts Board of Registration in Nursing issues this Advisory Ruling on Nursing Practice pursuant to Massachusetts General Laws, chapter 30A, section 8 and chapter 112, section 80B.*

Date Issued: *June 3, 1992*

Date Revised: *July 10, 2002*

Scope of Practice: *Registered Nurse*

Purpose: *To guide the practice of the Registered Nurses who, within their practice as School Nurses, administer Over-the-Counter Medications (OTC).*

Advisory: *Registered nurses may administer OTCs to students in Massachusetts schools based on protocols which have been developed in collaboration with the school department’s duly authorized prescriber, provided the appropriate school administrative authority allows the use of such protocols.*

Protocols must include the following information:

- *Drug name*
- *Dose to be administered*
- *Dosage frequency*
- *Indications for use*
- *Contraindications*
- *Potential side-effects*
- *Assessment criteria to be gathered prior to administering a particular medication*

Registered nurses who within their practice as School Nurses administer OTCs must have an assessment of the following information:

- *The student’s current medication profile*
- *The student’s history of allergies*

Chapter 6 NURSING PRACTICE IN THE SCHOOL SETTING

- *Parental consent*
- *Documentation of OTC medication administered according to such protocols must conform to the school department's regulations for documentation of medication administration to students*

The duly licensed prescriber, usually the school physician, must sign the protocols."

Administration of Prescription Medications

DPH regulates the administration of prescription medications and has promulgated detailed regulations governing the administration of prescription medications in public and private schools (105 CMR 210.000). To find the most current version of regulations, see the following website:

<http://www.mass.gov/dph/fch/schoolhealth/medadmin.htm>

In July 1992, the legislature enacted a law (amendment to M.G.L. c.71, s.54B) requiring DPH to promulgate regulations governing administration of prescription medications in school settings under M.G.L. c.94C, the Controlled Substances Act. The resultant regulations, promulgated in March 1993, were amended in 1996 (and again in 2003) to address issues relating to the administration of epinephrine by auto injector to students with life-threatening allergic conditions. Exhibit 6-2 provides information about the sample policies and forms, as well as a link to the website containing an overview of the regulations.

In addition, Chapter 71, section 54B has been amended 3 times. In 2002, language was added to state that no school district may prohibit students with asthma or respiratory diseases from possessing and administering prescription inhalers, in accordance with DPH regulations on self-administration of prescription medications (105 CMR 210.006). In 2004, the section was amended to state that no school district may prohibit students with cystic fibrosis from possessing and administering prescription enzyme supplements, in accordance with DPH regulations concerning students' self-administration of prescription medications. In 2005, the section was amended to add the following statement:

"Notwithstanding any general or special law or regulation to the contrary, no school district shall prohibit students with diabetes from possessing and administering glucose monitoring tests and insulin delivery systems, in accordance with department of public health regulations concerning students' self-administration of prescription medications."

Note: Schools must follow the self-administration regulations (105 CMR 210.006) in these special situations.

The purpose of the regulations is to provide minimum standards for the safe and proper administration of prescription medications to students in the Commonwealth's public and private schools, both primary and secondary. The regulations are designed to:

- ensure that students requiring prescription medication during the school day can attend school;
- encourage collaboration between parents/guardians and the school;
- provide school officials, parents, health professionals, and educational personnel with the guidance necessary to ensure safe and proper administration of medications, consistent with the standards of nursing and medical practice;
- set standards for self-administration of medication, thus improving access to medications for students with such conditions as asthma, who may require the use of an inhaler during the school day; and
- recognize and enhance the school nurse's professional role by designating her or him as the manager of the medication administration program.

Key Features of the Regulations

Under M.G.L. c.94C, there are now two options for the administration of prescription medications in public and private schools:

- (1) administration by certain licensed professionals such as nurses, physicians, and dentists; and
- (2) the delegation model, which permits certain unlicensed personnel to administer prescription medications provided that:
 - (a) The school committee or board of trustees approves a policy for administration by school personnel.
 - (b) The school nurse (a registered professional nurse appointed under the provisions of M.G.L. c.71, s.53) manages the medication administration program.
 - (c) The school committee/board of trustees provides assurance that there are sufficient school nurses to provide safe supervision of unlicensed personnel.
 - (d) Unlicensed personnel receive training under the direction of the school nurse and as specified by the department.
 - (e) The school system is registered with DPH to ensure compliance with regulations.

Registration Process

The Massachusetts Regulations Governing the Administration of Prescription Medication in Public and Private Schools (105 CMR 210.000) require registration with DPH to permit school nurses to delegate to unlicensed personnel the task of administering prescription medications. Registration is given to the public school district, not to individual school buildings. A public school district whose application is approved may designate the registration to any or all of the school buildings within its system at its own discretion and in accordance with its policies. Registration is also granted to private (nonpublic) schools on an individual basis. There are 3 forms of registration: (a) full delegation, which covers all prescription medications, consistent with 105 CMR 210.000, as well as field trips and epinephrine administration by auto-injector; (b) delegation limited to field trips and short-term special school events; and (c) training of unlicensed personnel to administer epinephrine by auto-injector to individuals (with a diagnosed life-threatening allergy) experiencing a life-threatening allergic event.

Procedures for Registration by Type

All types of registration

The school nurse should submit a written request *on school letterhead* to the DPH School Health Unit (SHU) for an application to register for delegation of prescription medications to unlicensed personnel. The SHU will send a complete application packet. The school nurse should choose which form of registration is desired, complete the application, and return the original application with original authorized signatures.

Please note: The application requires a series of signatures from school officials and the school physician, as well as the name of the school nurse leader or nurse contact who will assume responsibility for the program. Photocopies or faxed completed applications will not be processed.

Registration for full delegation, including field trips and epinephrine administration by auto-injector

This 2-step process is detailed below. See also Exhibit 6-3 for *Guidelines for Reviewing and Approving Applications to Register for Full Delegation of Prescription Medications to Unlicensed Personnel*.

- (1) **Review by the DPH School Health Unit (SHU):** The staff of the SHU conducts a desk review of the initial application and, if it is approved, notifies both the Division of Food and Drugs and the applicant. Applicants who do not meet the requirements for approval are also notified.

Please note: The review process is rigorous and may result in a delay in the notification process.

(2) Application to the Division of Food and Drugs, Department of Public Health, for Registration under the Controlled Substances Act, M.G.L. c.94C, to Delegate Administration of Prescription Medications in Public and Private Schools: After notification of the SHU's approval, the applicant may then apply for registration under the Division of Food and Drugs, a process that includes completion of an application questionnaire and payment of an annual registration fee. When the Division of Food and Drugs grants its approval, a formal written registration to delegate the administration of prescription medications to unlicensed personnel under 105 CMR 210.000 is sent to the school by DPH. The school may then proceed with its plan for delegation. **Please note:** Annual registration is required. School districts will receive a renewal application from the SHU 3 months prior to expiration.

The staffs of both the SHU and the Division of Food and Drugs are authorized to make site visits, when appropriate, to review the planning and implementation process. To the extent possible, these will be made on a joint basis.

Field trip registration

For school districts that do not choose the delegation model, except for the purpose of field trips, DPH has developed an expedited registration. Registration will be granted provided the school district agrees to comply with DPH Regulations 210.005(E) (1) (o), which require:

“... development of a plan for medication administration during field trips and special school events (unique one-time events which are not part of the regular school schedule and involve travel from the school site). Every effort shall be made to obtain a nurse or school staff member trained in medication administration to accompany students at special school events. When this is not possible, the school nurse may delegate prescription medication to another responsible adult. 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 medications to the child.”

DPH recommends that school districts develop policies and protocols requiring faculty to submit requests for field trips and give the school nurse a list of participating students at least 3 weeks in advance so that the nurse has adequate time to assess students' special health concerns and make clinically informed decisions regarding nursing coverage and/or medication delegation to unlicensed personnel. Many school districts require an academic year plan for all field trips at the beginning of the school year. Such a policy provides increased assurance that students requiring medications or medical treatments will receive them.

Each school should submit the application to register for field trip delegation to the SHU. The unit staff will review the application and, if approved, send the registration to the school. The registration is for 2 years and expires on June 30 of the second year. Prior to expiration, the school district must formally request in writing a new application from the DPH SHU, thus initiating the registration process for the next 2 years. *Because of the volume of expirations during the month of June, the Department suggests submitting application requests 4 weeks prior to the expiration date.*

This expedited registration for field trips covers the administration of epinephrine. **Please note:** *As in any form of delegation, the school nurse must make the final determination as to whether a medication may be delegated. See the Board of Registration in Nursing regulations governing delegation.*

Registration to train unlicensed personnel to administer epinephrine by auto-injector to individuals with diagnosed life-threatening allergic conditions who are experiencing a life-threatening allergic event.

DPH amended the school medication regulations in 1996 to provide guidance for the care of children with life-threatening allergic conditions (LTAs). Specifically, if the school district/school is registered with DPH for this purpose, the school nurse may train unlicensed personnel to administer epinephrine by auto-injector to individuals with a diagnosed allergic condition. The amendments cited the requirements for: (a) supervision of the program by a school nurse, (b) a comprehensive medication administration and emergency plan for each potential recipient of epinephrine, (c) an immediate call to emergency medical services whenever epinephrine is administered, and (d) training programs for unlicensed personnel.

To register to train unlicensed personnel to administer epinephrine by auto-injector to individuals (with diagnosed LTAs) experiencing a life-threatening allergic event, schools should submit completed applications to the SHU. The unit staff will review the application and, if approved, send the registration to the school. The registration is for 2 years and expires on June 30 of the second year. Again, prior to expiration, the school district must formally request in writing a new application from the DPH SHU, thus initiating the registration process for the next 2 years. (Application requests should be submitted 4 weeks prior to the expiration date.)

Due to increasing numbers of children with LTAs, DPH advises all school districts to:

- (1) Complete this registration process, and
- (2) Establish protocols, signed by the school physician, authorizing school nurses to administer epinephrine by auto-injector to individuals previously undiagnosed with an LTA who are experiencing a life-threatening allergic event in the school setting. Stock supplies of epinephrine auto-injectors should be maintained in the school for this purpose. **Note:** Only nurses may administer epinephrine to a previously undiagnosed individual experiencing a life-threatening allergic event.

In 2002, to further assist schools in caring for children with LTAs, DOE, collaborating with representatives from the Asthma and Allergy Foundation of America/New England Chapter, Massachusetts School Nurse Organization, DPH SHU, Massachusetts School Food Service Association, Executive Committee of the Massachusetts School Physicians, Allergy and Immunization Division of Children's Hospital Medical Center in Boston, Massachusetts Teachers Association, Emergency Medical Services, and Framingham State College, published comprehensive guidelines, *Managing Life Threatening Food Allergies in Schools*, available on the DOE website, <http://www.doe.mass.edu/cnp/2002/news/allergy.pdf>.

In 2003, because of the proliferation of before- and after-school programs and the need to provide for the safe care of children with LTAs, DPH amended the regulations again to accomplish the following:

- establish a process in each school/school district for determining which before- and after-school programs may be covered under the regulations;
- define the storage requirements for epinephrine to allow rapid access by authorized persons;
- require a call to 911 and submission of a written report to DPH each time epinephrine is administered;
- clarify that the administration of parenteral medications may not be delegated to unlicensed personnel, with the exception of epinephrine, as described in 105 CMR 210.100; and
- require unlicensed staff to be properly trained and supervised by a school nurse.

Chapter 6 NURSING PRACTICE IN THE SCHOOL SETTING

The School Nurse's Role in Medication Administration

Regardless of which option is chosen (administration by licensed professionals or the delegation model), the school nurse's role in medication administration includes:

- policy development;
- collaboration with the school physician, school administrators, and the school health advisory committee;
- management of the medication administration program;
- adherence to completing state-mandated medication reporting forms:
 - report of a drug incident and/or diversion (**please note:** any drug diversion must be reported to local law enforcement);
 - report of EpiPen® Administration (forms are available at <http://www.mass.gov/dph/fch/schoolhealth/medadmin.htm>); and
- awareness of regulatory changes affecting management of the medication program.

If delegation is approved, additional responsibilities include:

- determining which unlicensed person may administer the medication (within the categories permitted by the school committee), as well as rescinding permission to delegate as appropriate;
- training the identified person(s);
- supervising the unlicensed person(s); and
- monitoring the program.

The School Committee or Board of Trustees' Role

The school committee or board of trustees is responsible for the following:

- adoption of policies and protocols governing the administration of prescription medications and self-administration of prescription medications within the school system, following development of proposals by the school nurse in consultation with the school physician; and
- where the option of delegation is chosen, approval of categories of unlicensed personnel who may administer prescription medications (e.g., administrative personnel, teachers, secretaries, health aides).

Sample Policies and Protocols

To facilitate the implementation of the regulations governing the administration of medication, DPH has developed sample policies, letters, and forms. School systems have 3 options:

- (1) adopt the policies as written, placing them on school letterhead and customizing them to their school system; or
- (2) make the policies more (*not less*) stringent than the regulations (e.g., accepting only written medication orders rather than using pharmacy-labeled containers for short-term medications of 10 days or less); or
- (3) rewrite all the policies and protocols or use their current ones, *provided they are updated to be consistent with regulations.*

Exhibit 6-2 provides information about the sample policies and forms that are available online.

SUMMARY

School nursing is an increasingly challenging specialty. The scope of school nursing practice continues to grow in Massachusetts, and school nurses are taking a more visible and active role within the health care delivery system. These expanded responsibilities bring greater recognition but also higher expectations.

RESOURCES: MASSACHUSETTS AGENCIES AND ORGANIZATIONS

Massachusetts School Nurse Organization (MSNO)

P.O. Box 1287
Marblehead, MA 01945-5287
Website: <http://www.msno.org/about.html>

Massachusetts Department of Education Certification Office

Phone: 781-338-6600

Massachusetts Department of Public Health School Health Unit

250 Washington Street
Boston, MA 02108
Phone: 617-624-6060
Fax: 617-624-6062
TTY: 617-624-5992
Website: <http://www.mass.gov/dph/fch/schoolhealth/index.htm>

RESOURCES: NATIONAL AGENCIES AND ORGANIZATIONS

American Academy of Nurse Practitioners

P.O. Box 12846
Austin, TX 78711
Phone: 512-442-4262
Fax: 512-442-6469
E-mail: admin@aanp.org
Website: <http://www.aanp.org>

American Nurses Association

8515 Georgia Avenue
Suite 400
Silver Spring, MD 20910
Phone: 800-274-4ANA (4262) or 301-628-5000
Fax: 301-628-5001
Website: <http://www.nursingworld.org>

American School Health Association (ASHA)

7263 State Route 43
P.O. Box 708
Kent, OH 44240
Phone: 330-678-1601
Fax: 330-678-4526
E-mail: asha@ashaweb.org
Website: <http://www.ashaweb.org/>
ASHA publishes *Health in Action*, a quarterly newsletter for school health professionals.

National Association of School Nurses (NASN)

P.O. Box 1300 (163 U.S. Route #1)
Scarborough, ME 04070
Phone: 877-627-6476 or 207-883-2117

Nursing Internet Guide Health Sciences Library System

University of Pittsburgh and University of Pittsburgh Medical Center

Website: <http://www.hsls.pitt.edu/guides/internet/nursing>

The Nursing Internet Guide provides links to Internet gateways and sites, articles, directories, archives, and associations.

School Health Alert and SchoolNurse.com

P.O. Box 150127

Nashville, TN 37215

Phone: 615-370-7899

Fax: 615-370-9993

E-mail: cs@schoolnurse.com

Website: <http://www.schoolnurse.com>

School Health Alert is a monthly, printed newsletter designed to keep school nurses and other interested health professionals up to date on the latest developments in student health services, health education, and safe school environment. SchoolNurse.com is its online incarnation.

The School Nurse Discussion List (SCHLRN-L)

Website: <http://www.usinternet.com/users/bergren/schlrn.htm>

A public discussion group organized for school nurses, school nurse practitioners, school nurse teachers, and school nurse managers.

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Chapter 6 NURSING PRACTICE IN THE SCHOOL SETTING

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Note: Articles with PMID number have been indexed by PubMed for MEDLINE.

EXHIBITS

Exhibit 6-1 ANA Code of Ethics for Nurses

Exhibit 6-2 Sample Medication Policies, Procedures, and Forms Available Online

Exhibit 6-3 Guidelines for Reviewing and Approving Applications to Register for Full Delegation of Prescription Medications to Unlicensed Personnel

Exhibit 6-1

**ANA CODE of ETHICS FOR NURSES
(Provisions only)**

The ANA House of Delegates approved these nine provisions of the new *Code of Ethics for Nurses* at its June 30, 2001 meeting in Washington, DC. In July, 2001, the Congress of Nursing Practice and Economics voted to accept the new language of the interpretive statements resulting in a fully approved revised *Code of Ethics for Nurses With Interpretive Statements*.

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Reprinted with permission from American Nurses Association, *Code of Ethics for Nurses with Interpretive Statements*, ©2001 nursesbooks.org, Silver Spring, MD.

Exhibit 6-2

SAMPLE MEDICATION POLICIES, PROCEDURES, AND FORMS AVAILABLE ONLINE

The following sample policy and procedure documents and forms may be found at <http://www.mass.gov/dph/fch/schoolhealth/medadmin.htm>:

- Sample Policies and Procedures for the Administration of Medications (based on 105 CMR 210.000)
- Sample Parent/Guardian Letter
- Sample Parent/Guardian Authorization for Prescription Medication Administration
- Sample Medication Order Form
- Sample Medication Administration Daily Log
- Sample Medication Administration Plan

Exhibit 6-3

**GUIDELINES FOR REVIEWING AND APPROVING APPLICATIONS TO REGISTER FOR FULL DELEGATION OF PRESCRIPTION MEDICATIONS TO UNLICENSED PERSONNEL
105 CMR 210.000**

Massachusetts Department of Public Health, School Health Unit

School districts (public and nonpublic) that may apply for registration are listed in the Massachusetts Department of Education's school directory profile. **Only applications that meet the following criteria will be reviewed:**

1. **Dates and Signatures:** All required signatures and dates signed must be complete and original. *(Please note: No facsimiles or copies of the original application will be accepted for review.)*
2. **Printed Names:** The names are printed in a legible way.
3. **Attendance at the Medication Delegation Workshop:** The date for attendance by the school nurse contact at the School Health Institute program, "Delegation of Medication in the School Setting," is included. *(Please note: the nurse contact's date of attendance should fall within the previous five years.)*
4. **School Building Profile:** The "School Building Profile," a detailed document reflecting your school district's nursing coverage, is completed correctly with all fields accurately documented. This school building profile is critical when evaluating whether your school district may delegate prescription medications. *(Please note: the application is for the entire school district.)*
5. **Sufficient Numbers of School Nurses:** Delegation of prescription medications to unlicensed personnel is not intended to take the place of employment of professional school nurses (as defined by the Massachusetts Department of Education), but rather to add flexibility to the nurse's daily practice. 105 CMR 2120.000 requires that

"When a School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, has registered with the Department of Public Health and authorized categories of unlicensed school personnel to administer prescription medications, such personnel shall be under the supervision of the school nurse for the purposes of 105 CMR 210.000. The School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, shall provide assurance that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel."

In order to determine the safe level of coverage of school nurses, that is, "sufficient numbers of school nurses," a needs assessment should be completed with attention paid to those children with special health care needs, as well as emergency response time for each building. The school nurse to student ratio (in each building) generally shall be no greater than 1:750 in a general population.¹ *(Please note: in reviewing the application, only the designated school nurses onsite will be considered when applying this ratio.)* In the event that a single building in the applicant district exceeds the 1:750 ratio, but is no greater than 1:900, the Department may consider this application individually, after requiring further information, including plans and timelines to achieve the above ratio in that specific building.

9/10/04

¹ Consistent with the 1998 legislative report, *Options for Developing School Health Services in Massachusetts*, the recommended school nurse to student ratio is 1.0 fulltime equivalent (FTE) certified nurse in each building with 250 to 500 students. In buildings with more than 500 students, there should be 0.1 FTE for each additional 50 students. For buildings with fewer than 250 students, the ratio is calculated at 0.1 FTE per 25 students.